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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 23-0030

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 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

February 29, 2024

Drew Snyder
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 23-0030

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0030. This amendment proposes to allow the Division of Medicaid to increase reimbursement rates for orthodontic services by ten percent (10%).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 447.201. This letter is to inform you that Mississippi's Medicaid SPA 23-0030 was approved on February 29, 2024, with an effective date of October 1, 2023.

Enclosed are copies of the CMS-179 Summary Form and approved SPA pages to the incorporated into the Mississippi State Plan.

If you have any questions, please contact Tandra Hodges at (404) 562-7409 or via email at Tandra.Hodges@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: Robin Bradshaw
Sarah Tadlock
Trip Polles

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>3</u> <u>0</u></p>	<p>2. STATE <u>MS</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 440.100, Sec. 1905(a)(10) of SSA</p>	<p>4. PROPOSED EFFECTIVE DATE October 1, 2023</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A, Exhibit 10, Page 1 Attachment 4.19-B, Page 10 Attachment 3.1-A, Exhibit 12b, Page 1 (New)</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>1,552,704</u> b. FFY <u>25</u> \$ <u>1,597,216</u></p>	
<p>9. SUBJECT OF AMENDMENT State Plan Amendment (SPA) 23-0030 is being submitted to allow the Division of Medicaid (DOM) to increase reimbursement rates for orthodontic services by ten percent (10%), effective October 1, 2023.</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A, Exhibit 10, Page 1 Attachment 4.19-B, Page 10 MS SPA 22-0016 MS SPA 19-0013</p>	

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

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399</p>	
<p>12. TYPED NAME Drew L. Snyder</p>	<p>16. DATE RECEIVED December 18, 2023</p>	
<p>13. TITLE Executive Director</p>	<p>17. DATE APPROVED February 29, 2024</p>	
<p>14. DATE SUBMITTED DEC 18 2023</p>	FOR CMS USE ONLY	

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

22. REMARKS

On 02/28/24 state authorized pen and ink change to authorize the addition of Attachment 3.1-A, Exhibit 12b, Page 1(New) to block 7

State of Mississippi
DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE
AND SERVICES PROVIDED

10. Dental Services

The Division of Medicaid requires prior authorization for certain medically necessary dental services in an office setting and all dental services provided in an outpatient hospital setting by the Division of Medicaid's Utilization Review/Quality Improvement Organization (UM/QIO) or a contracted Coordinated Care Organization's (CCO's) UM/QIO for all beneficiaries except for emergencies.

The Division of Medicaid covers medically necessary dental services for non-Early and Period Screening, Diagnostic and Treatment (EPSDT)-eligible beneficiaries that:

- a) Are an adjunct to treatment of an acute medical or surgical condition,
- b) Include dental services and procedures performed in connection with surgeries related to the jaw or any structure contiguous to the jaw or the reduction of any fracture of the jaw or any facial bone, and
- c) Include emergency dental extractions and treatment.

The Division of Medicaid covers medically necessary dental services for EPSDT-eligible beneficiaries including:

- a) Diagnostic,
- b) Preventive,
- c) Therapeutic,
- d) Emergency, and
- e) Orthodontic.

Dental Benefit Limits:

For dates of service beginning July 1, 2007, dental services (except orthodontia) are limited to \$2,500 per beneficiary per fiscal year. Additional dental services in excess of the \$2,500 annual limit may be provided with prior authorization from the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO.

Orthodontic Services:

Orthodontic services are covered when medically necessary and prior authorized by the Division of Medicaid or designated entity for EPSDT-eligible beneficiaries. Orthodontia-related services are limited to \$4,620 per beneficiary per lifetime. Additional dental services in excess of the \$4,620 lifetime limit may be provided with prior authorization from the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO.

State of Mississippi

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE
AND SERVICES PROVIDED**

Dentures:

Dentures are covered when medically necessary and prior authorized by the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO for EPSDT-eligible beneficiaries.

State of Mississippi
Methods and Standards For Establishing Payment Rates-Other Types of Care

Dental and Orthodontic Services - Payment for dental services is the lesser of:

1. The provider's usual and customary charge,
2. A fee from the Mississippi Medicaid statewide uniform dental fee schedule in effect July 1, 2018.
3. The fiftieth (50th) percentile fee reflected in the 2019 National Dental Advisory Service (NDAS) Fee Report, or
4. The fiftieth (50th) percentile fee reflected in the most current NDAS Fee Report for any new dental or orthodontic services not previously priced.

Once a dental or orthodontic service has been assigned a fee using the methodology above, that dental or orthodontic service will not be repriced. When a dental or orthodontic services Current Dental Terminology (CDT) code is discontinued and replaced with a new CDT code, the new CDT code will not be repriced. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. Diagnostic and preventative services reimbursement rates will increase in each of the SFY 2022, 2023 and 2024 by five percent (5%) above the amount of the reimbursement rate for the previous state fiscal year (SFY). Restorative dental services reimbursement rates will be increased by five percent (5%) of the previous year's rate for SFYs 2023, 2024, and 2025. Effective October 1, 2023, orthodontic services reimbursement rates will be increased by ten percent (10%).

Medically necessary dental services for EPSDT-eligible beneficiaries which exceed the scope for Medicaid beneficiaries as covered in this Plan are reimbursed according to the methodology in the above paragraphs.