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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 20-0002

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 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



Division of Reimbursement Review

August 13, 2020

Cynthia Beane, MSW, LCSW Commissioner Bureau for Medical Services 350 Capitol Street, Room 251 Charleston, West Virginia 25301-3706

RE: West Virginia State Plan Amendment 20-0002

Dear Commissioner Beane:

We have reviewed the proposed State Plan Amendment (SPA) to Attachment 4.19-B, WV-20-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 1, 2020. This plan amendment updates the effective date of the fee schedules for dental, orthodontic and oral and maxillofacial Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion, Director
Division of Reimbursement Review

Enclosures

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR HEALTH CARE FINANCING ADMINISTRATION 10. REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION 10. REGIONAL ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 10. TYPE OF PLAN MATERIAL (Check One)	111111	ETT CALL FINANCING ADMINISTRATION	OND NO. 0530-0153			
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia Attachment 4.19-B

Page 6a

10. **Dental, Orthodontic and Oral and Maxillofacial Services**

Dental practitioners who provide covered dental services shall be reimbursed, by procedure, utilizing the American Dental Association Survey of Dental Fees for the Southern Atlantic Region Norms. The 25 percentile of the Southern Atlantic Regional Survey constitutes the Medicaid cap.

Physicians who provide covered oral and maxillofacial services shall be reimbursed by the upper limit utilizing a Resource-Based Relative Value (RBVU) for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. Payment shall not exceed the provider's usual customary charge to the public. The agency's rates are reviewed annually and published on the website (http://dhhr.wv.gov/bms/FEES/Pages/Dental-Fee-Schedule.aspx) with an effective date of April 1, 2020. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Administration of anesthesia services shall be reimbursed by Current Dental Terminology (CDT) codes based on an average American Society of Anesthesiologist based units (for Head Procedures) plus time units multiplied by the anesthesia conversion factor. Payment shall not exceed the provider's usual customary charge to the public

TN No.: 20-002	Approval Date:	Effective Date:
Supersedes: 09-02	August 13, 2020	April 1, 2020