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**State/Territory Name: Hawaii**

**State Plan Amendment (SPA) #: 09-004**

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

Region IX  
Division of Medicaid & Children's Health Operations  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706

FEB 12 2010

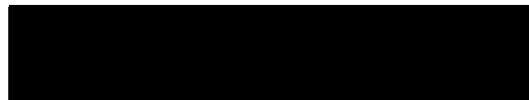
Lillian B. Koller, Esq.  
Director, Department of Human Services  
P.O. Box 339  
Honolulu, HI 96809-0339

Dear Ms. Koller:

Enclosed is an approved copy of Hawaii State Plan Amendment (SPA) No. 09-004 to eliminate optional dental services and dentures for adults. This SPA is effective July 1, 2009.

If you have any questions, please have your staff contact Cheryl Young at (415) 744-3598.

Sincerely,



Gloria Nagle  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Kenneth Fink, Med-QUEST Administrator  
Michele Bowser, CMS Center for Medicaid and State Operations (two copies)  
Mary Rydell, Pacific Area Representative

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
09-004

2. STATE  
HAWAII

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2009

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 440.100

42 CFR 447 Subpart F *JM*

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 (July 1, 2009 to Sept. 30, 2009): \$ 369,164 *JM*

b. FFY 2010: \$ 1,476,656

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B, Pages  
3.a. through 3.e.

Attachment 4-19-B, page 2 *JM*

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

SUPPLEMENT to ATTACHMENT 3.1-A and 3.1-B, Page 3.a.  
and 3.b.

Attachment 4-19-B, page 2 *JM*

10. SUBJECT OF AMENDMENT:

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:  
AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

LILLIAN B. KOLLER

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

06/29/09

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
JUNE 29, 2009

18. DATE APPROVED: FEB 12 2010

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

GLORIA NAGLE

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

MEDICAID & CHILDREN'S HEALTH OPERATIONS

BOX 6, 8 & 9 PEN & INK REQUESTS MADE VIA EMAIL FROM STATE DATED 1/29/10.

BOX 7 PEN & INK REQUEST MADE VIA EMAIL FROM STATE DATED 2/1/10/

**SUPPLEMENT TO ATTACHMENT 3.1-A and 3.1-B**

- (i) Allowable as medically necessary, subject to prior authorization.
  - (ii) Only one prosthetic appliance in any five-year period is allowed for a maximum of one for each type, partial and full dentures, per arch per recipient; lifetime. This is allowed only when present and previous dentures cannot be repaired or adjusted.
  - (iii) Dentures relines are limited to once per denture every two years.
- (e) Topical application of fluoride is limited to individuals under age twenty-one.
  - (f) Sealants for occlusal surface of caries free permanent molar teeth only for children age six through fifteen.
  - (g) Anterior, molars and premolar root canal shall be covered for a maximum of once per tooth, with authorization, except in cases of poor prognosis possibly due to extensive root decay or bone loss or prior root canal therapy failure.
  - (h) Acrylic jackets and acrylic veneer crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.
  - (i) Except for emergency treatments, prior authorization is required for certain dental work.
- (3) The above limitations will be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(rX5).

**(B) Individuals age 21 years and older – Dental Services:**

- (1) Emergency treatment shall include the following services:
  - (a) Relief of dental pain;
  - (b) Elimination of infection; and
  - (c) Treatment of acute injuries to the teeth or supporting structures of the orofacial complex.

2. MEDICAID PAYMENTS FOR OTHER NONINSTITUTIONAL ITEMS AND SERVICES ARE DETERMINED AS FOLLOWS:

(a) The reimbursement rates for the following services are based on a rate that is published on the agency's website at [www.med-quest.us](http://www.med-quest.us):

- Durable Medical Equipment (including eyeglass frames and hearing aids), prosthetic devices and appliances except, that Intraocular lens, cochlear implants, and neurostimulators are provided as part of an outpatient surgical procedure and are limited to invoice cost, not to exceed the Medicare fee schedule for the surgical service.

The rates for durable medical equipment, prosthetic devices and appliances were set and are effective on or after July 1, 2006.

- Dental services (including dentures):

The dental rates for the neighbor islands (Kauai, Maui, Hawaii, Molokai and Lanai) were set as of 08/07/08 and are effective for services on or after that date. All rates are published on the agency's website at [www.medquest.us](http://www.medquest.us).

The dental rates for the island of Oahu were set as of 07/01/08 and are effective for services on or after that date. All rates are published on the agency's website at [www.med-quest.us](http://www.med-quest.us).

- EPSDT (comprehensive periodic examination, case management, skilled nursing and personal care services.)

The rates for EPSDT were set and are effective on or after July 1, 2006.

- Home pharmacy services;

The rates for home pharmacy services were set and are effective on or after July 1, 2006.

- Medical supplies;

The rates for medical supplies were set and are effective on or after July 1, 2006.

- Home Health Agency Services

The rates for home health agency services were set and are effective on or after July 1, 2006.

(b) Payment for laboratory services and X-ray services shall be at the current Medicare fee schedule for participating providers.

TN No. 09-004  
Supersedes  
TN No. 08-012

Approval Date: FEB 12 2010 Effective Date: 07/01/09