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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-16-0010

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 1961 Stout Street, Room 08-148 Denver, CO 80294



Region VIII

October 4, 2016

Teri Green, State Medicaid Agent Office of Health Care Financing Wyoming Department of Health 6101 Yellowstone Road, Suite 210 Cheyenne, WY 82009

RE: Wyoming #16-0010

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0010. This SPA amends dental services to adults in the Wyoming State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

Richard C. Allen

Associate Regional Administrator Division for Medicaid & Children's Health Operations

cc: Thomas Forslund, Director Sheree Nall Cindy Tallerdy April Burton

EALTH CARE FINANCING ADMINISTRATION		FORM API OMB NO
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		WYOMING
	WY-16-0010	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF T SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	OCTOBER 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	AMENI
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	· · · · · · · · · · · · · · · · · · ·	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.100	7. FEDERAL BUDGET IMPACT: a. FFY 2017 - \$902,000.00 b. FFY 2018 - \$902,000.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN S OR ATTACHMENT (If Applicable):	
Attachment 3.1A, number 10, Dental Services		
Attachment 4.19B, number 10,Dental Services	 Attachment 3.1A, number 10. Dental services, revised optional dental services for adults. Attachment 4.19B, number 10, Dental Services, revise the correct effective date. 	
10. SUBJECT OF AMENDMENT:		
Amended Dental Services to adults.		
Amended Dental Services to adults. 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 SPE	CIFIED:
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

EXPLANATION OF LIMITATIONS

CHILDRENS DENTAL SERVICES

Those services under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) are covered for children ages 0-21, including orthodontics.

Procedures common to dentistry and medicine are covered when performed by a dentist.

ADULT DENTAL SERVICES (21 & older)

In addition to dental services to provide emergency relief of pain, adults may also receive the following services:

- 2 Preventive visit per year (basic cleaning, exam, radiographs)
- Radiographs- as needed to diagnose
- Extractions- simple and surgical as medically necessary
- Incision and drainage of abscesses
- Palliative treatment to relieve dental pain
- In-office sedation- only as needed for medical necessity
- Partial or Denture relines, repairs, and adjustment

Limits may be exceeded for adult dental services if they are determined medically necessary.

Approval Date <u>10/4/16</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

DENTAL SERVICES

Reimbursement is the lesser of charges or the established fee schedule amount. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of dental services and the fee schedule is published on the Medicaid website: <u>http://wyequalitycare.acs-inc.com</u>

Effective for services provided on or after October 1, 2016, for dental procedures, Wyoming will set a fee at 70% of the fee determined by the National Dental Customized Fee Analyzer and fee data from average billed charges of Wyoming dental providers. For procedures that do not have sufficient data to set a fee, reimbursement will be determined by report and reimbursed at 70% of billed charge until sufficient data is available to establish an allowable fee. Fees for specific procedures are adjusted and set when a significant number of claims or fees are defined as outliers, or there is a comparable CPT code with a set fee. CPT fees are determined using the Resource-Based Relative Value Scale (RBRVS). This fee will be utilized to price the dental code.