

## **Table of Contents**

**State/Territory Name: South Dakota**

**State Plan Amendment (SPA) #: 22-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 12, 2022

Sarah Aker, Medicaid Director  
Department of Social Services  
Richard F. Kneip Building  
700 Governors Drive  
Pierre, SD 57501-2291

RE: TN 22-0013

Dear Ms. Aker:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of South Dakota's State Plan Amendment (SPA) Transmittal #22-0013, submitted on September 30, 2022. The SPA increases the nonemergency services' limit to \$2,000 per fiscal year to align with the administrative rule change and clarifies the prior authorizations requirements to align with current practice.

CMS approved SPA #22-0013 on December 12, 2022, with an effective date of September 12, 2022. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the South Dakota State Plan.

If you have any questions regarding this amendment, please contact Mandy Strom at [mandy.strom@cms.hhs.gov](mailto:mandy.strom@cms.hhs.gov) or (303)844-7068.

Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is positioned to the left of the digital signature information.

Digitally signed by James  
G. Scott -S  
Date: 2022.12.12  
16:13:50 -06'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Matthew Ballard, South Dakota Medicaid  
Renae Hericks, South Dakota Medicaid


**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 3</u>	2. STATE <u>SD</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE <u>September 12, 2022</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>Social Security Act 1905(a)(10) and 42 CFR 440.100</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>30,670</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement to Attachment 3.1-A, Page 16 Supplement to Attachment 3.1-A, Page 21 <del>Supplement to Attachment 4.19-B, Page 16</del> *</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Supplement to Attachment 3.1-A, Page 16 (TN 12-5) Supplement to Attachment 3.1-A, Page 21 (TN 08-3) <del>Supplement to Attachment 4.19-B, Page 16 (TN 12-10)</del> *</u>


9. SUBJECT OF AMENDMENT  
Clarifies prior authorization requirements and increases the nonemergency services limit to \$2,000 per fiscal year to align with the administrative rule change.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES 700 GOVERNORS DRIVE PIERRE, SD 57501-2291
12. TYPED NAME Laurie R. Gill	
13. TITLE Cabinet Secretary	
14. DATE SUBMITTED September 30, 2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>September 30, 2022</u>	17. DATE APPROVED <u>December 12, 2022</u>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>September 12, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.12.12 16:14:27 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS  
  
\* South Dakota requested pan & ink change on November 15, 2022, to remove "Supplement to " from boxes 7 and 8 on the 179.

## SUPPLEMENT TO ATTACHMENT 3.1-A

10. Dental Services

Dental services for adults age 21 and over are limited to the following categories of service:

- a. Routine diagnostic and preventive services:
  - (1) Prophylaxis visits are limited to twice per state fiscal year;
  - (2) Examination visits are limited to twice per state fiscal year; and
  - (3) Radiographs:
    - i. Bitewings are limited to twice per state fiscal year;
    - ii. Full mouth or panoramic films are covered if medically necessary and are limited to once in a five-year period.
- b. Routine restorative services:
  - (1) Restoration of decayed or fractured teeth with amalgam fillings or composite fillings - one time in 12 months for composites or amalgams;
  - (2) Stainless steel and temporary crowns;
  - (3) Emergency treatment by report;
  - (4) Oral surgery; and
  - (5) General anesthesia or sedation.
- c. Endodontic services:
  - (1) Root canal therapy; and
  - (2) Re-treatments.
- d. Periodontal services including root planing and scaling and maintenance therapy.
- e. Major services, which are beyond routine and restorative:
  - (1) Build-ups, posts, and cores (posts and cores are a benefit in only the same teeth qualifying for root canal therapy);
  - (2) Recementation of cast restorations is limited to once per lifetime of recipient; and
  - (3) Permanent crowns are limited to placement on anterior teeth.

The limitations provided above may be exceeded based on medical necessity if authorized by the State.

Dental services for adults 21 years of age and older are limited to a total of \$2,000 per adult Medicaid recipient per state fiscal year. The following services may be exempt from the limit:

- a. Some preventive services, including two exams, two cleanings, and two sets of bitewings.
- b. Emergent dental services medically necessary to immediately alleviate severe pain, acute infection, or trauma.
- c. General anesthesia and sedation associated with treatment for immediate relief of severe pain, acute infection, or trauma.
- d. Problem focused evaluations and related radiographs associated with treatment for immediate relief of severe pain, acute infection, or trauma (not all problem focused evaluations are considered emergent). Other services associated with treatment for immediate relief of severe pain, acute infection, or trauma as describes in the Emergent Care section of this manual.
- e. Dentures, partial dentures and interim dentures. (Replacement of interim partial dentures are not exempt from the maximum)
- f. Alveoloplasty in conjunction with approved dentures.

The \$2,000 limit may be exceeded if medically necessary with a prior authorization.

## SUPPLEMENT TO ATTACHMENT 3.1-A

12b. Dentures

Dentures are covered according to the following criteria and limits:

- a. Immediate dentures and initial placement of all initial complete dentures do not require prior authorization. Prior authorization is required for replacement of dentures within 5 years of initial placement;
- b. Initial and replacement of partial dentures are limited to recipients with no more than eight posterior teeth in occlusion (not limited to natural teeth). Replacement of a recipient's partial dentures is covered once in a five-year period;
- c. Denture relines and rebases, for either complete or partial dentures, are covered once in a five-year period;
- d. Adjustments of complete or partial dentures are limited to two adjustments per denture per 12-month period and only after six months have elapsed since initial placement of denture or partial denture;
- e. Interim prostheses (flippers) are covered only once in a five-year period and if the existing denture/partial is no longer serviceable; and
- f. Tissue conditioning is only covered the recipient is eligible for rebase, reline, or new prosthesis.

All dentures, partial dentures, and interim prostheses must be billed on the date of placement.

ATTACHMENT 4.19-B  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

10. Dental Services

The agency will reimburse dental services at the lesser of the established fee schedule rate or the provider's usual and customary charge. The fee schedule is published on the agency's website at <https://dss.sd.gov/medicaid/providers/feeschedules/>. Unless otherwise noted in the plan the rates are the same for all governmental and private providers.

The agency pays an enhanced rate for select services for children birth to age 6 and for services for developmentally disabled patients. The enhanced rates are published on the fee schedule on the agency's website at <https://dss.sd.gov/medicaid/providers/feeschedules/>. The sum of the regular fee schedule amount and the enhanced payment may not exceed the provider's usual and customary fee. In order to qualify for the enhanced rates providers must meet requirements established by the agency.