Consistent with the policy of the Medicaid dental program, it is desirable to retain the teeth for beneficiaries whenever possible.

Simple Extractions

The fee for simple extractions includes local anesthesia and routine post-operative care. Simple extractions may be billed without the submission of radiographs. Alveoloplasties are allowed with the simple extraction of three (3) or more adjacent teeth in the same quadrant.

The mouth is divided into four (4) quadrants, the upper left, the upper right, the lower left, and the lower right. Each quadrant contains eight (8) teeth.

In order to bill for an alveoloplasty by quadrant, the provider must do a minimum of five (5) teeth in the same quadrant.

Supernumerary Tooth Extraction

Prior authorization is required for the extraction of a supernumerary tooth.

Surgical Extractions

The fee for all surgical extractions and removal of impacted teeth includes local anesthesia, smoothing the socket site, suturing, and routine post-operative care. The unerupted third molar for beneficiaries under age twenty-one (21) should not be extracted unless there is radiographic evidence that the third molars will be severely impacted or there is evidence of chronic infection.

The Medicaid program defines an impacted tooth as one where its eruption is partially or wholly obstructed by bone, soft tissue, or other teeth.

Alveoloplasty

Alveoloplasty not in conjunction with extractions is covered. Alveoloplasty in conjunction with extractions is covered as a separate procedure, in addition to the extractions, only when three (3) or more teeth are extracted per quadrant and there is a need for significant bone recontouring in the area of the extraction to prepare the ridge for a prosthetic appliance.

Surgery for Denture Patients

Section 43-13-117 of the Mississippi Code of 1972 as amended defines dental services which the Mississippi Medicaid program may cover as "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."

When there is a need for oral surgery on a beneficiary age twenty-one (21) or over who has or is planning to purchase his/her own dentures, Medicaid will cover oral surgery within the Medicaid dental program. Oral surgery may include extractions, alveoloplasty, removal of exostosis, etc.

Root Tips

Surgical removal of residual tooth roots may not be billed with an extraction. The HCPCS code for surgical removal of residual tooth roots (cutting procedures) should be used to bill the surgical removal of residual roots when a tooth has been broken off by natural means or when the beneficiary seeks follow-up care from a practitioner other than the dentist or oral surgeon who performed the original extraction.

Complicated Suture

Fees for complicated suturing are paid only in instances of trauma where simple sutures cannot be placed or simple suturing is not possible. It is not approved and will not be paid for extractions of unerupted teeth or when the dentist creates the flap or incision. Detailed documentation of the traumatic event **must** be clearly stated in the dental record.