# State of Hawaii Department of Human Services MED-QUEST DIVISION

MEDICAID STATE PLAN
SPA MEMO NO.: 25-09
DATE: 08/19/25

ORIGINATOR: POLICY AND PROGRAM DEVELOPMENT OFFICE

TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: Judy Mohr Peterson, PhD

Med-QUEST Division Administrator

SUBJECT: APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

## **EXPLANATION:**

The State of Hawaii received approval from the Centers for Medicare & Medicaid Services (CMS) for State Plan Amendment (SPA) Number 25-0009 "Dental Services" on August 12, 2025, effective April 1, 2025.

The "Dental Services" section in Supplement to Attachment 3.1-A and 3.1-B pg. 3 has been amended to rephrase the current language under Dental Services to enhance its suitability for professional healthcare context. In addition, the following benefits were added to the list of current dental services for an effective date of April 1, 2025:

- 1. Dental benefit for dental providers who see individuals with I/DD (Intellectual and Developmental Disabilities) and challenging behaviors.
- 2. Coverage of non-fluoride agents.

## **FILING INSTRUCTIONS:**

Review and file the amended Medicaid State Plan page in your Medicaid State Plan Manual as follows:

## Supplement to Attachment 3.1-A and 3.1-B pg. 3-3a

Remove OLD Supplement to Attachment 3.1-A and 3.1-B pg. 3-3a. Replace with amended Supplement to Attachment 3.1-A and 3.1-B pg. 3-3a.

Please keep approved SPA 25-0009 package and supporting documentation for your records.

The Med-QUEST Division amendment described above has been incorporated into the electronic version of the Medicaid State Plan located at the Department of Human Services website link for public transparency below:

http://humanservices.hawaii.gov/reports/hawaii-medicaid-state-plan/

## Attachments

C: Attorney General's Office

Audit, Quality Control & Research Office/Quality Control Staff

**Clinical Standards Office** 

Department of Health/Child & Adolescent Mental Health Division

Department of Health/State Planning Council Developmental Disabilities

Department of Health/Developmental Disabilities Division

Department of Human Services /Adult Protective and Community Services Branch

Department of Human Services/Policy and Program Development Office

Eligibility System Project (KOLEA)

Finance Office

Hawaii Document Center/HI State Library

Hawaii Legislative Reference Bureau Library

Health Care Services Branch

Legal Aid Society of Hawaii

## (A) <u>Dental services for individuals under twenty-one years of age:</u>

- (1) Dental benefits for children are governed by federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. The following categories of dental services have selected benefits:
  - (a) Examinations
  - (b) Preventive services
    - including dental prophylaxis
    - Including permanent molar sealants
  - (c) Topical agents to prevent disease
    - including fluoride & non-fluoride agents
  - (d) Diagnostic radiographs
  - (e) Endodontics
  - (f) Restorative procedures
  - (g) Oral surgery procedures
  - (h) Periodontal procedures
  - (i) Prosthodontic procedures
  - (j) Emergency and Palliative treatments
- (2) The following dental benefits will be available only with validated medical necessity:
  - (a) Orthodontic services (requires pre-authorization) .
  - (b) Fixed bridgework (requires pre-authorization).
  - (c) Advanced anesthesia, including: intravenous, inhalation, or general anesthesia (requires pre-authorization).
  - (d) Advanced non-pharmacologic behavior management (does not require preauthorization)
- (3) All benefits may possess code-specific criteria and limitations determined by our program office. Some limitations to dental benefits include:
  - (a) Restorations are limited to the treatment of teeth due to fracture or caries.
  - (b) Restorative procedures are re-eligible for benefit after two years.
  - (c) Esthetic crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.
  - (c) Root canal therapy benefits are limited to one per tooth, per code, and require a favorable periodontal and restorative prognosis.
  - (d) Any prior authorization requirements may be waived in emergency situations.
  - (e) Benefits will not apply to any item, service, or material that is considered to be unsafe or experimental.
- (4) Standard benefit limitations may be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(r)(5).

Transmittal Number: HI-25-0009 Approval Date: August 12, 2025 Effective Date: April 1, 2025

Supersedes Transmittal Number: <u>HI-22-0012</u>

## (B) Individuals age 21 years and older — Dental Services:

- (1) Dental benefits for adults emphasize prevention and control of disease through early detection and management. The following categories of dental services have selected benefits.
  - (a) Examinations
  - (b) Preventive services
    - including dental prophylaxis
    - Including permanent molar sealants
  - (c) Topical agents to prevent disease
    - including fluoride & non-fluoride agents
  - (d) Diagnostic radiographs
  - (e) Endodontic therapy on permanent molars
  - (f) Restorative procedures
  - (g) Oral surgery procedures
  - (h) Periodontal procedures
  - (i) Prosthodontic procedures
  - (j) Emergency and Palliative treatments
- (2) The following dental benefits will be available only with validated medical necessity:
  - (a) Advanced anesthesia, including: intravenous, inhalation, or general anesthesia (requires pre-authorization).
  - (b) Advanced non-pharmacologic behavior management (does not require pre-authorization).
- (3) All benefits may possess code-specific criteria and limitations determined by our program office. Some limitations to dental benefits include:
  - (a) Restorations are limited to the treatment of teeth due to fracture or caries.
  - (b) Restorative procedure retreatment is re-eligible for benefit after two years.
  - (c) Root canal therapy benefits are limited to one per molar, per code, and require a favorable periodontal and restorative prognosis.
  - (d) Any prior authorization requirements may be waived in emergency situations.
- (4) Normal benefit limitations may be exceeded based on a determination of medical necessity.

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