

## **Table of Contents**

**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: 23-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 20, 2024

Elizabeth Matney  
Medicaid Director  
Iowa Department of Human Services  
1305 East Walnut Street  
Des Moines, IA 50319

Re: Iowa State Plan Amendment (SPA) 23-0012

Dear Iowa Medicaid Director Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0012. This amendment proposes to eliminate the Dental Healthy Behaviors requirement and remove the basic dental benefit package from the Iowa Dental Wellness Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation Section 42 C.F.R. subsection 440.386. This letter is to inform you that Iowa Medicaid SPA 23-0012 was approved on February 20, 2024, with an effective date of July 1, 2023.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at [Lee.Herko@cms.hhs.gov](mailto:Lee.Herko@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jennifer Steenblock  
Jeanette Brandner

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 2</u>	2. STATE <u>IA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
42 C.F.R. §440.386

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 0  
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Supplement 2 to Attachment 3.1-A, pages 21-24

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement 2 to Attachment 3.1-A, pages 21 & 23 superseded by IA-18-013  
Supplement 2 to Attachment 3.1-A, page 22 superseded by IA-17-011  
Supplement 2 to Attachment 3.1-A, page 24 superseded by IA-19-013

9. SUBJECT OF AMENDMENT

Remove basic dental benefit package for Dental Wellness Plan. Dental healthy behaviors requirement eliminated.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
Elizabeth Matney

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
09/25/2023

15. RETURN TO  
Elizabeth Matney  
Medicaid Director  
Department of Human Services  
Iowa Medicaid Enterprise  
1305 East Walnut Street  
Des Moines, IA 50319

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>September 25, 2023</u>	17. DATE APPROVED <u>February 20, 2024</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

State/Territory: Iowa

## 10. DENTAL SERVICES

Dental services, as defined in 42 CFR 440.100, are covered for children and adults and must be medically necessary for the prevention, diagnosis and corrective procedures or treatment of dental disease or injuries. Dental services are limited to one thousand dollars (\$1,000.00) per enrollee per state fiscal year (July 1 – June 30). The \$1,000 limitation does not apply to the following services: preventive, diagnostic, or emergent. The following limitations also apply to dental services but may be exceeded based on medical necessity. Children under 21 years of age are eligible for medically necessary dental services in accordance with federal early and periodic screening, diagnostic, and treatment (EPSDT) requirements.

### A. *Preventive services.*

- a. Oral prophylaxis, including necessary scaling and polishing.  
*Limitation:* Once in a six-month period except for persons who, because of physical or mental disability, need more frequent care.
- b. Topical application of fluoride. *Limitation:* Once in a 90-day period. (This does not include the use of fluoride prophylaxis paste as fluoride treatment.)
- c. Pit and fissure sealants. *Limitation:* Covered on first and second deciduous and permanent molars only for children through 21 years of age and for others who have a physical or mental disability that impairs their ability to maintain adequate oral hygiene.

### B. *Diagnostic services.*

- a. Comprehensive oral evaluation. *Limitation:* maximum of 1 every 3 years per dentist.
- b. Periodic oral examination. *Limitation:* maximum of 2 per 12 months, 6 months apart.
- c. Full mouth radiograph survey consisting of a minimum of 14 periapical films and bitewing films. *Limitations:* Once in a 5 year period, except when medically necessary to evaluate development, and to detect anomalies, injuries and diseases. Full mouth radiograph surveys are not payable under the age of six.
- d. Supplemental bitewing films. *Limitations:* Once in a 12-month period.
- e. Single periapical films, intraoral radiograph, occlusal, extraoral radiograph, posterior-anterior and lateral skull and facial bone radiograph, survey film, temporomandibular joint radiograph, and cephalometric film when medically necessary.

- C. *Restorative services.*
- a. Treatment of dental caries in those areas which require immediate attention. *Limitation:* Restoration of incipient or nonactive carious lesions are not covered.
  - b. Amalgam alloy and composite resin-type filling materials. *Limitation:* Once for the same restoration in a two-year period. An amalgam restoration is covered following a sedative filling in the same tooth only if the sedative filling was placed more than 30 days previously.
  - c. Stainless steel crowns are covered when a more conservative procedure would not be serviceable. *Limitation:* Stainless steel crowns with a resin window are limited to anterior teeth.
  - d. Laboratory fabricated crowns. Prior authorization is required. *Limitation:* Noble metals are limited to individuals who are allergic to all other restorative materials.
  - e. Cast post and core, post and composite or amalgam in addition to a crown. *Limitation:* Covered if a tooth is functional and the integrity of the tooth would be jeopardized by no post support.
- D. *Periodontal services.* Full mouth debridement is covered once every 24 months and is not allowed on the same date of service when prophylaxis or other periodontal services are provided. Periodontal treatment procedures require prior authorization.
- E. *Endodontic services.* Covered when there is a fair to good prognosis for maintaining the tooth. Endodontic retreatment requires prior authorization.
- F. *Orthodontic services.* Covered for a severe, handicapping malocclusion. Prior authorization is required. *Limitation:* Not covered for enrollees 21 years of age and over.
- G. Reserved
- H. Reserved
- I. *Implants.* Covered when a conventional denture cannot be used due to missing significant oral structures as a result of cancer, traumatic injuries, or developmental defects such as cleft palate. Prior authorization is required.

State/Territory: Iowa

RESERVED

State Plan TN# IA -23-0012

Effective 7-1-2023

Superseded TN# IA -18-013

Approved 2-20-2024

RESERVED

State Plan TN# IA -23-0012

Superseded TN# IA -19-013

Effective 7-1-2023

Approved 2-20-2024