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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-09-018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

February 22, 2010

Mary Dalton, Medicaid & Health Services Manager
Montana Department of Health & Human Services
1400 Broadway
PO Box 202951
Helena, MT 59620

Re: SPA 09-018

Dear Ms Dalton:

Please be advised CMS has approved Montana State Plan Amendment (SPA) 09/018, "Denturist Services" with an effective date of July 1, 2009.

We appreciate the cooperation extended by your staff in the review and approval of this state plan amendment.

If you have any questions regarding this SPA please contact Dee Raisl at 303-844-2682.

Sincerely,

/s/

Richard C. Allen
Acting Associate Regional Administrator
Division for Medicaid and Children's Health Operations

Cc: Duane Preshinger
Jo Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-018	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 07/01/2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: N/A		7. FEDERAL BUDGET IMPACT: a. FFY 09 \$2,753 b. FFY 10 \$11,013	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1A, 3.1B, and 4.19B Methods & Standards for Establishing Payment Rates for: Service 12 b. Denture Services. Service 6 d. Denturist Services.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 3.1A, 3.1B and 4.19B Methods & Standards for Establishing Payment Rates for: Service 12 b. Denture Services. Service 6 d. Denturist Services.	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to document the date of an increase to the provider reimbursement rate. Reimbursement methodology for Denture and Denturist services have been updated as well.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Dept of Public Health and Human Services Mary E. Dalton, State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena MT 59604	
13. TYPED NAME			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 2-12-2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/30/09 2/12/10 revised		18. DATE APPROVED: 2/22/10	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/09		20. REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

MONTANA

Limits to the Dental Services program are noted below. All limits to dental services may be found on the fee schedule dated 7/1/2009 at www.mtmedicaid.org.

1. Replacement of dentures is allowed when one of the following circumstances occur:
 - a. partial dentures that are at least five years old and full dentures that are at least 10 years old. One lifetime exception to the 10 year or 5 year replacement limit is allowed per recipient if one of the following exceptions exists and is authorized by the department:
 - i. it is determined that the existing dentures are no longer serviceable and cannot be relined, or rebased.
 - ii. the dentures are lost, stolen, or damaged beyond repair.
 - iii. The existing dentures are causing serious physical health problems.
2. Rebasing is allowed for dentures older than five (5) years.
3. Coverage of denture services by a denturist is subject to the following requirements and limitations:
 - a. A denturist may provide initial immediate full prosthesis and initial immediate partial prosthesis only when prescribed by a dentist.
 - b. Requests for full prosthesis must show the approximate date of the most recent extractions, and/or the age and type of the present prosthesis.

Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include all procedures, items and prescribed drugs:

1. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency.

TN 09-018

Approved: 2/22/10

Effective: 07/01/2009

Supersedes: 08-003

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Supplement to
Attachment 3.1A
Service 6 (d)
Other
Practitioners'
Services
Denturist Denture
Services

MONTANA

2. Provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions; and,

3. Which may be subject to question but not covered in #1 and #2 above. These services will be evaluated by the Department's designated medical review organization.

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MONTANA

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3. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical condition.
 - c. All procedures and hems, including prescribed drugs, which may be subject to question but are not covered by #1 and #2 above, will be evaluated by the Department's designated medical review organization.

TN 09-018
Supersedes TN 08-003

Approved Date: 2/22/10

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Supplement to
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TN 09-018

Supersedes TN 08-003

Approved Date:

2/27/10

Effective Date: 07/01/2009

Montana

- I. Reimbursement for Denturist Services shall be the lowest of the following:
- A. The provider's usual and customary charge for the service;
 - B. The Department's fee schedule for denture services.
- II. The Department's fee schedule is calculated as follows:
- A. Denture procedures are identified through the following process:
 - 1. Procedures identified through ADA/CDT coding manual; or
 - 2. Denture procedures identified by the Department not identified in the current ADA/CDT.
 - B. Definitions:
 - Relative Value Unit (RVU) The unit value assigned to a specific procedure code published in c.(1).
 - Relative Value for Dentists(RVD): a value given to each procedure code outlined in 2.c.(1)(b)(i).
 - C. Reimbursement rates are set by one of the following methods:
 - (1) For procedures listed in the "Relative Values for Dentists" published biennially by Relative Value Studies, Incorporated, reimbursement rates shall be determined using the following methodology:
 - (a) The fee for a covered service shall be the amount determined by multiplying the (RVU) by the conversion factor specified in 2.c.(1)(b)(iii).
 - (b) The conversion factor and provider fees for dentists, dental hygienists, and denturists procedures are calculated as follows:
 - (i) The total units of each procedure code paid in a prior period is multiplied by the RVU to equal the RVD for each procedure code. Typically, the prior period used is the prior state fiscal year.

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(ii) The sum of all RVDS calculated in 2.c.(1)(b)(i) equals the total units of dental service.

(iii) The Montana Legislature's appropriation for dental service during the appropriation period is divided by the total units of dental service calculated in 2.c.(1)(b)(ii). The resulting dollar value is equal to one unit of dental value and is the dental conversion factor.

(iv) The RVU for each dental procedure is multiplied by the dental conversion factor calculated in 2.c.(1)(b)(iii) to calculate the Medicaid reimbursement for the procedure. When this calculation is made for all covered procedures the Montana Medicaid Dental, Dental Hygienist, and Denturist Fee Schedules are generated.

(v) A policy adjuster may be applied to some fees calculated in 2.c.(1)(b)(iv) for certain categories of services or to the conversion factor to increase or decrease the fees paid by Medicaid.

(2) Where a fee cannot be set using this methodology, the reimbursement is determined using the "by report" methodology. The "by report" reimbursement is paid at 85% of the provider's usual and customary charge.

(3) Unless otherwise specified in the plan, the same published methodology is used to reimburse governmental providers and non-governmental providers.

(4) The agency's rates were set as of July 1, 2009 and are published at www.mtmedicaid.org.

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 - (i) The total units of each procedure code paid in a prior period is multiplied by the RVU to equal the RVD for each procedure code. Typically, the prior period used is the prior state fiscal year.

(ii) The sum of all RVDs calculated in 2.c.(1)(b)(i) equals the total units of dental service.

(iii) The Montana Legislature's appropriation for dental service during the appropriation period is divided by the total units of dental service calculated in 2.c.(1)(b)(ii). The resulting dollar value is equal to one unit of dental value and is the dental conversion factor.

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