

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 18-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



---

September 18, 2018

Patricia Bellock, Director  
Illinois Department of Healthcare and Family Services  
Prescott E. Bloom Building  
201 South Grand Avenue East  
Springfield, Illinois 62763-0001

Attn: Teresa Hursey

Dear Ms. Bellock:

Enclosed for your records is an approved copy of the following State Plan Amendment.

Transmittal #18-0011 – Addition of Adult Dental Services  
– Effective Date: July 1, 2018  
– Approval Date: September 17, 2018

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sara Barger, HFS  
Kimberley Cox, HFS  
Mary Doran, HFS

<b>TRANSMITTAL AND NOTICE OF APPROVAL                  OF STATE PLAN MATERIAL                  FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>18-0011</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>July 1, 2018</b>

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: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$12.5 Million b. FFY 2019 \$50 Million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Appendix to Attachment 3.1-A, Page 8 and 8(A) Attachment 4.19-B, Page 34</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Appendix to Attachment 3.1-A, Page 8 and 8(A) Attachment 4.19-B, Page 34</b>

10. SUBJECT OF AMENDMENT:  
**Adding dental services for adults and updating the dental fee schedule**

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: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: <b>Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001</b>
13. TYPED NAME: <b>Teresa T. Hursey</b>	
14. TITLE: <b>Interim Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>6/22/18</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>June 22, 2018</b>	18. DATE APPROVED: <b>September 17, 2018</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2018</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>
21. TYPED NAME <b>Ruth A. Hughes</b>	22. TITLE: <b>Associate Regional Administrator</b>
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

---

10. DENTAL SERVICES

- 07/12 Dental services are categorized below and comport with 42 CFR 440.100.
- 07/12 Procedures covered under each category and prior approval or emergency post approval provisions are specified in the Department's Dental Office Reference Manual or Provider Notices.
- 07/14 Dental Services for individuals younger than age 21:
- Clinical oral examinations
  - Radiographs
  - Preventive
  - Restorative
  - Endodontics
  - Prosthodontics (Dentures)
  - Oral surgery
  - Orthodontics
  - Adjunctive general services
  - Periodontics
- 07/12 All services or treatment that are medically necessary to correct or lessen health problems detected or suspected by the Early and Periodic Screening, Diagnosis and Treatment program will be provided to individuals younger than age 21.
- 07/4207/18 Limitations on dental services for individuals younger than 21:
- Caries Risk Assessment must be completed with exam.
  - Coverage of orthodontia is limited to cases which present a severe handicapping malocclusion or a handicapping dentofacial deformity. All orthodontia requires prior approval.
  - Experimental dental services are not covered.
  - Dental services performed only for cosmetic reasons are not covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

---

~~07/14/07/18~~ ~~All Other Adults~~ Dental services for individuals 21 and older:– Services are limited to:

- ~~● Extractions medically necessary to treat emergency dental conditions of pain, infection, swelling, uncontrolled bleeding, or traumatic injury. Covered services related to the extraction include: initial oral exams, radiographs, sedation and, if necessary oral surgery; and~~
- ~~● Dental services that are medically necessary as a prerequisite for necessary medical care.~~
- Initial oral Oral examinations
- Radiographs
- Oral Surgery
- Preventive
- Restorative
- ~~Anterior~~ Endodontics
- Periodontics
- Prosthodontics (Dentures)
- Denture relining or repair
- Adjunctive general services

07/14 Limitations on dental services for individuals 21 and older. An exception to the limitations may be requested based on medical necessity.

- Oral examination are covered only once per year.
- Prophylaxis allowed only once per year.
- Periodontic services allowed maximum of 4 quadrants every two years.
- Full mouth series of x-rays are covered only once every three years.
- ~~Polycarbonate crowns are covered; acrylic are not.~~ Crowns are covered once every 5 years per tooth.
- Complete dentures (if necessary) are allowable only once every five years.
- Bridgework is allowable only once in five years.
- Coverage of root canals and apicoectomy procedures is covered for anterior teeth, bicuspids and first molars only.
- Experimental dental services are not covered.
- Dental services performed only for cosmetic reasons are not covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—  
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

8. DENTAL SERVICES: Reimbursement will be made for eligible recipients at the lesser of the usual and customary charge to the general public or statewide maximums established by the Department. The usual and customary charges are verified through post-payment audits. During these audits, private pay records are reviewed to determine the amount billed for similar procedures. If it is discovered that private pay individuals are charged less than the Medicaid population, recoupment action is taken.
- 07/14/18 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Dental services. The agency's fee schedule rate was set as of July 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department's website in the Dental Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- ~~05/15 Effective for dates of service May 1, 2015 through June 30, 2015, dental services reimbursement rates are reduced by 16.75%, with the exception of preventive services for children 0-18 years of age identified on the Dental Fee Schedule and governmental providers.~~
- 05/15 9. EYEGLASSES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Eyeglasses. The agency's fee schedule rate was set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the Department's website in the Optometric Services Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, eyeglasses reimbursement rates are reduced by 16.75% with the exception of governmental providers.
- 05/15 Effective for dates of service May 2, 2015 through June 30, 2015, optician, optometrists and optical supplies reimbursement rates are reduced by 16.75% with the exception of governmental providers.
- Eyeglasses, including lenses and frames, are provided based on fee schedule rates established through contract in the State of Illinois in accordance with Section 1915(a)(1)(B) of the Social Security Act and regulations at 42 CFR 431.54(d)(1).
- 05/15 10. PODIATRIC SERVICES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Podiatric services. The agency's fee schedule rate was set as of October 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department's website in the Podiatrist Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, podiatric service reimbursement rates are reduced by 16.75% with the exception of governmental providers.
- For Illinois public universities, supplemental payments are available for services provided by podiatrists employed by the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Chicago. The payments will be determined using the methodology detailed in section 7. of this attachment, as it applies to podiatric services.