

10. DENTAL SERVICES:

(A) Dental services for individuals under twenty-one years of age:

Provided based on medical necessity.

(1) Exclusions to dental services are:

- (a) Orthodontic services, except following repair of cleft palate or other developmental defect or injury resulting in malalignment of malocclusion of the teeth in a child or when recommended by DOH's crippled children branch.
- (b) Fixed bridgework.
- (c) Plaque control.
- (d) Gold crowns and gold inlays.
- (e) Procedures, appliances, or restoration solely for cosmetic purposes. Composite resin or acrylic restoration in posterior teeth and all primary teeth shall be considered purely cosmetic.
- (f) Overdentures
- (g) Tooth preparation, temporary restorations, cement bases, impressions, or local anesthesia.

(2) Limitations to dental services provided are:

- (a) X-rays.
- (b) Dental work done under intravenous, inhalation or general anesthesia shall be allowed only once per treatment plan and limited to cases of medical necessity.
- (c) Restorative dentistry limited to use of certain materials. Non-duplicated restorative procedures are allowed once per tooth every two years as needed in the treatment of fractured or carious teeth.
- (d) Dental prostheses;
 - (i) Partial dentures are limited to fill the space due to the loss of one or more anterior teeth and to fill the space due to the loss of two or more posterior teeth exclusive of third molars.

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 TN No. 06-002

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- (ii) Temporary dentures allowed only when teeth have been extracted recently with prior authorization and shall be subject to maximum benefits for dentures.
- (iii) Only one prosthetic appliance in any five-year period is allowed for a maximum of one for each type, partial and full dentures, per arch per recipient; lifetime. This is allowed only when present and previous dentures cannot be repaired or adjusted.
- (iv) Dentures relines are limited to once per denture every two years.
- (e) Sealants for occlusal surface of caries free permanent molar teeth only for children age six through fifteen.
- (f) Anterior, molars and premolar root canal shall be covered for a maximum of once per tooth, with authorization, except in cases of poor prognosis possibly due to extensive root decay or bone loss or prior root canal therapy failure.
- (g) Acrylic jackets and acrylic veneer crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.
- (h) Except for emergency treatments, prior authorization is required for certain dental work.
- (3) The above limitations will be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(r)(5).

(B) Individuals age 21 years and older — Dental Services:

- 1. **Preventive services:**
 - a. Comprehensive Oral Evaluation - Once every 5 years
 - b. Periodic screening examinations - 2 per year
 - c. Prophylaxis - 2 per year
 - d. Topical fluoride or fluoride varnish -2 per year
- 2. **Diagnostic and radiology services:**
 - a. Bitewing x-rays - 2 per year
 - b. Full series x-rays - 1 every 5 years
 - c. Periapical x-rays
 - d. Biopsy of oral tissue
- 3. **Endodontic therapy services:**
 - a. Root canal therapy on permanent molars

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4. **Restorative services:**
 - a. Amalgams on primary and permanent posterior teeth.
 - b. Composites on anterior and posterior teeth.
 - c. Pin and/or post reinforcements
 - d. Cast cores
 - e. Recement inlays and crowns
 - f. Stainless steel crowns
5. **Oral surgery**
6. **Periodontal therapy services:**
 - a. Scaling and root planning – one every 24 months
7. **Emergency and palliative treatment which includes services to control bleeding, relieve pain, eliminate acute infection and treatment of injuries to the teeth or supporting structures:**
 - a. Gingivectomy, for gingival hyperplasia
 - b. Other medically necessary emergency dental services

Procedures needed over the limits stated above may be allowed through a prior authorization process demonstrating medical necessity.

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- (e) Procedures, appliances, or restoration solely for cosmetic purposes. Composite resin or acrylic restoration in posterior teeth and all primary teeth shall be considered purely cosmetic.
- (f) Overdentures
- (g) Tooth preparation, temporary restorations, cement bases, impressions, or local anesthesia.

(2) Limitations to dental services provided are:

- (a) X-rays.
- (b) Dental work done under intravenous, inhalation or general anesthesia shall be allowed only once per treatment plan and limited to cases of medical necessity.
- (c) Restorative dentistry limited to use of certain materials. Non-duplicated restorative procedures are allowed once per tooth every two years as needed in the treatment of fractured or carious teeth.
- (d) Dental prostheses;

(i) Partial dentures are limited to fill the space due to the

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loss of one or more anterior teeth and to fill the space due to the loss of two or more posterior teeth exclusive of third molars.

- (ii) Temporary dentures allowed only when teeth have been extracted recently with prior authorization and shall be subject to maximum benefits for dentures.
- (iii) Only one prosthetic appliance in any five-year period is allowed for a maximum of one for each type, partial and full dentures, per arch per recipient; lifetime. This is allowed only when present and previous dentures cannot be repaired or adjusted.
- (iv) Dentures relines are limited to once per denture every two years.

~~[Topical application of fluoride is limited to individuals under age twenty-one.]~~

- (e) Sealants for occlusal surface of caries free permanent molar teeth only for children age six through fifteen.
- (f) Anterior, molars and premolar root canal shall be covered for a maximum of once per tooth, with authorization, except in cases of poor prognosis possibly due to extensive root decay or bone loss or prior root canal therapy failure.
- (g) Acrylic jackets and acrylic veneer crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.
- (h) Except for emergency treatments, prior authorization is required for certain dental work.

- (3) The above limitations will be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(r)(5).

(B) Individuals age 21 years and older — Dental Services:

1. Preventive services:

- a. Comprehensive Oral Evaluation – Once every 5 years
- b. Periodic screening examinations - 2 per year
- c. Prophylaxis - 2 per year
- d. Topical fluoride or fluoride varnish -2 per year

2. Diagnostic and radiology services:

- a. Bitewing x-rays - 2 per year
- b. Full series x-rays – 1 every 5 years

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- c. Periapical x-rays
- d. Biopsy of oral tissue

3. Endodontic therapy services:

- a. Root canal therapy on permanent molars

4. Restorative services:

- a. Amalgams on primary and permanent posterior teeth.
- b. Composites on anterior and posterior teeth.
- c. Pin and/or post reinforcements
- d. Cast cores
- e. Recement inlays and crowns
- f. Stainless steel crowns

5. Oral surgery

6. Periodontal therapy services:

- a. Scaling and root planning – one every 24 months

7. Emergency and palliative treatment which includes services to control bleeding, relieve pain, eliminate acute infection and treatment of injuries to the teeth or supporting structures:

- a. Gingivectomy, for gingival hyperplasia
- b. Other medically necessary emergency dental services

~~{1. Emergency treatment shall include the following services:~~

- ~~(a) Relief of dental pain;~~
- ~~(b) Elimination of infection; and~~
- ~~(c) Treatment of acute injuries to the teeth or supporting structures of the orofacial complex.]~~

Procedures needed over the limits stated above may be allowed through a prior authorization process demonstrating medical necessity.

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- (4) The maximum quantity of any medication to be paid equals the larger of a one month supply or one hundred units. The State may implement stricter quantity restrictions to help ensure proper utilization and reduce billing errors.
- (5) In compliance with Section 1927(b)(2) of the Social Security Act, the fiscal agent is engaged to report to each manufacturer not later than sixty days after the end of each calendar quarter and in a form consistent with a standard reporting format established by the Secretary, information on the total number of dosage units of each covered outpatient drug dispensed under the plan during the quarter and shall promptly transmit a copy of such report to the Secretary as instructed by CMS.

12b. Prosthodontic services:

- a. Complete Upper and Lower Dentures-one every 5 years
- b. Partial Dentures-one every 5 years

Partial dentures limited to fill the space due to the loss of one or more anterior teeth and to fill the space due to the loss of two or more posterior teeth exclusive of third molars. Temporary dentures allowed only when teeth have been extracted recently with prior authorization and subject to maximums or prosthetics.

Only one prosthetic appliances in any five year period is allowed for a maximum of one for each type, partial and full dentures, per arch per recipient; lifetime. This is allowed when present or previous dentures cannot be repaired or adjusted.

- c. Denture relines and repairs

Denture relines are limited to once per denture every two years.

- 12c. Prosthetic devices require prior authorization when the cost of purchase, repair or manufacture exceeds \$50.00.

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~~[Dentures are authorized only when provided under EPSDT.]~~

- 12c. Prosthetic devices require prior authorization when the cost of purchase, repair or manufacture exceeds \$50.00.

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