

## **Table of Contents**

**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 23-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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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May 19, 2023

Dinorah Collazo,  
Medicaid Director  
Department of Health  
P.O. Box 70184  
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 23-0004

Dear Medicaid Director Collazo:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted to CMS on March 14, 2023, under transmittal number 23-0004. This amendment adds two adult dental and dentures services and increases flexibility in determining prior authorization requirements for diagnostic services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Puerto Rico's Medicaid SPA 23-0004 was approved on May 12, 2023, with an effective date of January 1, 2023. Enclosed are copies of the CMS-179 summary form and approved SPA pages.



If you have any questions, please contact Ivelisse Salce at (212) 616-2411 or via email at [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures  
cc: Dinorah Collazo

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2 3 - 0 0 0 4</u>	2. STATE <u>PR</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">January 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION SSA 1905 (a)(10) and (r)(3). 42 CFR §440.100		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ <u>1,786,194</u> b FFY <u>2024</u> \$ <u>2,257,684</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachments 3.1-A p.5, 3.1-B p.5, Descriptions for Attachments 3.1-A p.8a,11 3.1-B p. 8a, 11		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachments 3.1-A p.5, 3.1-B p.5, Descriptions for Attachments 3.1-A p.8a,11 3.1-B p. 8a, 11	
9. SUBJECT OF AMENDMENT This amendment adds two new adult dental and denture services and increases flexibility in determining prior authorization requirements for diagnostic services.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="radio"/> OTHER, AS SPECIFIED: <p style="text-align: center;">Designated to State Medicaid Director</p>	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184	
12. TYPED NAME Dinorah Collazo-Ortiz, Esq., CHC			
13. TITLE Program Executive Director			
14. DATE SUBMITTED <u>03/14/2023</u>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <u>03/14/2023</u>		17. DATE APPROVED <u>05/12/2023</u>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>01/01/2023</u>		19. SIGNATURE OF APPROVING OFFICIAL 	
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			

STATE/TERRITORY: PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED  
TO THE CATEGORICALLY NEEDY

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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs  
 Provided       No limitation       With limitations\*       Not Provided
- b. Dentures  
 Provided       No limitation       With limitations\*       Not Provided
- c. Prosthetic devices  
 Provided       No limitation       With limitations\*       Not Provided
- d. Eyeglasses  
 Provided       No limitation       With limitations\*       Not Provided  
(Provided based on EPSDT Guide)
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services  
 Provided       No limitation       With limitations\*       Not Provided

\*Description provided on attachment.

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TN No. 23-0004  
Supersedes: 15-0004

Approval Date: May 12, 2023      Effective Date: January 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/  
TERRITORY: COMMONWEALTH OF PUERTO RICO

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY  
NEEDY.

10. Dental Services

- b. Dental Services for Members aged 21 and Over When It Is Medically Necessary
  - Preventive dental services
  - Restorative dental services
  - One (1) comprehensive oral examination per year
  - One (1) Periodic oral examination every six (6) months
  - One (1) defined problem-limited oral exam
  - One (1) complete series of intra-oral radiographs, including bitewings every three (3) years
  - One (1) initial periapical intra-oral radiograph
  - Up to five (5) additional periapical/intra-oral radiographs per year
  - One (1) single film bitewing radiograph per year
  - One (1) two-film bitewings radiograph per year
  - One (1) panoramic radiograph every three (3) years
  - One (1) cleanse every six (6) months
  - One (1) Prophylaxis every six (6) months
  - Amalgam restoration
  - Resin restorations
  - Root canal
  - Palliative treatment
  - Oral surgery
  - Anesthesia services (subject to prior authorization) for beneficiaries with physical or mental handicaps in compliance with local law
  - Periodontal scaling and root planning – each quadrant (right maxillary, left maxillary, right mandibular, and left mandibular) every 24 months
  - All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

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Transmittal No.: 23-0004

Effective Date: January 1, 2023

Supersedes TN No.: 16-0003

Approval Date: May 12, 2023

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: PUERTO RICO  
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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12 b. Dentures

Limited to upper and lower interim partial dentures once per lifetime.

All limitations may be exceeded based on medical necessity and approved through a prior authorization or exception process.

12 c. Prosthetic devices

Those include the body's extremities, the ocular therapeutic prosthesis, and the segmentary instrumentation system trays for scoliosis surgery and fusion.

12d. Eyeglasses

Eyeglasses or lenses are covered for Medicaid beneficiaries under age 21 when those are medically necessary. Eyeglasses or lenses benefit consists of a single or multi-focal lens and one standard frame every 24 months. All type of lenses needs to be preauthorized, except for intraocular lenses. The repair or replacement of eyeglasses within the 24-months is covered when it is medically necessary and approved through a prior authorization process.

13a. Diagnostic Services

Some diagnostic services are subject to prior authorization. A physician or other licensed practitioner must recommend diagnostic services within the scope of their practice under State law.

13b. Screening Services

Gynecological and Prostate Cancer screening according to accepted medical practice, including the Papanicolaou test, mammography, and P.S.A. as may be medically necessary and according to the beneficiary's age. According to Puerto Rico's Health policies, forty (40) years have been established as the initial date to commence cancer screening by mammography.

Sigmoidoscopy for adults ages 50 and over with risk of colon cancer according to accepted medical practice.

STATE/TERRITORY: PUERTO RICO

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED  
TO THE MEDICALLY NEEDY

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12. Prescribed drugs, dentures, and prosthetic devices: and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs  
 Provided       No limitation       With limitations\*       Not Provided
- b. Dentures  
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 Provided       No limitation       With limitations\*       Not Provided  
(Provided based on EPSDT Guide)
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
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TN No. 23-0004  
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY  
NEEDY.

10. Dental Services

b. Dental Services for Members Age 21 and Over When It Is Medically Necessary

The services provided to medically needy beneficiaries are the same as those provided to categorically needy beneficiaries.

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Transmittal No.: 23-0004

Effective Date: January 1, 2023

Supersedes TN No.: 16-0003

Approval Date: May 12, 2023



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: PUERTO RICO  
AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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Those include the body's extremities, the ocular therapeutic prosthesis, and the segmentary instrumentation system trays for scoliosis surgery and fusion.

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