

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 22-0020**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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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April 12, 2023

Ms. Tricia Roddy  
Maryland Department of Health  
201 W. Preston St., 5th Floor  
Baltimore, MD 21201

Re: Maryland (MD) State Plan Amendment (SPA) 22-0020

Dear Ms. Roddy:

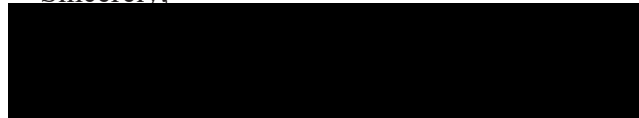
Enclosed please find a corrected approval package for your Maryland State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0020. This SPA, Rate Increase and Adult Dental Expansion, was originally approved on April 7, 2023. The approval package sent to Maryland included the following errors:

- The original approval package contained the incorrect pages for Attachments 3.1-A, Pages 23 and 23A.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Talbatha Myatt at 215-861-4259, or via email at [Talbatha.Myatt@cms.hhs.gov](mailto:Talbatha.Myatt@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

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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April 10, 2023

Ms. Tricia Roddy, Deputy Medicaid Director  
Maryland Department of Health  
201 W. Preston Street, 5th Floor  
Baltimore, MD 21201

Re: Maryland (MD) State Plan Amendment (SPA) 22-0020

Dear Deputy Medicaid Director Roddy:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0020. This amendment proposes to increase Maryland Medical Assistance reimbursement rates for certain dental services by 9.4% for dates of service beginning July 1, 2022. This SPA extends dental coverage to all Medicaid-enrolled adults effective January 1, 2023.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §447.201. This letter informs you that Maryland Medicaid SPA 22-0020 was approved on April 7, 2023, effective July 1, 2022.

If you have any questions, please contact Talbatha Myatt at (215) 861-4259 or via email at [Talbatha.Myatt@cms.hhs.gov](mailto:Talbatha.Myatt@cms.hhs.gov)

Sincerely,

  
James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Tyler Colomb, Medicaid Provider Services Administration  
Tyra Hill, Medicaid Provider Services Administration

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 0

2. STATE

MD

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

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

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201 and ~~1902(a)(10)(A)(i)~~ 1905(a)(10)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 3,028,838  
b. FFY 2023 \$ ~~50,242,859~~ \$58,474,128

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1A pg. 23-~~23e~~ 23A (22-0020)  
Att. 3.1A Page 27 (22-0020)  
Att. 4.19B pg. 13 (22-0020)

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

Att. 3.1A pg. 23-~~23e~~ 23A(15-0004)  
Att. 3.1A Page 27 (12-02)  
Att. 4.19B pg. 13 (20-0014)

9. SUBJECT OF AMENDMENT

The purpose of this SPA is to increase Maryland Medical Assistance reimbursement rates for certain dental services by 9.4% for dates of service beginning July 1, 2022. Additionally, this SPA extends dental coverage to all Medicaid-enrolled adults effective January 1, 2023.

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

12. TYPED NAME OF APPROVING OFFICIAL

Tricia Roddy

13. TITLE  
Deputy Medicaid Director

14. DATE SUBMITTED  
September 30, 2022

15. RETURN TO

Steven Schuh  
Medicaid Director  
Maryland Department of Health  
201 W. Preston St., 5th Floor  
Baltimore, MD 21201

**FOR CMS USE ONLY**

16. DATE RECEIVED  
September 30, 2022

17. DATE APPROVED  
April 7, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2022

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE  
Director, Division of Program Operations

22. REMARKS

- On 10/3/22 the state authorized the following pen and ink changes:
- Box 5 to include the following citation: 1905(a)(10) Dental services
  - Box 6 update FFY23 value to reflect \$58,474,128
  - Box 14 to reflect date submission of this SPA September 30, 2022
- On 03/30/23 the state authorized the following pen & ink changes:
- Box 7 add Att. 3.1A Page 27 (22-0020)
  - Box 8 add Att. 3.1A Page 27 (12-02) 3.1A page 23, 23A 15-0004; 4.19B page 13 20-0014; 3.1A page 27 12-02

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY  
ACT STATE OF MARYLAND

10. Dental Services

A. The Program provides a comprehensive package of medically necessary dental services for individuals younger than 21 years old, including but not limited to the following:

- (1) Emergency, preventive, diagnostic, and treatment services;
- (2) Semiannual cleaning, fluoride treatment and examination;
- (3) Pit and fissure sealants for the occlusal surfaces of posterior permanent teeth that are without decay;
- (4) Orthodontic care
- (5) Consultations for individuals receiving services described in A(1), (2), (3) and (4) above;
- (6) Drugs dispensed or injectable drugs administered by the dentist who meets the requirements of the Program;
- (7) Oral Health assessment;
- (8) General anesthesia during dental procedures when it is medically necessary;
- (9) Fluoride varnish; and
- (10) A complete radiographic survey or full series of X-rays of the mouth once every 3 years.

Under EPSDT, service limitations may be exceeded based on medical necessity.

B. The Program covers certain medically necessary dental services for adults 21 and older:

- (1) Preventive;
- (2) Restorative;
- (3) Diagnostic;
- (4) Endodontics;
- (5) Periodontics;
- (6) Oral surgery;
- (7) Prosthodontics; and
- (8) Emergency services.

C. The Program will reimburse for covered services in A and B above under the following conditions:

- (1) The services are rendered in the dentist's office, the participant's home, a general acute hospital, a skilled or intermediate care nursing facility, a free-standing clinic, an EPSDT provider's office, an approved mobile dental unit or an Ambulatory Surgical Center (ASC); and
- (2) The services are provided by or under the supervision of a dentist.

D. The Program places the following limitations on covered services:

- (1) Coverage of crowns will be limited to permanent resin fused to metal crowns, permanent porcelain fused to metal crowns, permanent nonprecious metal (full cast), provisional resin crowns, and stainless steel crowns.
- (2) Composite restorations will be covered for all teeth when necessary for the particular conditions of the patient.
- (3) The Program does not cover:
  - (a) Resin crowns without a metal superstructure;

TN#: 22-0020 Approval Date: April 7, 2023  
Supersedes TN#: 15-0004

Effective Date: July 1, 2022

- (b) Porcelain crowns without a metal superstructure;
- (c) Fixed bridge work;
- (d) Cosmetic procedures;
- (e) Inpatient hospital dental or oral health care services rendered during an admission;
- (f) Drugs and supplies dispensed by the dentist which are acquired by the dentist at no cost;
- (g) Referrals;
- (h) Gold restorations, gold crowns, and gold replacement appliances;
- (i) Services rendered without the required preauthorization;
- (j) Services which are investigational or experimental; and
- (k) For adults implants, traditional comprehensive orthodontic treatment, and self-ligating braces.

E. Dental services may require preauthorization and are approved when medically necessary.

TN#: 22-0020

Supersedes TN#: 15-0004

Approval Date: April 7, 2023

Effective Date: July 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY  
ACT  
State of Maryland

10. Dentist Rates

10.a. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. The agency's fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. All rates are published on the Department's website at:

[health.maryland.gov/providerinfo](https://health.maryland.gov/providerinfo) under the header "Dental and Laboratory Information".

Effective July 1, 2022, payments for Dental services to the Community as defined per Section 3.1A, shall be paid on a fee-for-service schedule.

10.b. Effective for dates of services on or after December 18, 2020 and continuing through the last day the federal government covers the vaccine's ingredient cost, payments for the administration of COVID-19 vaccinations, based on the national Medicare rates without geographic adjustment in effect when the service is provided, are equivalent to the Medicare rate for any single dose vaccine; and equivalent to the Medicare rate for any vaccine requiring two or more doses.

10.c. Payment limitations:

- The Department will not pay for drugs administered by dentists that have been obtained from manufacturers which do not participate in the federal Drug Rebate Program.
- The Department will not pay for disposable medical supplies usually included with the office visit.
- The provider may not bill for the Program or the participant for:
  - Completion of forms and reports;
  - Broken or missed appointments;
  - Professional services rendered by mail or telephone; and
  - Providing a copy of a participant's medical record when requested by another licensed provider on behalf of a participant.

TN#: 22-0020  
Supersedes TN#: 20-0014

Approval Date: April 7, 2023

Effective Date: July 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY  
ACT UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF MARYLAND

12 b. Dentures (covered Services)

A. The Program only covers medically necessary dentures and denture related services solely for participants under the age of 21. The following limitations apply and may be exceeded based upon medical necessity:

- (1) Replacement dentures will be covered only when:
  - (a) Dentures have been lost, broken, or stolen after 1 year of placement; or
  - (b) Adjustment, repair, relining, or rebasing of the patient's present denture does not make it serviceable.
- (2) Rebasing is included in the 6 months of aftercare following denture placement and may not be provided more frequently than once every 2 years after that.
- (3) The Program does not cover:
  - (a) Duplication of dentures;
  - (b) Immediate dentures; and
  - (c) Unilateral partial dentures replacing fewer than three teeth, excluding third molars.