

7.c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place, as defined at 42 CFR § 440.70(c)(1) and 42 CFR § 440.70(b)(3)(i-ii).

Covered medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place, as defined at 42 CFR § 440.70(c)(1) are those that are:

- a) medically necessary, pursuant to 42 CFR § 440.70(b)(3)(v);
- b) ordered by a physician, or for asthma reduction devices, ordered by a physician or other licensed practitioner acting within the scope of their license, ~~and if required under the Medicare program,~~ ordered pursuant to a face-to-face or telemedicine encounter with a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant, occurring within six months prior ~~or within 30 days after~~ to the start of services;
- c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once a year; ~~and~~
- d) provided to the recipient in any setting in which normal life activities take place, other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled (ICF/DD).

Medical supplies and equipment ordered in writing by a physician are paid with the following limitations:

- 1) A purchase of nondurable medical supplies not requiring prior authorization must not exceed an amount necessary to provide a one-month supply.
- 2) Maintenance or service made at routine intervals based on hours of use or calendar days to ensure that equipment in proper working order is payable.
- 3) The cost of a repair to durable medical equipment that is rented or purchased by the Medical Assistance program under a warranty is not eligible for medical assistance payment if the repair is covered by the warranty.
- 4) In the case of rental equipment, the sum of rental payments during the projected period of the recipient's use must not exceed the purchase price allowed by medical assistance unless the sum of the projected rental payments in excess of the purchase price receives prior authorization. All rental payments must apply to purchase of the equipment.
- 5) For individuals not receiving Medicare, the following diabetic testing supplies may only be dispensed by a pharmacy: blood glucose meters, testing strips, lancets, lancing devices, and control solutions.

7.c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place, as defined at 42 CFR § 440.70(c)(1) and 42 CFR § 440.70(b)(3)(i-ii) (Continued).

**Augmentative and alternative communication devices** are defined as devices dedicated to transmitting or producing messages or symbols in a manner that compensates for the impairment and disability of a recipient with severe expressive communication disorders. Examples include communication picture books, communication charts and boards, and mechanical or electronic dedicated devices.

**Asthma Reduction devices** are devices proven to reduce common asthma triggers in the home of a child. Examples include HEPA filters, and mattress or pillow covers.

**Seizure Detection devices** are devices and related service or subscription supporting the prescribed use of the device, including technology that provides ongoing patient monitoring and alert services that detect seizure activity and transmit notification of the seizure activity to a caregiver for appropriate medical response or collects data of the seizure activity of the recipient that can be used by a health care provider to diagnose or appropriately treat a health care condition that causes the seizure activity.

10. Dental services.

A. Medically necessary dental services for children under 21 years of age are covered in accordance with EPSDT requirements as described in section 1905(r) of the Social Security Act.

B. Coverage of dental services ~~for pregnant women~~ includes medically necessary dental services as defined in 42 CFR §440.100. Though limits described below may be exceeded if medically necessary, coverage is subject to the following conditions:

- ~~C. Coverage of dental services for adults other than pregnant women is limited to includes the following medically necessary services:~~
- ~~1. Periodic oral evaluation once per calendar year~~
  - ~~2. Limited oral evaluation~~
  - ~~3. Comprehensive oral evaluation once every five years~~
  - ~~4. Bite wing x-rays, one series per calendar year~~
  - ~~5. Periapical x-rays~~
  - ~~6. Panoramic x-rays, no more than once every five years. Panoramic x-rays may be provided more frequently when medically necessary for diagnosis and follow-up of pathology and trauma. For recipients who cannot cooperate for intraoral film due to a disability or medical condition that does not allow for intraoral film placement, panoramic x-rays are covered no more frequently than once every two years.~~
  - ~~7. 1. Prophylaxis, once is covered no more than four times per calendar year~~
  - ~~8. 2. Application of sealants are covered once every five years per permanent molar~~
  - ~~9. 3. Coverage of Ffluoride varnish, once per calendar year every six months~~
  - ~~10. Fillings~~
  - ~~11. Root canals for anterior and premolar teeth~~
  - ~~12. Full mouth debridement no more than once every five years~~
  - ~~13. Removable partial and full dentures, one appliance per dental arch every 6 years~~
  - ~~14. Palliative treatment and sedative fillings for relief of pain~~
  - ~~15. Surgical services limited to:~~
    - ~~a. extractions~~
    - ~~b. biopsies~~
    - ~~c. incise and drain~~
  - ~~15. Treatment for periodontal disease~~
  - ~~16. The following services only when provided in conjunction with dental surgery provided in an outpatient hospital setting or by a freestanding ambulatory surgical center:~~
    - ~~d. intraoral complete series of x-rays, once every five years~~
    - ~~e. scaling and root planning, once every two years;~~
    - ~~f. general anesthesia.~~
  - ~~17. 4. House calls or extended care facility calls for on-site delivery of covered services~~
  - ~~18. 5. Behavioral management when additional staff time is required to accommodate behavioral challenges and sedation is not used~~
  - ~~19. 6. Oral or IV sedation, if the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center~~

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10. Dental services.

ATTACHMENT 3.1-A

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~~D.C.~~ Supervised dental services are provided by enrolled community health workers educating patients to promote good oral health and self-management of dental conditions.

~~E.D.~~ Collaborative practice dental hygienist services are provided as designated in collaborative agreements with dentists who authorize and assume full professional responsibility for the services performed. Collaborative practice dental hygienist services may be performed without the presence of a dentist and may be performed at a location other than the usual place of practice of the dentist or dental hygienist and without a dentist's diagnosis and treatment plan, unless specified in the collaborative agreement.

Collaborative practice dental hygienist services are limited to:

1. Oral health promotion and disease prevention education;
2. Removal of deposits and stains from the surfaces of teeth;
3. Application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
4. Polishing and smoothing restorations;
5. Removal of marginal overhangs;
6. Performance of preliminary charting;
7. Taking of radiographs; and
8. Performance of scaling and root planning

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10. Dental services.

ATTACHMENT 3.1-B

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7.c. Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place(continued).

Effective for services provided on or after October 1, 2011, home infusion therapy services provided by home infusion pharmacies are paid the lower of:

- (1) the submitted charge; or
- (2) a per diem amount for home infusion therapy services as defined in home infusion HCPCS codes. The per diem rate is equal to the combined payment rates for the component services which include, but are not limited to, medical supplies and equipment, professional pharmacy services, care coordination, delivery and shipping and products used in a standard total parental nutrition formula.

No dispensing fee is paid for home infusion therapies when dispensed by home infusion pharmacies.

The base rates as described above in this item, are adjusted by the following clauses of Supplement 2 of this Attachment:

U. Facility services rate decrease 2009.

aa. Miscellaneous services and materials rate decrease 2011. ee. Rate decrease effective July 1, 2014.

gg. Miscellaneous services and materials rate increase effective September 1, 2014.

hh. Rate increase effective July 1, 2015.

jj. Rate increase for miscellaneous services, effective July 1, 2015.

The medical assistance reimbursement rate for a subscription supporting the prescribed use of a seizure detection device is 60 percent of the rate for monthly remote monitoring under the medical assistance telemonitoring benefit using the established rate for the following code: 99454.