METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE **Revised: November 21, 2007**

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(17) Dental Services

(a) Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of dental services. Effective for claims with dates of service on and after **November 21, 2007**, reimbursement rate maximums for Medicaid covered procedures are calculated at 95% of the **2007** Delta Dental Plan of Arkansas Inc.'s Premier rates. Upon CMS approval, the reimbursement rates calculated under this method will be submitted to the United States District Court for the Eastern District of Arkansas (case of Arkansas Medical Society v. Reynolds) for its approval.

Medicaid dental rates will be adjusted as follows. The Division of Medical Services and the Arkansas State Dental Association shall meet on two year cycles beginning January 1, 2007, to evaluate the dental rates considering the factors set out in 42 U.S.C. Section 1396a(a)(30)(A) and shall review Delta Dental's then current Premier rates, identify rate adjustment to be made, and agree on the implementation methodology and date.

Procedure code D0350 (oral/facial photographic images) is not covered by the 2006 Delta Dental Premier Plan. For dates of service beginning February 1, 2006, the Medicaid maximum rate for procedure code D0350 is $33.25. The rate is based on 47.5% of the $70.00 2006 Delta Dental Plan of Arkansas Inc.'s Premier rate for procedure code D0340 as of January 16, 2006.

Procedure code D9248 (non-intravenous conscious sedation) is not covered by the 2006 Delta Dental Premier Plan. For dates of service beginning February 1, 2006, the maximum rate for procedure code D9248 is $96.74. The rate is based on 75% of the $128.99 physician reimbursement maximum rate for procedure code 99143 (conscious sedation). See Attachment 4.19-B, Page 2 for Physician Services reimbursement methodology.

Procedure code D9310 (consultation, second opinion examination) is not covered by the 2006 Delta Dental Premier Plan. For dates of service beginning February 1, 2006, the maximum rate for procedure code D9310 is $40.13. The rate is based on 75% of the $53.50 physician reimbursement maximum rate for procedure code 99241 (office visit, consultation). See Attachment 4.19-B, Page 2 for Physician Services reimbursement methodology.

Procedure code D1320 (tobacco counseling) is not covered by the 2006 Delta Dental Premier Plan. For dates of service beginning February 1, 2006, the maximum rate for procedure code D1320 is $25.00. The rate is based on 100% of the $25.00 physician reimbursement maximum rate for procedure code 99212 (office or other outpatient visit). See Attachment 4.19-B, Page 2 for Physician Services reimbursement methodology.

Procedure code D9920 (behavior management tobacco) is not covered by the 2006 Delta Dental Premier Plan. For dates of service beginning February 1, 2006, the maximum rate for procedure code D9920 is $20.00. The rate is based on 80% of the $25.00 physician reimbursement maximum rate for procedure code 99212 (office or other outpatient visit). See Attachment 4.19-B, Page 2 for Physician Services reimbursement methodology.

9. Clinic Services (Continued)

(5) End-Stage Renal Disease (ESRD) Facility Services

Reimbursement is made at the lower of: (a) the provider's actual charge for the service or (b) the allowable fee from the State's ESRD fee schedule based on reasonable charge.

The Medicaid maximum is based on the 50th percentile of the Arkansas Medicare facility rates in effect March 1, 1988. Rates will be reviewed annually.

After discussion with CMS, it was determined that the Arkansas Medicare 75th percentile is considered the norm for Arkansas Medicare reimbursement. Since the State reimburses at Arkansas Medicare's 50th percentile, the reimbursement rates will not exceed Arkansas Medicare on the aggregate.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%.

Effective for dates of service on and after October 1, 2004, the Arkansas Medicaid Program covers training in peritoneal self-dialysis for beneficiaries with end-stage renal disease.

Reimbursement for peritoneal self-dialysis and training has been established as follows.

The Arkansas Medicaid maximum allowable daily fee for training in continuous ambulatory peritoneal dialysis (CAPD) equals the maximum allowable daily fee ($130) for a hemodialysis treatment plus $12.00 per day. This is the same methodology used by Medicare to calculate their CAPD training reimbursement rate.

The Arkansas Medicaid maximum allowable daily fee for training in continuous cycling peritoneal dialysis (CCPD) equals the maximum allowable daily fee ($130) for a hemodialysis treatment plus $20.00 per day. This is the same methodology used by Medicare to calculate their CCPD training reimbursement rate.

10. Dental Services

Refer to Attachment 4.19-B, Item 4.b.(18).

Reimbursement rate maximums are calculated at 95% of the **2007** Delta Dental Plan of Arkansas Inc.'s Premier rates. Upon CMS approval, the reimbursement rates calculated under this method will be submitted to the United States District Court for the Eastern District of Arkansas (case of Arkansas Medical Society v. Reynolds) for its approval.

Medicaid dental rates will be adjusted as follows. The Division of Medical Services and the Arkansas State Dental Association shall meet on two year cycles beginning January 1, 2007, to evaluate the dental rates considering the factors set out in 42 U.S.C. Section 1396a(a)(30)(A) and shall review Delta Dental's then current Premier rates, identify rate adjustment to be made, and agree on the implementation methodology and date.