

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 20-0028**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

March 11, 2021

Mr. Drew Snyder, Executive Director  
Mississippi Division of Medicaid  
Attention: Margaret Wilson  
550 High Street, Suite 1000  
Jackson, MS 39201-1399

RE: Mississippi State Plan Amendment (SPA) Transmittal Number 20-0028

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 16, 2020. State Plan Amendment (SPA) 20-0028 is being submitted to allow the Division of Medicaid (DOM) to address the pricing of new Code on Dental Procedures and Nomenclature (CDT) codes.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any questions, please contact Moe Wolf at 410-786-9291 or [Moshe.Wolf@cms.hhs.gov](mailto:Moshe.Wolf@cms.hhs.gov)

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**20-0028**

2. STATE  
**MS**

**FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

3. PROGRAM IDENTIFICATION:  
**TITLE XIX OF THE SOCIAL SECURITY ACT  
(MEDICAID)**

**TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE  
**January 1, 2021**

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:  
42 C.F.R. § 447.201

7. FEDERAL BUDGET IMPACT:  
FFY 2020: \$0.00  
FFY 2021: \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.19-B, page 10

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 20-0028 is being submitted to allow the Division of Medicaid (DOM) to address the pricing of new Code on Dental Procedures and Nomenclature (CDT) codes effective January 1, 2021.

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:

13. TYPED NAME: **Drew L. Snyder**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: **DEC 16 2020**

16. RETURN TO:

**Drew L. Snyder  
Miss. Division of Medicaid  
Attn: Margaret Wilson  
550 High Street, Suite 1000  
Jackson, MS 39201-1399**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
December 16, 2020

18. DATE APPROVED:  
March 11, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
Todd McMillion

22. TITLE:  
Director, Division of Reimbursement Review

23. REMARKS:

**State of Mississippi**  
**Methods and Standards For Establishing Payment Rates-Other Types of Care**

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Dental and Orthodontic Services - Payment for dental services is the lesser of:

1. The provider's usual and customary charge,
2. A fee from the Mississippi Medicaid statewide uniform dental fee schedule in effect July 1, 2018,
3. The fiftieth (50th) percentile fee reflected in the 2019 National Dental Advisory Service (NDAS) Fee Report, or
4. The fiftieth (50<sup>th</sup>) percentile fee reflected in the most current NDAS Fee Report for any new dental or orthodontic services not previously priced.

Once a dental or orthodontic service has been assigned a fee using the methodology above, that dental or orthodontic service will not be repriced. When a dental or orthodontic services Current Dental Terminology (CDT) code is discontinued and replaced with a new CDT code, the new CDT code will not be repriced. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services.

Medically necessary dental services for EPSDT-eligible beneficiaries which exceed the scope for Medicaid beneficiaries as covered in this Plan are reimbursed according to the methodology in the above paragraphs.

The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the total allowed amount for all services on a claim. The five percent (5%) reduction has been in place since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction. The federal match will be paid based on the reduced amount.