Dental Services ~~for Beneficiaries Age 21 and Older~~

4.202 Dental Services ~~for Beneficiaries Age 21 and Older (01/01/2020, GCR 19-058)~~

4.202.1 Definitions

(a) **"Dental services"** means diagnostic, preventive, restorative, endodontic, 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.

(c) **"Dentures"** means artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth.

(d) **"Emergency Dental Services"** means services to alleviate pain, infection, or bleeding.

(e) **"Medical and Surgical Services of a Dentist"** means those services furnished by a doctor of dental medicine or dental surgery if the services are services that:
(1) If furnished by a physician, or other licensed medical provider working in their scope of practice, would be considered physician services,
(2) May be furnished by either a physician, other licensed medical provider working in their scope of practice, or a doctor of dental medicine or surgery, and
~~(1)~~(3) Are furnished by a licensed doctor of dental medicine or dental surgery working within their scope of practice and enrolled in Vermont Medicaid.

(d) **"Orthodontic Services"** means the use of one or more devices to medically correct or prevent severe malocclusions.

4.202.2 Covered Services

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

(a) All medically necessary dental services are covered for Medicaid beneficiaries under age 21 according to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements as specified in Health Care Administrative Rule 4.106. Coverage and service limits do not apply, and any published limits can be exceeded when medically necessary. Some services may require prior authorization.

~~(a)~~(b) For Medicaid beneficiaries aged 21 and older, dental services are covered according to published criteria, as described at 4.202.4(b), up to a maximum dollar amount of $1,500 per beneficiary per calendar year. Emergency dental services continue to be covered after the annual maximum dollar amount has been met, consistent with 4.202.4(b).

(c) Covered emergency dental services to relieve pain, infection or bleeding include:
- Examinations,
- Diagnostic radiographs of the symptomatic area,
- Sedative fillings,
- Therapeutic pulpotomy,
- Extraction of infected and symptomatic teeth,

- Incision and drainage of abscess,
- Suturing,
- Tooth re-implantation, and
- Minor procedures for the emergency palliative treatment of dental pain.

~~(b)~~(d) Emergency dental services to relieve pain, infection, or bleeding does not include payment for the replacement of missing teeth or dentures.

(d) Medically necessary orthodontic services are covered for beneficiaries under age 21, and for beneficiaries who are pregnant or in the post-partum eligibility period. The post-partum eligibility period begins on the date the pregnancy ends and extends 12 months, and then ends on the last day of the month in which the 12-month period ends. Orthodontic treatment is limited to services that are medically necessary according to diagnostic criteria adopted by the Department of Vermont Health Access, or if a beneficiary has a functional impairment that is equal to or greater than the severity of a functional impairment meeting the diagnostic criteria. Orthodontic treatments for cosmetic purposes are not covered.

(e) Medically necessary coverage for dentures is limited to the following beneficiaries:
(1) Individuals under the age of 21,
(2) Individuals who are pregnant or in the postpartum eligibility period, or
(3) Individuals served through the Community Rehabilitation and Treatment and Developmental Disability Services programs pursuant to Vermont's Global Commitment to Health Section 1115 demonstration.

~~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~~3 Qualified Providers

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

(b) Maxillofacial surgery and medical and surgical services of a dentist must be provided by a licensed medical provider or dentist working within the scope of their practice and enrolled in Vermont Medicaid.

4.202.4 Conditions for Coverage

(a) Applicability of the annual maximum dollar amount.
(1) The annual maximum dollar amount does not apply to Medicaid beneficiaries who are:
- Under the age of 21.
- Pregnant or in the postpartum eligibility period.
- Served through the Community Rehabilitation and Treatment and Developmental Disability

services programs in accordance with Vermont's Global Commitment to Health Section 1115 demonstration.

(2) The annual maximum dollar amount does not apply to the following services:

- Medical and surgical services of a dentist.
- Preventive services, including prophylaxis, and fluoride treatment.

(b) The Department of Vermont Health Access publishes and periodically updates the Vermont Medicaid Dental Supplement that details covered dental services, and procedures excluded from the maximum dollar amount. The Dental Supplement also lists the medically necessary emergency dental procedures that may be covered after the annual maximum dollar amount has been met.

~~(a) Periodic prophylaxis, including topical fluoride application, is limited to once every six months, unless medically necessary.~~

~~(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 be separately reimbursable.~~

4.202.5 Conditions for Reimbursement, Cost Sharing, and Beneficiary Billing

~~(a) Coverage of dental services for beneficiaries age 21 or older is limited to a maximum dollar amount of $1,000 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 excluded from the maximum dollar amount.~~

(a) Dental Services are subject to cost sharing according to Health Care Administrative Rule 6.100 Medicaid Cost Sharing. There is no cost sharing for preventive dental services.

~~(c)~~(b) Providers may bill a beneficiary for procedures after the maximum annual dollar amount for services has been reached, or for procedures that are not covered by Vermont Medicaid.

~~(d)~~(c) Providers must~~shall~~ follow these conditions when billing a beneficiary:

(1) Providers must~~shall~~ acquire written acknowledgement of financial liability from a beneficiary prior to performing the procedure.

(2) Billed amounts may not exceed the appropriate Medicaid ~~procedure~~ rate for the procedure ~~in the Dental Procedures Fee Schedule~~. This condition does not apply to procedures that are not covered by Vermont Medicaid.

4.202.6 Prior Authorization Requirements

(a) Covered dental procedures and services that require prior authorization are published on the Vermont Department of Health Access website.
~~The Dental Procedures Fee Schedule contains a detailed list of covered dental procedures and services and indicates which services require prior authorization. The Dental Procedures Fee~~

~~Schedule can be found on the Department of Vermont Health Access website.~~

~~(a)~~(b) Emergency dental services do not require prior authorization.

4.202.7 Non-Covered Services

(a) 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.~~

(b) Orthodontic treatments are not covered except as specified in 4.202.2(f).

(c) Dentures are not covered except as specified in 4.202.2(g).