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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 22-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-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

June 24, 2022

MaryLou Sudders, Secretary
The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

Re: Massachusetts State Plan Amendment (SPA) 22-0004

Dear Secretary Sudders:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0004. This amendment updates the state plan to add coverage for acupuncture services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR Part 440 and 447. This letter is to inform you that Massachusetts Medicaid SPA Transmittal Number 22-0004 was approved June 21, 2022 with an effective date of January 21, 2022.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at Marie.DiMartino@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 2 - 0 0 0 4

2. STATE

M A

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

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

4. PROPOSED EFFECTIVE DATE

01/21/2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 447, 42 CFR 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ _____
b. FFY 23 \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A p. 2
Supplement to Attachment 3.1-B p. 2
Attachment 4.19-B 01a-v(2) (NEW)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement to Attachment 3.1-A p.2
Supplement to Attachment 3.1-B p.2

9. SUBJECT OF AMENDMENT

An amendment regarding acupuncturist services

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Not required under 42 CFR 430.12(b)(2)(i)

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME

Ma'You Sudders

13. TITLE

Secretary

14. DATE SUBMITTED

03/31/22

15. RETURN TO

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, MA 02108

FOR CMS USE ONLY

16. DATE RECEIVED 03/31/22

17. DATE APPROVED 06/21/22

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/21/22

[Redacted Effective Date]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL Director
Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Limitations to Services Provided to the Categorically Needy

Item 6: Licensed Practitioners Services

Licensed Practitioner Services are provided in accordance with 42 CFR 440.60.

- a. **Podiatrists' Services** – Coverage is for podiatry services that are considered medically necessary. Office visits are limited to one initial visit, one limited visit per 30 day period, one extended visit per 30 day period, and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting. Any visits in excess of these limits are subject to prior authorization.

b. **Optometrists' Services** –

Members under age 21 are limited to one comprehensive examination within a 12 month period; additional services are provided when medically necessary. Members aged 21 or older are limited to one comprehensive eye examination within a 24 month period; additional services are provided when medically necessary.

Services that are subject to prior authorization include: fundus photography; non-plastic prosthetic eyes; unlisted services; and vision training.

Exclusions consist of treatment for congenital dyslexia.

- c. **Chiropractic Services** – include chiropractic manipulative treatment and radiology services. Services are limited to medically necessary treatment related to a neuromusculoskeletal condition. The MassHealth agency limits payment for chiropractor services for any combination of office visits and chiropractic manipulative treatments. Any office visits or chiropractic manipulative treatments in excess of 20 per member per calendar year are subject to prior authorization.

- d. **Other Practitioners' Services** – Other practitioners' services also include psychologists' services, which are limited to psychological testing only; hearing instrument specialist services; public health dental hygienist services; and acupuncturist services. Hearing instrument specialist services are limited to the practice of fitting and dispensing of hearing aids which means the measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to compensate for impaired hearing. The MassHealth agency does not pay for more than one hearing aid per ear per member in a 60 month period without prior authorization.

Public health dental hygienist services are limited to services provided in public health settings within the scope of practice governed by the Massachusetts Board of Registration in Dentistry and covered by the MassHealth agency.

Acupuncturist services include the services of acupuncturists licensed under state law. Acupuncturist services are limited to the practice of providing medically necessary acupuncture for the treatment of pain and as a substance use disorder treatment within the scope of practice authorized by state law. The MassHealth agency does not pay for more than 20 acupuncture treatments per member per calendar year without prior authorization.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
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State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

- e. Medical or other type of remedial care recognized under the laws of the Commonwealth furnished by licensed practitioners within the scope of their practice as defined by the laws of the Commonwealth:

6. Acupuncturist Services

See Attachment 4.19-B, section 8.d. for the fee-for-service rates for acupuncturist services. This section of Attachment 4.19-B is the reimbursement methodology for physician, certified nurse-midwife, certified pediatric and family nurse practitioner, and other midlevel practitioner services.