

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

---

~~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.~~

REPEALED RULE

~~Agency of Human Services~~

~~Health Care Administrative Rules 4.203~~

---

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

---

~~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.~~