

---

## Dental Services for Beneficiaries Age 21 and Older

---

### 4.202 Dental Services for Beneficiaries Age 21 and Older

#### 4.202.1 Definitions

For the purposes of this rule, the term:

- (a) **“Dental services”** mean preventive, diagnostic, or corrective procedures including the treatment of:
  - (1) The teeth and associated structures of the oral cavity, and
  - (2) Disease, injury, or impairment that may affect the oral or general health of the beneficiary.
- (b) **“Dentist”** means an individual licensed to practice dentistry or dental surgery.

#### 4.202.2 Covered Services

Coverage of dental services for beneficiaries age 21 and older is limited to medically necessary dental services.

#### 4.202.3 Eligibility for Care

- (a) Beneficiaries age 21, and older, are eligible for dental services under this rule.
- (b) Dental services for pregnant and postpartum women, and/or beneficiaries under the age of 21, are covered under Rule 4.203 Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women.

#### 4.202.4 Qualified Providers

Dental services must be provided by, or under the supervision of, a licensed dentist enrolled in Vermont Medicaid and working under the scope of his or her practice.

#### 4.202.5 Conditions for Coverage

- (a) Periodic prophylaxis, including topical fluoride application, is limited to once every six months. More frequent treatments require prior authorization by the Department of Vermont Health Access.
- (b) Non-surgical treatment of temporomandibular joint (TMJ) disorders is limited to the fabrication of an occlusal orthotic appliance (TMJ splint).
- (c) Local anesthesia is covered as part of the dental procedure and shall not be separately reimbursable.
- (d) Pulp capping and bases are covered as incidental to a restoration and shall not separately reimbursable.

#### 4.202.6 Conditions for Reimbursement

- (a) Coverage of dental services for beneficiaries age 21 or older is limited to a maximum dollar amount of \$510 per beneficiary per calendar year.
- (b) The Department of Vermont Health Access publishes and periodically updates a Dental Procedures fee schedule which sets the fees reimbursable under the Medicaid program and lists procedures

---

### Dental Services for Beneficiaries Age 21 and Older

---

excluded from the maximum dollar amount.

- (c) Medical and surgical services of a dentist, as described in Rule 4.204, are not subject to the maximum dollar amount.
- (d) Providers may bill a beneficiary for procedures after the maximum annual dollar amount for services has been reached. Providers shall follow these conditions when billing a beneficiary.
  - (1) Billed amounts may not exceed the appropriate procedure rate included in the Dental Procedures fee schedule.
  - (2) Providers shall acquire written acknowledgement of financial liability from a beneficiary prior to billing.
  - (3) These conditions do not apply to procedures that are not covered by Vermont Medicaid.

#### 4.202.7 Prior Authorization Requirements

The Dental Procedures Fee Schedule contains a detailed list of covered dental procedures and services and indicates which require prior authorization. The Dental Procedures fee schedule can be found on the Department of Vermont Health Access website.

#### 4.202.8 Non-Covered Services

Services that are not covered include: procedures for cosmetic purposes; and certain elective procedures, including but not limited to: bonding, sealants, periodontal surgery, comprehensive periodontal care, orthodontic treatment, processed or cast crowns and bridges.