



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

SEP 17 2015

Ms. Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Sam-Louie:

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 15-010 for your review and approval. SPA 15-010 will provide updates to the dental services section of the State Plan to include the use of teledentistry/live transmissions through teledentistry as an offered service and program coverage billable to the state for services rendered to Medi-Cal beneficiaries. This amendment will be effective for dates of service on or after September 1, 2015.

In the interest of increasing access to care for underserved populations, DHCS has opted to permit the use of teledentistry as an alternative modality for the provision of select dental services. DHCS has also elected to allow for live transmissions to occur between dentists at a distant site (a "distant site" is defined as a site where a health care provider, who provides health care services, is located while providing these services through a telecommunications system¹) and the beneficiary receiving treatment at a different location.

Reimbursement for live transmissions is limited to services provided upon patient request resulting/following a teledentistry encounter. Live transmissions reimbursement cannot exceed 90 minutes per provider per beneficiary. In order to allow for live transmissions in Medi-Cal, the Centers for Medicare and Medicaid Services (CMS) requires the state to update and submit a SPA. As such, SPA 15-010 updates the dental services section in the State Plan to include live transmissions through teledentistry.

¹ In Business and Professions Code section 2290.5(e),

Enclosed you will find the following documents for SPA 15-010:

- HCFA 179 Transmittal Form;
- SPA Impact Form;
- SPA Route Slip;
- DHCS Cover Letter;
- Live Transmissions Public Notice;
- Live Transmissions Tribal Notice Summary;
- Attachment 3.1- A Page 15a;
- Attachment 3.1- B Page 15a;
- Attachment 3.1- B Page 3B.1; and
- Supplement 6 Attachment 4.19B Page 2.

In compliance with the policy set forth by the American Recovery and Reinvestment Act of 2009 (ARRA), on May 26, 2015, DHCS notified Indian Health Programs and Urban Indian Organizations of SPA 15-010. As of the date of this letter, no comments have been received from Indian Health Programs and Urban Indian Organizations.

If you have any questions or need additional information, please contact Alani Jackson, Chief, Medi-Cal Dental Services Division, by phone at (916) 464-0209 or by email at Alani.Jackson@dhcs.ca.gov.

ORIGINAL SIGNED

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

1. TRANSMITTAL NUMBER:
15-010

2. STATE
CALIFORNIA

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 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:
42 CFR Ch. IV section 410.78- Telehealth Services

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$.56262
b. FFY 2016 \$.675144

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Limitations on Attachment 3.1-A Page 15a
Limitations on Attachment 3.1-B Page 15a
Limitations on Attachment 3.1-B Page 3B.1
Supplement 6 Attachment 4.19B Page 2

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

Limitations on Attachment 3.1-A Page 15a
Limitations on Attachment 3.1-B Page 15a
Limitations on Attachment 3.1-B Page 3B.1
Supplement 6 Attachment 4.19B Page 2

10. SUBJECT OF AMENDMENT:

To allow for live transmissions between a dentist at a distant site (a "distant site" is defined as a site where a health care provider, who provides health care services, is located while providing these services through a telecommunications system) and a dentist at an originating site. The "originating site" means the location of an eligible Medi-Cal beneficiary at the time the service being furnished through a telecommunications system occurs.

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:
The Governor's Office does not
wish to review the State Plan Amendment.

ORIGINAL SIGNED

16. RETURN TO:

**Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, MS 4506
P.O. Box 997419
Sacramento, CA 95899-7419**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Licensed Midwife
- Nurse Midwife
- Registered Dental Hygienists
- Registered Dental Hygienists in Extended Functions
- Registered Dental Hygienists in Alternative Practice
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Visiting Nurse if services are provided in the Tribal facilities
- Comprehensive Perinatal Services Program (CPSP): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed Vocational Nurse, and Comprehensive Perinatal Health Worker. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

B. In addition, below is a list of interns that may provide Medi-Cal psychology services.

- Registered Marriage and Family Therapists Interns
- Registered Associate Clinical Social Workers
- Psychological Assistants

Interns must be under the supervision of a licensed mental health professional, in accordance with the requirements of applicable state laws.

C. Except for the services specified under Item D below, the following other ambulatory services, but not limited to, provided by health professional can be billed under the IHS all-inclusive rate.

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which if provided by a physician would be considered physician services
- Physical Therapy
- Occupational Therapy
- Drug and Alcohol visits (Subject to Medi-Cal provider participation requirements)
- Telemedicine and Teledentistry
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item D below)

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>2b. Rural Health Clinic services and other ambulatory services covered under the state plan. (Continued)</p>	<p>Dental benefits are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines, and <u>live transmissions through teledentistry</u>. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening Diagnosis and Treatment Program.</p> <p>Rural Health Center home nursing services are provided only to established patients of the center to ensure continuity of care. Physician services and home nursing services in those areas having a shortage of home health agencies are covered.</p>	<p>Refer to home health services section for additional requirements.</p>

TN No. 13-01815-010
Supersedes
20142015
TN No. NONE ————— 13-018

Approval Date: _____

Effective Date: May-September 1,

STATE PLAN CHART

* Prior authorization is not required for emergency services.
**Coverage is limited to medically necessary services.

TN No. ~~13-018~~ 15-010

Supersedes

~~2014~~ 2015

TN No. ~~NONE~~ 13-018

Approval Date: _____

Effective Date: ~~May~~ September 1,

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
9	Clinic Services (continued)	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply. See Item 6d.1 regarding psychology services.</p>	
10	Dental Services	<p>Dental benefits for adults are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines, and live transmissions. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening, Diagnosis, and Treatment Program.</p> <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p> <p><u>Certain dental services outlined in the Denti-Cal Manual of Criteria, are covered when provided through synchronous or asynchronous transmission, regardless of beneficiary age. Services provided through synchronous transmission, also known as live transmissions, are permitted as a covered benefit when requested by a beneficiary.</u></p>	<p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the State, the Dental contractor(s) shall approve and provide payment for covered dental services performed by an enrolled dental provider when services are provided face to face.</p> <p><u>On behalf of the State, the Dental contractor(s) shall also approve and provide payment for covered dental for enrolled billing dentists when services are provided via synchronous or asynchronous transmissions. Synchronous, or live, transmission, services are limited to 90 minutes per beneficiary, per provider, per day. Live transmissions are only covered when rendered at beneficiary request as a result of a teledentistry encounter or asynchronous transmission.</u></p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN Number: [15-00515-010](#)

Supersedes

TN Number: [14-01215-005](#)

Approval Date: _____

Effective Date: [September 1, 2015](#)

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
9 Clinic Services (continued)	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply. See Item 6d.1 regarding psychology services.</p>	
10 Dental Services	<p>Dental benefits for adults are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines, and live transmissions. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening, Diagnosis, and Treatment Program.</p> <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p> <p>Certain dental services outlined in the Denti-Cal Manual of Criteria, are covered when provided through synchronous or asynchronous transmission, regardless of beneficiary age. Services provided through synchronous transmission, also known as live transmissions, are permitted as a covered benefit when requested by a beneficiary.</p>	<p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the State, the Dental contractor(s) shall approve and provide payment for covered dental services performed by an enrolled dental provider when services are provided face to face.</p> <p>On behalf of the State, the Dental contractor(s) shall also approve and provide payment for covered dental for enrolled billing dentists when services are provided via synchronous or asynchronous transmissions. Synchronous, or live, transmission, services are limited to 90 minutes per beneficiary, per provider, per day. Live transmissions are only covered when rendered at beneficiary request as a result of a teledentistry encounter or asynchronous transmission.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN Number: 15-010
 Supersedes
 TN Number: 15-005

Approval Date: _____

Effective Date: September 1, 2015

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>2b. Rural Health Clinic services and other ambulatory services covered under the state plan. (Continued)</p>	<p>Dental benefits are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines, and live transmissions through teledentistry. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening Diagnosis and Treatment Program.</p> <p>Rural Health Center home nursing services are provided only to established patients of the center to ensure continuity of care. Physician services and home nursing services in those areas having a shortage of home health agencies are covered.</p>	<p>Refer to home health services section for additional requirements.</p>

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**Coverage is limited to medically necessary services.

DEPARTMENT OF HEALTH CARE SERVICES

NOTICE OF GENERAL PUBLIC INTEREST

THE DEPARTMENT OF HEALTH CARE SERVICES WILL ALLOW FOR LIVE TRANSMISSIONS IN THE MEDI-CAL DENTAL PROGRAM

This notice is to give information about dentists using live transmissions in teledentistry at a distant site for beneficiaries.

On September 27, 2014, Assembly Bill (AB) 1174¹ was approved by the Governor. AB 1174 lets dental providers use “store and forward” tools to see beneficiaries through teledentistry. Dentists may use live transmissions to give services through teledentistry. The Department of Health Care Services (DHCS) will allow teledentistry as a different way to give some dental services.

This policy must be approved by the Center for Medicare and Medicaid Services. Live transmissions can only happen when beneficiaries ask. Payment for this cannot be more than 24 cents per minute for up to 90 minutes per beneficiary, per dentist, per day.

PUBLIC REVIEW AND COMMENTS

Any written comments about this policy may be mailed to Alani Jackson, Chief, Medi-Cal Dental Services Division, MS 4708, P.O. Box 997413, Sacramento, CA 95899-7413 or emailed to Alani.Jackson@dhcs.ca.gov.

¹ Chapter 662, SEC 10, Section 14132.725 of the Welfare and Institutions Code

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Licensed Midwife
- Nurse Midwife
- Registered Dental Hygienists
- Registered Dental Hygienists in Extended Functions
- Registered Dental Hygienists in Alternative Practice
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Visiting Nurse if services are provided in the Tribal facilities
- Comprehensive Perinatal Services Program (CPSP): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed Vocational Nurse, and Comprehensive Perinatal Health Worker. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

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Interns must be under the supervision of a licensed mental health professional, in accordance with the requirements of applicable state laws.

C. Except for the services specified under Item D below, the following other ambulatory services, but not limited to, provided by health professional can be billed under the IHS all-inclusive rate.

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which if provided by a physician would be considered physician services
- Physical Therapy
- Occupational Therapy
- Drug and Alcohol visits (Subject to Medi-Cal provider participation requirements)
- Telemedicine and Teledentistry
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item D below)