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State/Territory Name: IA

State Plan Amendment (SPA) #: 18-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

September 19, 2018

Mike Randol, Medicaid Director
Division of Medical Services
Department of Human Services
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315

Dear Mr. Randol:

On August 17, 2018, Iowa submitted SPA 18-0013 to implement an annual benefit maximum of \$1,000 per member/per fiscal year beginning on September 1, 2018, and each fiscal year thereafter. Diagnostic, preventive, emergent, anesthesia in conjunction with allowable oral surgery procedures and fabrication of denture services are excluded procedures.

SPA #18-0013 was approved September 18, 2018, with an effective date of September 1, 2018, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Sandra Levels at (816) 426-5925.

Sincerely, 

9/19/2018

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Sign

Enclosure

cc:
Mikki Stier, Deputy Director, DHS
Jennifer Steenblock, IME
Heather Miller, IME
Alisa Horn, IME

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 8 0 1 3</u>	2. STATE IOWA
	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 September 1, 2018	

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	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ (127,720) * b. FFY 2019 \$ (588,992) *
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Pages 21 and 23 Supplement 2 to Attachment 3.1-A, Page 24 **	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Pages 21 and 23 Supplement 2 to Attachment 3.1-A, Page 24 **

10. SUBJECT OF AMENDMENT

Implements an ABM of \$1,000 per member/per fiscal year beginning 9/1/18, and each fiscal year thereafter. Diagnostic, preventive, emergent, anesthesia in conjunction with allowable oral surgery procedures and fabrication of denture services are excluded procedures. E

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO
13. TYPED NAME <u>Jerry R. Foxhoven</u>	JERRY R FOXHOVEN DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
14. TITLE DIRECTOR	
15. DATE SUBMITTED 8-17-18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED August 17, 2018	18. DATE APPROVED September 18, 2018
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS

* Pen and Ink change per state responses received 9.7.18
 ** Pen and Ink change per state email dated 9.11.18

State/Territory: Iowa

10. DENTAL SERVICES

Dental services, as defined in 42 CFR 440.100, are covered for children and adults and must be medically necessary for the prevention, diagnosis and treatment of dental disease or injuries. Dental services are limited to one thousand dollars (\$1,000.00) per enrollee per state fiscal year (July 1 – June 30). The \$1,000 limitation does not apply to the following services: preventive, diagnostic, emergent, anesthesia in conjunction with approved oral surgery codes or fabrication of dentures. The following limitations also apply to dental services but may be exceeded based on medical necessity. Children under 21 years of age are eligible for medically necessary dental services in accordance with federal early and periodic screening, diagnostic, and treatment (EPSDT) requirements.

Full Dental Benefits

A. *Preventive services.*

- a. Oral prophylaxis, including necessary scaling and polishing.
Limitation: Once in a six-month period except for persons who, because of physical or mental disability, need more frequent care.
- b. Topical application of fluoride. *Limitation:* Once in a 90-day period. (This does not include the use of fluoride prophylaxis paste as fluoride treatment.)
- c. Pit and fissure sealants. *Limitation:* Covered on first and second deciduous and permanent molars only for children through 21 years of age and for others who have a physical or mental disability that impairs their ability to maintain adequate oral hygiene.

B. *Diagnostic services.*

- a. Comprehensive oral evaluation. *Limitation:* maximum of 1 every 3 years per dentist.
- b. Periodic oral examination. *Limitation:* maximum of 2 per 12 months, 6 months apart.
- c. Full mouth radiograph survey consisting of a minimum of 14 periapical films and bitewing films. *Limitations:* Once in a 5 year period, except when medically necessary to evaluate development, and to detect anomalies, injuries and diseases. Full mouth radiograph surveys are not payable under the age of six.
- d. Supplemental bitewing films. *Limitations:* Once in a 12-month period.
- e. Single periapical films, intraoral radiograph, occlusal, extraoral radiograph, posterior-anterior and lateral skull and facial bone radiograph, survey film, temporomandibular joint radiograph, and cephalometric film when medically necessary.

posterior teeth are not covered when there are at least eight posterior teeth in occlusion. Fixed partial dentures are covered only for members who have a physical or mental condition that precludes the use of a removable partial denture, or who have a full denture in one arch and a fixed partial denture replacing posterior teeth is required to balance occlusion in the opposing arch.

- c. Replacement dentures. Limitations: Replacement of immediate, complete, removable and fixed partial dentures requires prior authorization and is limited to once in a five-year period. Prior authorization may be obtained if replacement is medically necessary prior to the expiration of the five-year period. Prior authorization is also allowed for more than one denture replacement per arch within five years when the member has a medical condition that necessitates thorough mastication. Replacement due to resorption is not covered.
- d. Relines. *Limitation:* Chairside relines and laboratory processed relines are covered only once per prosthesis every 12 months.
- e. Tissue conditioning. *Limitation:* Covered twice per prosthesis in a 12-month period.
- f. Repairs. *Limitation:* Only two repairs per prosthesis are allowed in a 12-month period.
- g. Obturator. *Limitation:* For surgically excised palatal tissue or deficient velopharyngeal function of cleft palate patients.
- h. Adjustments to a complete or removable partial denture. *Limitation:* If medically necessary after six months' post-delivery care.
- I. *Implants.* Covered when a conventional denture cannot be used due to missing significant oral structures as a result of cancer, traumatic injuries, or developmental defects such as cleft palate. Prior authorization is required.
- J. *Treatment in a hospital.* Covered only when the mental, physical, or emotional condition of the patient prevents the dentist from providing necessary care in the office.

Basic Dental Benefits

As provided under the authority of section 1115 Iowa Dental Wellness Plan waiver approved

State Plan TN# IA-18-013

Effective September 1, 2018

Superseded TN# IA-17-011

Approved September 18, 2018

on July 27, 2017 and represents a subset of the full dental benefits listed above.

1. Periodic evaluation - *Limitation*: Maximum of 2 per 12 months, 6 months apart.
2. Comprehensive evaluation - *Limitation*: maximum of 1 every 3 years per dentist.
3. Problem focused evaluation
4. Periodontal comprehensive evaluation - *Limitation*: maximum of 1 per 12 months.
5. Oral prophylaxis, including necessary scaling and polishing - *Limitation*: Once in 6-month period except for persons who, because of physical or mental disability, need more frequent care.
6. Periodontal maintenance - *Limitation*: maximum of once every 3 months.
7. Pulp vitality test
8. Sedation
9. Tooth re-implantation/splinting
10. Incision and drainage of abscess
11. Radiographs including periapical, bitewing, and panoramic. *Limitation*: panoramic radiograph has a maximum of 1 every 5 years, except when medically necessary to evaluate development, and to detect anomalies, injuries and diseases.
12. Pulpal debridement and pulpotomy
13. Office visit after regularly scheduled hours
14. Biopsy
15. Palliative treatment of dental pain
16. Extraction and surgical removal of residual tooth roots
17. Surgical extraction, impactions