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Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women

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~~4.203 7312~~ ~~Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women~~ ~~(12/26/2012, 12-07)~~
4.203.1 Definitions

For the purposes of this rule, the term:

(a) “Dental services” means ~~are~~ preventive, diagnostic, or corrective procedures, including treatment of:

- (1) involving ~~the~~ teeth and associated structures of the oral cavity, and ~~and~~ teeth
- (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.

~~{See 42 CFR §440.100 & §440.120(b)}~~

~~7312.34.203.2 Covered Services (12/26/2012, 12-07)~~

Coverage is available for all medically necessary dental services.

~~Medically necessary services include but are not limited to the following general categories:~~

- ~~(1) prevention, evaluation and diagnosis, including radiographs when indicated;~~
- ~~(2) periodic prophylaxis, including topical fluoride applied in a dentist’s office; is limited to once every six months, except more frequent treatments can be authorized by the DVHA;~~
- ~~(3) periodontal therapy;~~
- ~~(4) treatment of injuries;~~
- ~~(5) treatment of disease of bone and soft tissue;~~
- ~~(6) oral surgery for tooth removal and abscess drainage;~~
- ~~(7) treatment of anomalies;~~
- ~~(8) endodontics (root canal therapy);~~
- ~~(9) restoration of decayed teeth;~~
- ~~(10) replacement of missing teeth, including fixed and removable prosthetics (i.e. crowns, bridges, partial dentures and complete dentures); and~~
- ~~(11) non-surgical treatment of temporomandibular joint disorders is limited to the fabrication of an occlusal orthotic appliance (TMJ splint).~~

~~The Dental Fee Schedule contains a detailed list of covered dental procedures and services and indicates which require prior authorization.~~

~~(a) For coverage of orthodontic services see rule 7314.~~

~~7312.1-4.203.3 -Eligibility for Care (12/26/2012, 12-07)~~

Dental services for medically necessary purposes are covered for beneficiaries who are:

(a) Beneficiaries ~~U~~nder the age of 21, or

~~(a)(b)~~ (b) ~~Pregnant women~~ through the duration of their pregnancy and through the end of the calendar month during which the 60th day following the end of pregnancy occurs.

~~7312.2-4.203.4 Qualified Providers~~

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~~(12/26/2012, 12-07)~~

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

#### 4.203.5 Conditions for Coverage

(a) Periodic prophylaxis, including topical fluoride applied in a dentist's office; is limited to once every six months, except more frequent treatments can be prior authorized by the Department of Vermont Health Access.

(b) Non-surgical treatment of temporomandibular joint disorders (TMJ) is limited to the fabrication of an occlusal orthotic appliance otherwise known as a ~~(TMJ splint).~~

~~(c) Local anesthesia is covered as considered part of the dental procedure and shall not be billed as a separate procedure. separately reimbursable.~~

~~(e)(d) Pulp capping and bases are covered as considered incidental to a restoration and shall not be billed as separate procedures. separately reimbursable.~~

#### ~~7312.5~~ 4.203.6 Prior Authorization Requirements

~~(12/26/2012, 12-07)~~

~~Prior authorization by the DVHA is required for most special dental procedures.~~

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

#### ~~7312.44~~ 203.7 Non-Covered Services ~~(12/26/2012, 12-07)~~

~~Non covered services are those not included or referenced under rule 7312.3.~~

~~Local anesthesia is considered part of the dental procedure and shall not be billed as a separate procedure. Pulp capping and bases are considered incidental to a restoration and shall not be billed as separate procedures. Dental Sservices that are not medically necessary, to are not covered, these include procedures solely for cosmetic purposes and certain elective procedures are not covered.~~

#### ~~7312.6~~ Reimbursement ~~(12/26/2012, 12-07)~~

~~Reimbursement for dental services is described in the Dental Supplement and the Dental Fee Schedule.~~