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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

May 04, 2021

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) 21-0003

Dear Secretary Sudders:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0003. This amendment proposes to amend the dental benefit to include crowns and certain endodontic services including root canals and apicoectomies as covered service for beneficiaries 21 years and older.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.100 Dental Services. This letter is to inform you that Massachusetts Medicaid SPA Transmittal Number 21-0003 is approved effective January 1, 2021.

If you have any questions, please contact Marie DiMartino at 978-330-8063 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 1 - 0 0 3

2. STATE

MA

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/21

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 440

7. FEDERAL BUDGET IMPACT

a. FFY 21 \$ 18,030,000
b. FFY 22 \$ 22,340,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A page 3-x
Supplement to Attachment 3.1-B page 3-x

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Supplement to Attachment 3.1-A page 3-x
Supplement to Attachment 3.1-B page 3-x

10. SUBJECT OF AMENDMENT

An amendment regarding dental services

11. 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)

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Marylou Sudders

14. TITLE
Secretary

15. DATE SUBMITTED
03/31/21

16. 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 REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 03/31/21

18. DATE APPROVED 05/04/21

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
James G. Scott

22. TITLE Director
Division of Program Operations
Medicaid and Chip Operations Group

23. REMARKS

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
and Remedial Care and Services Provided to the Categorically Needy

Item 10: Dental Services

- A. For members under age 21, all medically necessary dental services, including comprehensive and periodic oral evaluations and all dental services needed for maintenance of dental health, restoration of teeth, and relief of pain and infections are covered.
- B. For members age 21 or older, the following dental services are covered:
- diagnostic services including oral evaluation (comprehensive and periodic) and radiographs;
 - preventive services including prophylaxis;
 - emergency care visits;
 - certain restorative services (fillings);
 - certain prosthodontic services (including crowns and full and partial dentures including repairs);
 - certain exodontic services including extractions;
 - anesthesia;
 - treatment of complications related to surgery;
 - certain oral surgery such as biopsies and soft-tissue surgery;
 - certain periodontal services, including gingivectomies, gingivoplasties, and periodontal scaling and root planning; and
 - certain endodontic services including root canals and apicoectomies.

In addition, for members age 21 or over, there are limited exceptions that allow for topical fluoride when documented as medically necessary.

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Amount, Duration, and Scope of Medical
and Remedial Care and Services Provided to the Medically Needy Groups

Item 10: Dental Services

- A. For members under age 21, all medically necessary dental services, including comprehensive and periodic oral evaluations and all dental services needed for maintenance of dental health, restoration of teeth, and relief of pain and infections are covered.
- B. For members age 21 or older, the following dental services are covered:
- diagnostic services including oral evaluation (comprehensive and periodic) and radiographs;
 - preventive services including prophylaxis;
 - emergency care visits;
 - certain restorative services (fillings);
 - certain prosthodontic services (including crowns and full and partial dentures including repairs);
 - certain exodontic services including extractions;
 - anesthesia;
 - treatment of complications related to surgery;
 - certain oral surgery such as biopsies and soft-tissue surgery;
 - certain periodontal services, including gingivectomies, gingivoplasties, and periodontal scaling and root planning; and
 - certain endodontic services including root canals and apicoectomies.

In addition, for members age 21 or over, there are limited exceptions that allow for topical fluoride when documented as medically necessary.