

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 07/01/05 01/01/06
Section: Dental	Section: 11.12	Pages: 1
Subject: Prosthodontics (Removable)	Cross Reference:	

Dentures–Dentures/Partials

Dentures are non-covered items under Medicaid, except when medically necessary and prior authorized for beneficiaries under age ~~twenty-one (21)~~. 21.

Partials

~~Partials are restricted to “flipper type partials” . (See fee codes.) Partials are covered for beneficiaries less than twenty-one (21) years of age with prior authorization. Prior authorization forms must be submitted with radiographs for Medicaid dental consultant review.~~

Dentures and partial dentures (with cast framework) will be covered only in cases where teeth are congenitally missing, i.e. Ectodermal Dysplasia.

Dentures/partial dentures (with cast framework) will not be approved when teeth are lost due to caries, periodontal disease or trauma. Flipper type partials may be covered. Refer to fee codes. Partials are covered for beneficiaries less than twenty-one (21) years of age with prior authorization. Prior authorization forms must be submitted with radiographs for Medicaid dental consultants review.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 07/01/05 01/01/06
Section: Dental	Section: 11.17	
Subject: Orthodontics: Prior Authorization/Treatment Plans	Pages: 2	Cross Reference:

Prior Authorization

All orthodontic procedures must be prior authorized by the Division of Medicaid. A Prior Authorization Request Form (MA-1097), diagnostic models, full-mouth radiographs or panoramic radiograph, cephalogram, and photographs are to be submitted to DOM.

The Division of Medicaid does not review requests unless all required information is submitted.

A letter from the dentist must accompany the request for prior authorization. If surgery is also required with the orthodontic treatment, the surgeon's plan of treatment should also be attached.

Review

The treatment plan, study models, radiographs (cephalogram, panorex, or full mouth), photos, and written documents will be reviewed by DOM staff and by a dental consultant for completeness and appropriateness.

If additional information is needed, the treatment plan will be returned with an explanation of the reason for return. The prior authorization request may be resubmitted with the requested information.

Approved Treatment Plans

Treatment plans which meet Medicaid criteria are approved for the initial appliance placement and monthly maintenance visits.

The services approved in the prior authorization plan must be initiated within one hundred eighty (180) days, provided the patient remains Medicaid eligible.

Reimbursement for orthodontic consultation, cephalogram, diagnostic casts, photographs, radiographs and other charges pertaining to the orthodontic evaluation are included in the comprehensive orthodontic treatment rate. Providers should not bill separately for these services unless the request for orthodontia is denied.

The prior authorization is valid for one hundred eighty (180) days, provided the beneficiary remains Medicaid eligible.

Since Medicaid eligibility may vary from month to month, DOM cannot guarantee that the eligibility for a prior authorized patient will remain constant. If a beneficiary becomes ineligible for Medicaid benefits, the authorization becomes void:

- (1) on the date Medicaid eligibility ends if the beneficiary no longer meets eligibility requirements,
or
- (2) at the end of the birthday month in which the beneficiary becomes age twenty-one (21).

The approved MA-1097 treatment plan will be returned to the attending dentist. The MA-1097 indicates the approved procedures and corresponding procedure codes and also indicates the treatment plan's

effective dates. The approval form is to be kept by the provider in the beneficiary record.

If the authorized treatment cannot be initiated in one hundred eighty (180) days and the beneficiary is still Medicaid eligible, the orthodontist must return the treatment plan to DOM and request an extension. The orthodontist may proceed with treatment while the update is being processed.

Denied Treatment Plans

If the treatment plan is denied, the MA-1097 form will be returned to the provider with an explanation of the denial. In this case, the provider is allowed to submit a claim for the charges pertaining to the orthodontic records. This includes orthodontic consultation, cephalogram, diagnostic casts, photographs, and full-mouth radiographs or panoramic radiograph (if taken by the orthodontist).

If the request is only partially approved, those procedures of the treatment plan denied will be marked "No" on the form, and the prior authorization will apply only to those procedures of the treatment plan which are approved.