

### 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 (05/12/2017, GCR 16-120)

##### 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

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

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

##### 4.203.5 Conditions for Coverage

- (a) Periodic prophylaxis, including topical fluoride 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 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

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.

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4.203.7 Non-Covered Services

Services that are not medically necessary, to include procedures solely for cosmetic purposes and certain elective procedures are not covered.