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State Name: Virginia

State Plan Amendment (SPA) #: 18-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved CMS-179
- 3) Approved SPA Page

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 #032720184015

March 29, 2018

Jennifer S. Lee, M.D., Director Department of Medical Assistance Services 600 East Broad Street, Suite 1300 Richmond, VA 23219

Dear Dr. Lee:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 18-003, Dental Fee Schedule Update – March 2018. The purpose of this SPA is to add text into the State Plan regarding the reimbursement of dental services to reflect the inclusion of updated dental procedure codes in the agency fee schedule.

This SPA is acceptable. Therefore, we are approving SPA 18-003 with an effective date of March 30, 2018. Enclosed are the approved SPA page and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Francis McCullough Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE Virginia
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 March 30, 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 AMEI	
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ -0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment 4.19-B, Page 5	OR ATTACHMENT (If Applicable) Same Page
10. SUBJECT OF AMENDMENT	
Dental Fee Schedule Update — March, 2018	
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 Secretary of Health and Human Resources
12. SIGNATURE OF STATE ARENCY OFFICIAL /S/	16. RETURN TO
13. TYPED NAME // Jennifer S. Lee, M.D.	Dept. of Medical Assistance Services 600 East Broad Street, #1300
14. TITLE Director	Richmond VA 23219
15. DATE SUBMITTED 3/2/18	Attn: Regulatory Coordinator
FOR REGIONAL OFFICE USE ONLY	
	18. DATE APPROVED March 29, 2018
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL March 30, 2018	20. SIGNATURE OF REGIONAL OFFICIAL /S/
21, TYPED NAME	22. TITLE
Francis McCullough	Associate Regional Administrator
23. REMARKS	

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.lA&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 March 30, 2018. The state agency fee schedule is published on the DMAS website at http://www.dmas.virginia.gov/Content-pgs/rcp-ada_agrmnt2.aspx Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private individual practitioners.

TN No. 18-003 Approval Date March 29, 2018 Effective Date 3-30-18 Supersedes

TN No. 17-028