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

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4.203 Dental Services for Beneficiaries Under Age 21, and Pregnant and Postpartum Women (01/01/2020, GCR 19-058)

4.203.1 Definitions

For the purposes of this rule, the term:

(a) **“Dental services”** means preventive, diagnostic, or corrective procedures, including 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.

4.203.2 Covered Services

(a) Coverage is available for all medically necessary dental services.

4.203.3 Eligibility for Care

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

- (a) Under the age of 21, or
- (b) Pregnant, 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.

4.203.4 Qualified Providers

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

4.203.5 Conditions for Coverage

- (a) Periodic prophylaxis, including topical fluoride, is limited to once every six months, unless medically necessary.
- (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, unless medically necessary.
- (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 be separately reimbursable.

4.203.6 Prior Authorization Requirements

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

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4.203.7 Non-Covered Services

- (a) Services that are not medically necessary, including procedures solely for cosmetic purposes and certain elective procedures, are not covered.