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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 15-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 040820154003

JUN 24 2015

Shannon McMahon, Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Ms. McMahon:

The Centers for Medicare and Medicaid Services (CMS) has completed its Review of Maryland's State Plan Amendment (SPA) Transmittal Number 15-0004. This SPA is approved with an effective date of January 1, 2015.

This SPA updates the State Plan to reflect changes to the State's dental services fee schedule and procedure codes, as well as adding Ambulatory Surgical Centers as a covered service location. In reviewing the State Plan pages, CMS found companion page issues related to Ambulatory Surgical Center 4.19B page 31. A description of how the State will pay for practitioners, including dental should be added to page 31. CMS also found companion page issues related to clinic 4.19b page 38. A reference showing that the State pays for dental services in clinics using the rates on 4.19b page 13 should be added to page 38. Concurrent with this approval letter, CMS will issue a companion letter and provide guidance on time frames for correction.

Enclosed, please find the signed CMS 179 form and the approved SPA pages.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely,
/S/

Francis McCullough
Associate Regional Administrator

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Region III/Division of Medicaid and Children's Health Operations

SWIFT: #040820154003

Shannon McMahon
Deputy Secretary
Health Care Financing
MD Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Ms. McMahon:

This letter is being sent as a companion to our approval of Maryland's State Plan Amendment (SPA) 15-0004 which updates the State Plan to reflect changes to its dental services fee schedule and procedure codes, as well as add Ambulatory Surgical Centers as a covered service location.

Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain Federal requirements that set out a framework for the State program. Implementing regulations at 42 CFR 430.10 require that the State Plan be a comprehensive written statement describing the nature and scope of the State's Medicaid Program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the State program. During our review of the SPA, CMS performed an analysis of the coverage and reimbursement pages related to this SPA, and found that additional clarification is necessary.

In reviewing the State Plan pages, CMS found companion page issues related to: (1) Ambulatory Surgical Center 4.19B page 31; either remove the COMAR reference or reference the 4.19B pages that have the link to the fee schedule, as it is unclear what the COMAR pays. (2) Please describe how the State will pay for practitioners, including dental. This can be done by referencing the appropriate 4.19B page. (3) Clinic 4.19B page 38 – Please reference the dental 4.19b page 13 showing that the State pays for dental using the rates on that page.

Please respond to this letter within 90 days from the date of this letter with a corrective action plan describing how you will resolve the issues identified above. During the 90-day period, we are happy to provide any technical assistance that you need. A State Plan that is not in compliance with requirements at 42 CFR 430.10 and 42 CFR 440.167 is grounds for initiating a formal compliance process.

If you have any questions regarding this letter, please contact Lieutenant Commander Andrea Cunningham at (215) 861-4325. We look forward to working with you on these issues.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 15-0004	2. STATE Maryland
	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 January 1, 2015	

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:

N/A

7. FEDERAL BUDGET IMPACT:

a. FFY 2015: \$ 3,300,000

b. FFY 2016: \$ 1,100,000

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Att. 3.1A pg 23, 23A & 23B (AMEND)

Att. 4.19B pg 13 (AMEND)

Att. 3.1A pg 23C, 23D, 23E - NEW

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

Att. 3.1A pgs 23, 23A & 23B

Att. 4.19B pg 13

10. SUBJECT OF AMENDMENT: To update dental services fee schedule & procedure codes. Additionally, adds Ambulatory Surgery Centers (ASC) as a covered service.

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:

Susan J. Tucker, Executive Director

Office of Health Services

SIGNATURE OF STATE AGENCY OFFICIAL:

/S/

13. TYPED NAME: Shannon McMahon

14. TITLE: Deputy Secretary,
Office of Health Care Financing

15. DATE SUBMITTED: March 30, 2015

16. RETURN TO:

Susan J. Tucker, Executive Director

OHS - DHMH

201 W. Preston St., 1st floor

Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2015

18. DATE APPROVED: JUN 24 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:
FRANCIS T. MCCULLOUGH

22. TITLE:
ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO

23. REMARKS:

Per request of State Medicaid Officials, Pen & Ink changes made to box # 8 to reflect new pages based on CMS' request to add dental service limitations on the the actual state plan page.

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

metal (full cast), provisional resin crowns, and stainless steel crowns.

(5) Composite restorations will be covered for all teeth when necessary for the particular conditions of the patient.

(6) Replacement dentures for recipients who meet the requirements of Regulation .04A(3) of this chapter will be covered only when:

(a) Dentures have been lost, broken, or stolen after 1 year of placement; or

(b) Adjustment, repair, relining, or rebasing of the patient's present denture does not make it serviceable.

(7) Rebasing is included in the 6 months of aftercare following denture placement, and may not be provided more frequently than once every 2 years after that.

(8) Reimbursement for endodontic therapy includes all diagnostic tests, preoperative and postoperative radiographs, preoperative and postoperative treatments, pulpotomies and pulpectomies.

(9) Reimbursement for a sinus closure will only be made when this service is rendered as a separate procedure and not in conjunction with the removal of a tooth.

(10) Separate reimbursement will not be made for cavity liners and office visits, as these procedures are considered to be components of the necessary treatment. These services may not be billed to the recipient.

(11) The provider may bill for emergency treatment or for the actual dental procedure rendered during an emergency visit, but not for both.

(12) Gold restorations, gold crowns, and gold replacement appliances are not covered services.

(13) The Program's fee for a complete series of intra-oral radiographs including

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

bitewings, represents the maximum payable for any combination of periapical X-rays and bitewings.

(14) Assistant surgeons' services are covered only:

- (a) As specified in Regulation .07M of this chapter;
- (b) If the procedures were rendered in a hospital or a Medicare-certified ambulatory surgery center; and
- (c) If the assistant surgeon is a dentist.

The Program does not cover:

- (1) Resin crowns without a metal superstructure;
- (2) Porcelain crowns without a metal superstructure;
- (3) Fixed bridge work;
- (4) Cosmetic procedures;
- (5) Inpatient hospital dental or oral health care services rendered during an admission denied by the utilization control agent or during any period that is in excess of the length of stay authorized by the utilization control agent;
- (6) Services which are investigational or experimental;
- (7) Local anesthesia as a separate charge;
- (8) Duplication of dentures;
- (9) Drugs and supplies dispensed by the dentist which are acquired by the dentist at no cost;
- (10) Referrals;
- (11) Diagnostic models as a separate charge;
- (12) Office visits as a separate service;
- (13) Immediate dentures;
- (14) Consultant payments when a member of the house staff of a hospital either requests or provides the consultations or, in the case of a group practice, to any partner

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

or associate of that practice who either requests or provides the consultation;
(15) Aftercare services as a separate charge to a provider or, in the case of a group practice, to any partner or associate of that practice;
(16) Services when reimbursement is included under another segment of the Program; and
(17) Unilateral partial dentures replacing less than three teeth, excluding third molars.

- E. Certain dental services require preauthorization. Preauthorization requirements can be found in Maryland Medicaid regulations: COMAR 10.09.05.06.
- F. Preauthorization normally required by the Program is waived when the services are covered and approved by Medicare.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

10 Dentist Rates

- 10.a. The Agency's rates for professional services rendered by a dentist and outlined per Attachment 3.1, page 23, were set as of 1/1/15 and are effective for services on or after that date. All dentists must be licensed in the jurisdiction in which they provide services. Services are limited to those outlined in 3.1.A of the Maryland State Plan. The dentist will be paid the lower of the dentist's customary fee schedule to the general public or the published fee schedule.
- 10.b. All dentists, both government and non-government, are reimbursed pursuant to the same fee schedule. Dentists are paid by CDT codes. Effective as of 1/1/2015, all rates are published on the Agency's website at:
https://mmcp.dhmh.maryland.gov/docs/2015CDTFeeSchedule_Eff1.1.15.pdf.
- 10.c. Payment limitations:
- The Department will not pay for drugs administered by dentists that have been obtained from manufacturers which do not participate in the federal Drug Rebate Program.
 - The Department will not pay for disposable medical supplies usually included with the office visit.
 - The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone; and
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

JUN 24 2015TN No. 15-0004

Approval Date: _____

Effective Date: January 1, 2015Supersedes TN No. 09-08

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM

10. Dental Services

LIMITATIONS

- A. The Program provides a comprehensive package of medically necessary dental services for individuals younger than 21 years old, including but not limited to the following:
- (1) Emergency, preventive, diagnostic, and treatment services;
 - (2) Semiannual cleaning, fluoride treatment and examination;
 - (3) Pit and fissure sealants for the occlusal surfaces of posterior permanent teeth that are without decay;
 - (4) Orthodontic care for conditions which:
 - a) Have adjusted case scores of at least 15 points on the Handicapping Labio-Lingual Deviations Index (HLD) Table No. 4; and
 - b) Cause dysfunction due to a handicapping malocclusion that is supported by comprehensive pretreatment orthodontic records, which include at a minimum:
 - (i.) Upper and lower study models;
 - (ii.) Cephalometric head film with analysis;
 - (iii.) Panoramic or full series periapical radiographs;
 - (iv.) Extra-oral and intra-oral photographs;
 - (v.) Clinical summary with diagnosis;
 - (vi.) HLD score sheets from attending orthodontist; and
 - (vii.) Treatment plan;
 - (5) Consultations for individuals receiving services described in A (1), (2), (3) and (4) above;
 - (6) Drugs dispensed or injectable drugs administered by the dentist who meets the requirements of the Program;
 - (7) Oral Health assessment by a certified EPSDT provider, and if determined

TN No. 15-0004
Supercedes TN No. 09-08

Approval Date:

JUN 24 2015

Effective Date: January 1, 2015

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM

10. Dental Services

LIMITATIONS

medically necessary, the certified EPSDT provider may apply fluoride varnish for children 9 months through 3 years of age and if necessary, make a referral to a dentist;

- (8) General anesthesia during dental procedures when it is medically necessary; and
- (9) Fluoride varnish.

Under EPSDT, service limitations may be exceeded based on medical necessity.

B. The Program covers certain medically necessary dental services in the following broad categories for pregnant recipients at or above 21 years of age:

- (1) Preventive;
- (2) Restorative;
- (3) Diagnostic;
- (4) Endodontics;
- (5) Periodontics;
- (6) Oral surgery;
- (7) Prosthodontics; and
- (8) Emergency services.

Coverage descriptions for these services are described in Maryland Medicaid Regulations: COMAR 10.09.05.04(b).

C. The Program will reimburse for covered services in A and B above under the following conditions:

- (1) The services are rendered in the dentist's office, the recipient's home, a general acute hospital, a skilled or intermediate care nursing facility, a free-standing clinic, an EPSDT provider's office, or an Ambulatory Surgical Center (ASC), and

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UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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PROGRAM
10. Dental Services

LIMITATIONS

(2) The services are provided by or under the supervision of a dentist or by or under the supervision of a certified EPSDT primary care provider for the purpose of applying fluoride varnish.

D. The Program limitations are included in Maryland Medicaid regulations: COMAR 10.09.05.05.

(1) Reimbursement for a complete radiographic survey or full series of X-rays of the mouth may not be made more frequently than once every 3 years to the same provider, or in the case of a group practice, to any partner or associate of that practice, unless medically necessary or specifically required or requested by the Program.

(2) For any traumatic injury case, a provider may be reimbursed for a maximum of four panoramic or other extra-oral radiographs. When services are rendered by members of a group practice or association, reimbursement to the group practice or association shall also be limited to a maximum of four panoramic or other extra-oral radiographs.

(3) Endodontic therapies and pulpectomies may not be covered when:

- (a) Root resorption has started and exfoliation is imminent;
- (b) Gross periapical or periodontal pathosis is demonstrated on the radiograph; or
- (c) The general oral condition does not justify endodontic therapy.

(4) Reimbursement for crowns will be limited to permanent resin fused to metal crowns, permanent porcelain fused to metal crowns, permanent nonprecious