## **Table of Contents**

State Name: Virginia

**State Plan Amendment (SPA) #**: 19-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved CMS-179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 801 Market Street, Suite 9400 Philadelphia, Pennsylvania 19107



## **Regional Operations Group**

SWIFT #022820194041

March 26, 2019

Jennifer S. Lee, M.D., Director Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, VA 23219

Dear Dr. Lee:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 19-006, Dental Fee Schedule Update - January, 2019. The purpose of this SPA is to update dental procedure codes in the agency's fee schedule.

This SPA is acceptable. Therefore, we are approving SPA 19-006 with an effective date of January 1, 2019. Enclosed are the approved SPA page and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Sabrina Tillman-Boyd Acting Deputy Director Eastern Regional Operations Group

**Enclosures** 

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  January 1, 2019
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 447	7. FEDERAL BUDGET IMPACT a. FFY 2019 b. FFY 2020 \$ -0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B, Page 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Same Page
10. SUBJECT OF AMENDMENT	
Dental Fee Schedule Update — January, 2019	
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  Secretary of Health and Human Resources
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO
13. TYPED NAME Jennifer S. Lee, M.D.  14. TITLE Director  15. DATE SUBMITTED F. L. 27, 2010	Dept. of Medical Assistance Services 600 East Broad Street, #1300 Richmond VA 23219
February 27, 2019	Attn: Regulatory Coordinator
FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED February 27, 2019	18. DATE APPROVED March 15, 2019
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL /S/
21. TYPED NAME	22. TITLE
Sabrina Tillman-Boyd 23. REMARKS	Acting Deputy Director

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-OTHER TYPES OF CARE

6.A. 2. Dentists' services: Dental services, dental provider qualifications and dental service limits are identified in Attachment 3.1A&B, Supplement 1, page 16.1 and 16.1.1. Dental services are paid based on procedure codes which are listed in the Agency' fee schedule rate, effective January 1, 2019. The state agency fee schedule is published on the DMAS website at <a href="http://www.dmas.virginia.gov/#/dentalresources">http://www.dmas.virginia.gov/#/dentalresources</a> Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private individual practitioners.

TN No. 19-006

Approval Date 03/15/2019

Effective Date 1-01-19

Supersedes

TN No. 18-003