

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) OK: 22-0040**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

November 23, 2022

Traylor Rains  
State Medicaid Director  
4345 N. Lincoln Blvd.  
Oklahoma City, Oklahoma 73105

RE: SPA OK 22-0040

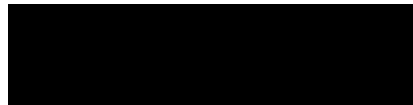
Dear Director Rains:

We have reviewed the proposed Oklahoma State Plan Amendment (SPA) OK- 22-0040 to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 18, 2022. This state plan amendment increases rates for dental services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Robert Bromwell at 410-786-5914 or [Robert.bromwell@cms.hhs.gov](mailto:Robert.bromwell@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 4 0

2. STATE

O K

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

October 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.100

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 12,276,859.00

b. FFY 24 \$ 12,187,374.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Introduction, Page 1  
Attachment 4.19-B, Page 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Introduction, Page 1; TN# 22-0032  
Attachment 4.19-B, Page 5; TN# 18-026

9. SUBJECT OF AMENDMENT

State plan amendment to update reimbursement methodology for dental 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Traylor Rains

13. TITLE  
State Medicaid Director

14. DATE SUBMITTED  
10/18/2022

15. RETURN TO

Oklahoma Health Care Authority  
Attn: Traylor Rains  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

**FOR CMS USE ONLY**

16. DATE RECEIVED  
October 18, 2022

17. DATE APPROVED  
November 23, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE****Effective Dates for Reimbursement Rates for Specified Services:**

Reimbursement rates for the services listed on this introduction page are effective for services provided on or after that date with two exceptions:

1. Medicaid reimbursement using Medicare rates are updated annually based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.
2. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, as referenced. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient services. The fee schedule is published on the agency's website at [www.okhca.org/feeschedules](http://www.okhca.org/feeschedules).

In the event an out-of-state provider will not accept the payment rate established in Attachment 4.19-B, Methods and Standards for Establishing Rates, the state will either: a) negotiate a reimbursement rate equal to the rate paid by Medicare, unless otherwise specified in the plan; or b) services that are not covered by Medicare, but are covered by the plan, will be reimbursed as determined by the State.

Service	State Plan Page	Effective Date
Outpatient Hospital Services	Attachment 4.19-B, Page 1	October 1, 2019
A. Emergency Room Services		October 1, 2019
B. Outpatient Surgery	Attachment 4.19-B, Page 1a	October 1, 2019
C. Dialysis Services		October 1, 2019
D. Ancillary Services, Imaging and Other Diagnostic Services		February 1, 2021
E. Therapeutic Services	Attachment 4.19-B, Page 1b	October 1, 2019
F. Clinic Services and Observation/Treatment Room		October 1, 2019
H. Partial Hospitalization Program Services		April 1, 2019
Clinical Laboratory Services	Attachment 4.19-B, Page 2b	October 1, 2019
Physician Services	Attachment 4.19-B, Page 3	October 1, 2019
Home Health Services	Attachment 4.19-B, Page 4	October 1, 2019
Free-Standing Ambulatory Surgery Center-Clinic Services	Attachment 4.19-B, Page 4b	October 1, 2019
Dental Services	Attachment 4.19-B, Page 5	October 1, 2022
Transportation Services	Attachment 4.19-B, Page 6	October 1, 2019
Psychological Services	Attachment 4.19-B, Page 8	July 1, 2022
Eyeglasses	Attachment 4.19-B, Page 10.1	October 1, 2019
Nurse Midwife Services	Attachment 4.19-B, Page 12	October 1, 2019
Family Planning Services	Attachment 4.19-B, Page 15	October 1, 2019
Renal Dialysis Facilities	Attachment 4.19-B, Page 19	October 1, 2019
Other Practitioners' Services		
• Anesthesiologists	Attachment 4.19-B, Page 20	October 1, 2019
• Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologist Assistants	Attachment 4.19-B, Page 20a	October 1, 2019
• Physician Assistants	Attachment 4.19-B, Page 21	October 1, 2019
Nutritional Services	Attachment 4.19-B, Page 21-1	October 1, 2019
4.b. EPSDT		
• Partial Hospitalization Program Services	Attachment 4.19-B, Page 17	April 1, 2019
• Emergency Hospital Services	Attachment 4.19-B, Page 28.1	October 1, 2019
• Speech and Audiologist Therapy Services, Physical Therapy Services, and Occupational Therapy Services	Attachment 4.19-B, Page 28.2	February 1, 2021
• Hospice Services	Attachment 4.19-B, Page 28.4	October 1, 2019

Revised 10-01-22

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES OTHER TYPES OF CARE

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### **Payment to Dentists for General Dental and Orthodontic Services**

Dentists are reimbursed a fee for service rate for general dental and orthodontic services. The same rate is paid for each service regardless of where the service was provided.

Payment for dental services is covered under the Agency fee schedule. The payment amount for each service paid under the fee schedule is the product of a uniform relative value unit (RVU) for each service and a conversion factor (CF). The CF converts the relative values into payment amounts. The general formula for calculating the fee schedule can be expressed as:

$$\text{RVU} \times \text{CF} = \text{Rate}$$

Effective October 1, 2022, the State will utilize the Optum Coding Relative Values for Dentists Data File to update the RVUs annually. The State utilizes different conversion factors for adults and children.

### **Payments to Dentists Working at a Governmental Hospital Based Children's Dental Clinic**

The State reimburses these dentists a fee-for-service amount that equals the average commercial fee schedule, which is calculated in the following manner. For each of the dental procedures rendered by dentists in this dental clinic, the State determined the average commercial allowed amount paid per procedure code by the top five commercial payers. The fee schedule amount for each dental procedure code equals an average of the payment by the top payers. The average commercial fee schedule rate provides for payment in-full and is not an add-on payment to the regular Medicaid rate.

In addition, the reimbursement methodology for amalgam or posterior composite resin restorations which is the mean of the 2009 reimbursement rates for each, will be reduced by 3.00% along with all other dental fees effective 07-01-10.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. All rates are published on the agency's website at: [www.okhca.org/feeschedules](http://www.okhca.org/feeschedules).

Revised 10-01-2022