

## **Table of Contents**

**State Name:** **Virginia**

**State Plan Amendment (SPA) #:** **24-0001**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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April 3, 2024

Cheryl J. Roberts, Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Re: Virginia State Plan Amendment 24-0001

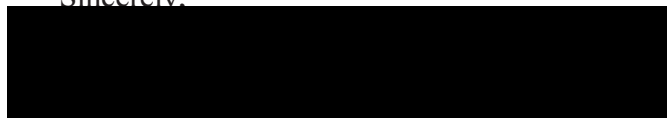
Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to provide reimbursement for pre-treatment evaluations performed by dentists treating patients requiring deep sedation or general anesthesia.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title 42 of the Code of Federal Regulations §440. This letter is to inform you that Virginia Medicaid SPA 24-0001 was approved on April 3, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

cc: Emily McClellan

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 1

2. STATE

V A

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 461,486  
b. FFY 2025 \$ 689,874

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, revised page 5  
Attachment 3.1-B, revised page 4  
Attachment 3.1- A&B, Supplement 1, revised pages 16.1, 16.1.1, and 26.1  
Attachment 4.19-B, revised page 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #7.

9. SUBJECT OF AMENDMENT

Dental Updates

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME  
Cheryl J. Roberts

13. TITLE  
DMAS Director

14. DATE SUBMITTED  
01/10/2024

15. RETURN TO

Department of Medical Assistance Services  
600 East Broad Street, #1300  
Richmond VA 23219

Attn: Policy, Regulations, and Manuals Supervisor

**FOR CMS USE ONLY**

16. DATE RECEIVED  
01/10/2024

17. DATE APPROVED **04/03/2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
01/01/2024

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

**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

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**12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist. (See Page 13 for Prescribed Drugs and Eyeglasses).**

**a. Prescribed drugs.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**b. Dentures.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**c. Prosthetic devices.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**d. Eyeglasses.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan. (See Page 14 for diagnostic and other services.)**

**a. Diagnostic services.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

**b. Screening services.**

- |                                     |              |                                     |                   |
|-------------------------------------|--------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Provided:    | <input checked="" type="checkbox"/> | With Limitations* |
| <input type="checkbox"/>            | Not provided | <input type="checkbox"/>            | No Limitations    |

\* Description provided on attached sheet. See Supplement 1 to Attachments 3.1-A and 3.1-B.

TN No. 24-0001

Approval Date: 04/03/2024

Effective Date: 01/01/2024

Supersedes

TN No. 98-05

**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**

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- e. State supplemental rebates. The Department has the authority to seek supplemental rebates from pharmaceutical manufacturers. In addition to collecting supplemental rebates for fee-for-service claims, the Department may, at its option, also collect supplemental rebates for Medicaid Member utilization through MCOs under an agreement. Supplemental rebate agreements shall be separate from the federal rebates and in compliance with federal law, §§ 1927(a)(1) and 1927(a)(4) of the *Social Security Act* (Act). All rebates collected on behalf of the Commonwealth shall be collected for the sole benefit of the state share of the costs.
- f. Pursuant to 42 U.S.C. § 1396r-8(b)(3)(D), information disclosed to the Department or to the Committee by a pharmaceutical manufacturer or wholesaler which discloses the identity of a specific manufacturer or wholesaler and the pricing information regarding the drugs by such manufacturer or wholesaler is confidential and shall not be subject to the disclosure requirements of the Virginia Freedom of Information Act (§[2.2-3700](#) *et seq.* of the Code of Virginia).
- g. Appeals for denials of prior authorization shall be addressed pursuant to 12VAC30-110, Part I, Client Appeals.

## 12b. Dentures.

- A. Medically necessary dentures, partials, and repair procedures are subject to service authorization and are covered under EPSDT for individuals under the age of 21.

Individuals aged 21 and over may receive coverage for medically necessary dentures, partials, and repair procedures only as a part of a definitive treatment plan, after a course of preventive and periodontal maintenance treatment, and after service authorization.

**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**

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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 (crown, partial plates,); (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.

**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**

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- C. For the dental services covered for Medicaid-enrolled adult pregnant women, the same limits described in paragraph D.2 for adults shall apply.
- 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) extractions and alveoplasty; and 6) 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) oral antral fistulation procedures, closures of sinus perforations and dislocation and management of TMJ dysfunctions are not covered; 7) surgical trauma procedures that require CPT codes are not covered; 8) implants are not covered; 9) 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.

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

State of VIRGINIA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

**8. Private duty nursing services.**

Provided:  No Limitations  With Limitations\*

**9. Clinic services.**

Provided:  No Limitations  With Limitations\*

**10. Dental services.**

Provided:  No Limitations  With Limitations\*

**11. Physical therapy and related services.**

**a. Physical therapy.**

Provided:  No Limitations  With Limitations\*

**b. Occupational therapy.**

Provided:  No Limitations  With Limitations\*

**c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.**

Provided:  No Limitations  With Limitations\*

**12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

**a. Prescribed drugs.**

Provided:  No Limitations  With Limitations\*

**b. Dentures.**

Provided:  No Limitations  With Limitations\*

\* Description provided on attachment.

TN No. 24-0001

Approval Date: 04/03/2024

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Supersedes

TN No. 87-01

HCFA ID: 0140P/0102A



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

State of VIRGINIA

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

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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, 2024. All rates are published on the DMAS website at [www.dmas.virginia.gov](http://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.

Dentures. Coverage and service limits for dentures are identified in Attachment 3.1A&B, Supplement 1, page 26.1. Dental services are paid based on procedure codes which are listed in the Agency' fee schedule rate, effective January 1, 2024. All rates are published on the DMAS website at [www.dmas.virginia.gov](http://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.

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TN No. 24-0001  
Supersedes  
TN No. 22-0018

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