Beneficiaries must be Medicaid eligible on the date services are rendered. It is the provider's responsibility to require the beneficiary to present his/her current Medicaid ID card and to verify eligibility by accessing the beneficiary's eligibility and service limit information through the Automated Voice Response System (AVRS) on each date of service. DOM is responsible for the approval/disapproval of claims that require prior authorization/authorization prior to billing and review of claims that are listed "Individual Consideration" for payment. Services for beneficiaries age twenty-one (21) and older are restricted. Providers should utilize the fee schedule to view age restrictions for covered services.

In accordance with the Mississippi Code, Medicaid is authorized to furnish financial assistance for "dental care that is an adjunct to treatment of an acute medical or surgical condition; services of oral surgeons and dentists in connection with surgery related to the jaw or any structure contiguous to the jaw or the reduction of any fracture of the jaw or any facial bone; and emergency dental extractions and treatment related thereto."

## Palliative Treatment

Mississippi Medicaid provides palliative dental services for beneficiaries age twenty-one (21) and over. Palliative services are defined as the treatment of symptoms without treating the underlying cause, and frequently refer to treatment of pain without further treatment. Emergency care for the relief of pain and infection, emergency extractions and dental care related to the treatment of an acute medical or surgical condition are covered. The Medicaid program defines an emergency as a condition that requires treatment and that causes pain and/or infection of the dental apparatus and/or contiguous structures that, in the opinion of the dentist, will require extraction of the tooth or teeth. Palliative treatment may be provided for relief of pain when no other Medicaid services are provided.

Palliative (emergency) treatment cannot be billed with another therapeutic (definitive) procedure, but can be billed with diagnostic procedures. **Palliative (emergency) treatment of dental pain - minor procedure must be authorized prior to billing.** Authorization is a condition for reimbursement and is not a guarantee of payment. Authorization requests may be submitted prior to or within thirty (30) days of the date of service. The authorization request must be submitted on the appropriate form to the Division of Medicaid along with the appropriate documentation. The beneficiary cannot be billed if the dental provider chooses to render services for palliative (emergency) treatment of dental pain prior to submitting an authorization request or if approval is not given. The DOM dental consultant will make the determination of medical necessity using the criteria set forth by DOM, and an approval number will be assigned. If a claim is submitted without an approval number, no reimbursement will be paid. No authorizations will be given via the telephone. Retroactive authorization after the 30-day period will be allowed only in cases where beneficiary was approved for retroactive eligibility and is not applicable to any other situation. All terms of DOM's reimbursement and coverage criteria are applicable.

## EPSDT Screening and Expanded EPSDT

As required by Title XIX of the Social Security Act, the Mississippi Medicaid program provides the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medicaid eligible beneficiaries less than twenty-one (21) years of age. This program allows beneficiaries to receive a dental screen from the participating dentist of their choice. Correct determination of the beneficiary's age is critical to receiving reimbursement for services.

As required by OBRA-89, Medicaid will provide medically necessary services which are identified through the EPSDT screening process and which are covered under federal Medicaid law even if they are not included in the Mississippi Medicaid State Plan. **All of the procedures not covered in the Mississippi Medicaid State Plan or services that exceed the allowable benefits require prior authorization from DOM.**

~~Beneficiaries under twenty-one (21) years of age who have dental defects and who are eligible for supplemental/restorative treatment are provided maximum benefits of $1200 per fiscal year (July 1 - June 30) toward restorative services. This limit is exclusive of charges made for extractions. Exceptions to the $1200 limit may be made if a prior authorization is requested and is approved by DOM prior to rendering services.~~ All dental expenditures, except orthodontia-related expenditures, are limited to $2,500 per beneficiary (children and adults) per fiscal year. All dental services and codes, except orthodontia-related, are applied to the $2,500 annual limit. Additional dental expenditures may be available if prior authorized by the Division of Medicaid. Orthodontia-related services are covered only for beneficiaries under age twenty-one (21) and are limited to $4,200 per beneficiary per lifetime.

Beginning at age ~~3~~ three (3), children not already under the care of a dentist should be referred. The parent(s) or guardian may select a dentist from a list of local Medicaid providers. A periodic oral examination is recommended once each year. Children with obvious dental problems may be referred at an earlier age.

All dental work resulting from an EPSDT screening must be billed on the American Dental Association (ADA) dental claim form.

## EPSDT Orthodontic Services

Beneficiaries under twenty-one (21) years of age who meet Medicaid requirements may be eligible for orthodontic services. Refer to Covered Orthodontic Services, section 11.18 in this manual section.

## Scheduling/Rescheduling Fees

Additional reimbursement is not provided for scheduling/rescheduling for any dental or oral surgical procedure in any treatment setting. The Division of Medicaid considers scheduling/rescheduling to be an integral part of the surgical and/or dental service. These fees may not be billed to the beneficiary.