



COMMONWEALTH of VIRGINIA
Office of the Governor

John Littel
Secretary of Health and Human Resources

December 13, 2023

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 23-023, entitled "Dental Updates" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in blue ink that reads "John E. Littel".

John E. Littel

Attachment

cc: Cheryl J. Roberts, Acting Director, Department of Medical Assistance Services
CMS, Region III

Transmittal Summary

SPA 24-0001

I. IDENTIFICATION INFORMATION

Title of Amendment: Dental Updates

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: In accordance with the 2023 Virginia Acts of Assembly Item 304.XXXX, the SPA does the following:

- (i) extend the age limitation for children receiving fluoride varnish from non-dental providers from "through age 3" to "through age 5";
- (ii) remove the current limitation on the number of times a dentist can bill the behavioral management code when treating adults with disabilities;
- (iii) provide payment for crowns for patients who received root canal therapy prior to becoming a Medicaid beneficiary; and
- (iv) provide reimbursement for pre-treatment evaluations performed by dentists treating patients requiring deep sedation or general anesthesia to mirror the Centers for Medicare and Medicaid Services (CMS) guidelines.

Substance and Analysis: The section of the State Plan that is affected by this amendment is "Amount, Duration, and Scope of Medical and Remedial Care Services."

Impact: The state fee-for-service costs for these changes are expected to be \$345,492 in federal fiscal year 2024 and \$520,593 in federal fiscal year 2025. The federal fee-for-service costs for these changes are expected to be \$461,486 in federal fiscal year 2024 and \$689,874 in federal fiscal year 2025.

Tribal Notice: Please see attached.

Prior Public Notice: Please see attached.

Public Comments and Agency Analysis: N/A – no comments submitted.



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

CHERYL J. ROBERTS
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

December 1, 2023

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Dental Services.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to:

- (i) extend the age limitation for children receiving fluoride varnish from non-dental providers from "through age 3" to "through age 5";
- (ii) remove the current limitation on the number of times a dentist can bill the behavioral management code when treating adults with disabilities;
- (iii) provide payment for crowns for patients who received root canal therapy prior to becoming a Medicaid beneficiary; and
- (iv) provide reimbursement for pre-treatment evaluations performed by dentists treating patients requiring deep sedation or general anesthesia to mirror the Centers for Medicare and Medicaid Services (CMS) guidelines.

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through December 31, 2023. You may submit your comments directly to Emily McClellan, DMAS Policy Division, by phone (804) 371-4300, or via email: Emily.McClellan@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services Attn: Emily McClellan
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl J. Roberts".

Cheryl J. Roberts
Director



Agency

Department of Medical Assistance Services

Board

Board of Medical Assistance Services

[Edit Notice](#)

General Notice

Public Notice - Intent to Amend State Plan - Dental Updates

Date Posted: 12/1/2023

Expiration Date: 6/1/2024

Submitted to Registrar for publication: YES

[30 Day Comment Forum](#) is underway. Began on 12/1/2023 and will end on 12/31/2023

**LEGAL NOTICE
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NOTICE OF INTENT TO AMEND**

(Pursuant to §1902(a)(13) of the *Act (U.S.C. 1396a(a)(13))*
THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

This Notice was posted on December 1, 2023

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the *Methods and Standards for Establishing Payment Rates — Other Types of Care (12 VAC 30-80)*.

This notice is intended to satisfy the requirements of 42 C.F.R. § 447.205 and of § 1902(a)(13) of the *Social Security Act*, 42 U.S.C. § 1396a(a)(13). A copy of this notice is available for public review from Meredith Lee, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: Meredith.Lee@dmas.virginia.gov.

DMAS is specifically soliciting input from stakeholders, providers and beneficiaries, on the potential impact of the proposed changes discussed in this notice. Comments or inquiries may be submitted, in writing, within 30 days of this notice publication to Emily McClellan and such comments are available for review at the same address. Comments may also be submitted, in writing, on the Town Hall public comment forum attached to this notice.

This notice is available for public review on the Regulatory Town Hall (<https://townhall.virginia.gov>) on the General Notices page, found at: <https://townhall.virginia.gov/L/generalnotice.cfm>

Methods & Standards for Establishing Payment Rates-Other Types of Care (12 VAC 30-80)

In accordance with the 2023 Acts of Assembly, Item 304.XXXX, the state plan is being revised to:

- (i) extend the age limitation for children receiving fluoride varnish from non-dental providers from "through age 3" to "through age 5";
- (ii) remove the current limitation on the number of times a dentist can bill the behavioral management code when treating adults with disabilities;
- (iii) provide payment for crowns for patients who received root canal therapy prior to becoming a Medicaid beneficiary; and

(iv) provide reimbursement for pre-treatment evaluations performed by dentists treating patients requiring deep sedation or general anesthesia to mirror the Centers for Medicare and Medicaid Services (CMS) guidelines.

The expected increase in annual aggregate fee-for-service expenditures is \$345,492 in state general funds and \$461,486 in federal funds in federal fiscal year 2024.

Contact Information

Name / Title:	Emily McClellan / <i>Regulatory Manager</i>
Address:	Division of Policy and Research 600 E. Broad St., Suite 1300 Richmond, 23219
Email Address:	Emily.McClellan@dmas.virginia.gov
Telephone:	(804)371-4300 FAX: (804)786-1680 TDD: (800)343-0634

This general notice was created by Emily McClellan on 12/01/2023 at 4:12pm

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
and MEDICALLY NEEDY**

10. Dental services.

A. Dental services shall be covered for individuals younger than 21 years of age in fulfillment of the treatment requirements under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and defined as routine diagnostic, preventive, or restorative procedures necessary for oral health provided by or under the direct supervision of a dentist in accordance with the State Dental Practice Act.

1. The state agency will provide any medically necessary dental service to individuals younger than 21 years of age.

2. Certain dental services for individuals under the age of 21 shall require preauthorization or prepayment review by the state agency or its designee.

3. Dental services for individuals under the age of 21 that do not require preauthorization or prepayment review are: initial, periodic, and emergency examinations; required radiography necessary to develop a treatment plan; patient education; pre-treatment evaluations for deep sedation or general anesthesia, dental prophylaxis; fluoride treatments; routine amalgam and composite restorations; stainless steel crowns, prefabricated steel post, temporary (polycarbonate crowns) and stainless steel bands; crown recementation; pulpotomies; emergency endodontics for temporary relief of pain; pulp capping, sedative fillings; therapeutic apical closure; topical palliative treatment for dental pain; removal of foreign body; simple extractions; root recovery; incision and drainage of abscess; surgical exposure of the tooth to aid eruption; sequestrectomy for osteomyelitis; and oral antral fistula closure.

B. Dental services, determined by the dental provider to be appropriate for a woman during the term of her pregnancy, shall be provided to Medicaid-enrolled pregnant woman age 21 and older. The dental services that shall be covered are: (i) diagnostic x-rays and exams; (ii) preventive cleanings; (iii) restorative fillings; (iv) endodontics (root canals); (v) periodontics (gum related treatments); (vi) prosthodontics, both removable and fixed (~~g~~ crown, partial plates, and dentures); (vii) oral surgery (tooth extractions and biopsies, alveoloplasty); ~~and~~ (viii) pre-treatment evaluations for deep sedation or general anesthesia; and (ix) adjunctive general services (all covered services that do not fall into specific professional categories). These services require prepayment review by the state agency or its designee.

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 ~~July 1, 2022~~ January 1, 2024. All rates are published on the DMAS website at www.dmas.virginia.gov. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private individual practitioners.

TN No. 24-0001

Approval Date _____

Effective Date 01-01-2024

Supersedes

TN No. 22-0018

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

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
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TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION
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6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

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

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Secretary of Health and Human Resources
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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1. The state agency will provide any medically necessary dental service to individuals younger than 21 years of age.

2. Certain dental services for individuals under the age of 21 shall require preauthorization or prepayment review by the state agency or its designee.

3. Dental services for individuals under the age of 21 that do not require preauthorization or prepayment review are: initial, periodic, and emergency examinations; required radiography necessary to develop a treatment plan; patient education; pre-treatment evaluations for deep sedation or general anesthesia, dental prophylaxis; fluoride treatments; routine amalgam and composite restorations; stainless steel crowns, prefabricated steel post, temporary (polycarbonate crowns) and stainless steel bands; crown recementation; pulpotomies; emergency endodontics for temporary relief of pain; pulp capping, sedative fillings; therapeutic apical closure; topical palliative treatment for dental pain; removal of foreign body; simple extractions; root recovery; incision and drainage of abscess; surgical exposure of the tooth to aid eruption; sequestrectomy for osteomyelitis; and oral antral fistula closure.

B. Dental services, determined by the dental provider to be appropriate for a woman during the term of her pregnancy, shall be provided to Medicaid-enrolled pregnant woman age 21 and older. The dental services that shall be covered are: (i) diagnostic x-rays and exams; (ii) preventive cleanings; (iii) restorative fillings; (iv) endodontics (root canals); (v) periodontics (gum related treatments); (vi) prosthodontics, both removable and fixed (crown, partial plates, and dentures); (vii) oral surgery (tooth extractions and biopsies, alveoloplasty); (viii) pre-treatment evaluations for deep sedation or general anesthesia; and (ix) adjunctive general services (all covered services that do not fall into specific professional categories). These services require prepayment review by the state agency or its designee.

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**AMOUNT, DURATION, AND SCOPE OF MEDICAL
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- C. For the dental services covered for Medicaid-enrolled adult pregnant women, the following service limitations shall apply : examinations, prophylaxis, fluoride treatment (once/six months);; bitewing x-ray - up to four films (once/12 months); routine amalgam and composite restorations (once/ 12 months); dentures (once/five years); permanent crowns (once/60 months), and endodontic (retreatments are not covered)
- D. Dental services shall be provided to individuals with full-benefit Medicaid coverage, aged 21 and over.
1. The following services shall be covered: 1) dental exams, routine cleanings, x-rays; 2) fillings and crowns; 3) root canals and pulpal debridement; 4) scaling and root planning, gingivectomies, and periodontal maintenance procedures; 5) dentures, partials, and repair procedures; 6) extractions and alveoplasty; and 7) anesthesia services, including pre-treatment evaluations for deep sedation or general anesthesia.
 2. The following limits shall apply: 1) Prophylaxis shall be covered up to three times per year; 2) Non-routine x-rays such as imaging and cone beam technology require service authorization; 3) 3) bridges are not covered; 4) endodontic retreatment, apexification and apicoectomy are not covered; 5) periodontal flap procedures, crown lengthening procedures, and bone replacement grafts are not covered; 6) partial dentures are covered only as a part of a definitive treatment plan and after a course of preventive and periodontal maintenance treatment; 7) oral antral fistulation procedures, closures of sinus perforations and dislocation and management of TMJ dysfunctions are not covered; 8) surgical trauma procedures that require CPT codes are not covered; 9) implants are not covered; 10) non-anesthesia adjunctive services may require service authorization.
- E. Limited oral surgery procedures, as defined and covered under Title XVIII (Medicare), and described in Agency guidance documents, are covered for all recipients, and require preauthorization or prepayment review by the state agency or its designee as described in Agency guidance documents.
- F. Residents of nursing facilities shall be permitted to deduct the costs of limited specific dental procedures from their payments towards the costs of their nursing facility care. Nursing facility residents shall be limited to deducting the following dental procedures: (i) routine exams and x-rays, and dental cleaning twice yearly; (ii) full mouth x-rays once every three years; and (iii) deductions for extractions and fillings shall be permitted only if medically necessary as determined by the department.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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 2. The following limits shall apply: 1) Prophylaxis shall be covered up to three times per year; 2) Non-routine x-rays such as imaging and cone beam technology require service authorization; 3) ~~crowns are only covered when a root canal is done while member is covered under the adult dental program;~~ 4) ~~3)~~ bridges are not covered; ~~5)~~ 4) endodontic retreatment, apexification and apicoectomy are not covered; ~~6)~~ 5) periodontal flap procedures, crown lengthening procedures, and bone replacement grafts are not covered; ~~7)~~ 6) partial dentures are covered only as a part of a definitive treatment plan and after a course of preventive and periodontal maintenance treatment; ~~8)~~ 7) oral antral fistulation procedures, closures of sinus perforations and dislocation and management of TMJ dysfunctions are not covered; ~~9)~~ 8) surgical trauma procedures that require CPT codes are not covered; ~~10)~~ 9) implants are not covered; ~~11)~~ 10) non-anesthesia adjunctive services may require service authorization.
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