Restorative services are covered for beneficiaries under age twenty-one (21) as described in the criteria detailed in this policy section. These services are covered for the purposes of repairing the effects of dental caries; protection of teeth from further damage; reestablishing tooth function; and restoring or preserving an esthetic appearance. Restorative treatment must be the result of an appropriate and thorough examination by a dentist and should be part of a treatment plan that includes

- Assessment and intervention related to the child's dentition status;
- Caries risk assessment;
- Oral hygiene;
- The child's compliance with the dental treatment plan (in the office and at home); and
- The child's behavioral and developmental status, including any special needs.

Mississippi Medicaid policy for coverage of dental restorative services is based on recommendations from the American Academy of Pediatric Dentistry, the CMS Guide to Children's Dental Care in Medicaid, and the American Dental Association Current Dental Terminology (CDT) reference manual. Restorative services should be provided as part of a comprehensive dental screening, diagnostic, and treatment plan that emphasizes prevention and early treatment of dental conditions in children.

A. Amalgam Restorations

1. Amalgam restorations (including polishing) are covered for beneficiaries under age twenty-one (21) for the restoration of carious lesions and/or developmental defects in primary and permanent posterior teeth.
2. Tooth preparation, all adhesives (including amalgam bonding agents), liners, and bases are included as part of the restoration.
3. Prior authorization is **not** required.
4. Documentation in the beneficiary's record must clearly describe the restoration provided, the reason for the restoration, and the appropriate ADA CDT Procedure code, tooth number, and tooth surface.
5. All restored surfaces on a single tooth are considered connected if performed on the same date. Payment will be made for a particular surface on a single tooth only once in each episode of treatment, irrespective of the number or combinations of restorations placed.
6. Topical or local anesthesia is not reimbursed separately (refer to Section 11.22).

B. Composite Restorations

1. Resin-based composite restorations (direct) are covered for beneficiaries under age twenty-one (21) for the restoration of carious lesions and/or developmental defects in primary and permanent anterior and posterior teeth.
2. Gold foil and inlay/onlay restorations are not covered.
3. Tooth preparation, acid etching, adhesives (including resin bonding agents), liners and bases, and curing are included as part of the restoration.
4. Prior authorization is **not** required.
5. Documentation in the beneficiary's record must clearly describe the restoration provided, the reason for the restoration, and the appropriate ADA CDT Procedure code, tooth number, and tooth surface.

6. All restored surfaces on a single tooth are considered connected if performed on the same date. Payment will be made for a particular surface on a single tooth only once in each episode of treatment, irrespective of the number or combinations of restorations placed.
7. Topical or local anesthesia is not reimbursed separately (refer to Section 11.22).

C. Crowns

Mississippi Medicaid covers prefabricated stainless steel crowns and porcelain-fused-to-metal crowns for beneficiaries under age twenty-one (21) according to the policy criteria described below. Other types of crowns (e.g., resin, porcelain/ceramic, noble metal, etc.) are not covered.

Stainless steel crowns (SSCs), including prefabricated SSC primary tooth and prefabricated SSC permanent tooth, are covered for beneficiaries when an amalgam or composite restoration is not sufficient to meet the dental needs of the beneficiary. Prefabricated stainless steel crowns with resin window or prefabricated esthetic coated stainless steel crowns (primary tooth) are covered for anterior teeth only. Prior authorization is **not** required for stainless steel crowns.

1. **Stainless steel crowns** are covered when at least **one** of the following criteria is met:
    a. Restoration of primary teeth with caries on more than one surface;
    b. Primary or permanent teeth with extensive caries;
    c. Primary or permanent teeth with cervical demineralization, decalcification, and/or developmental defects (such as hypoplasia and hypocalcification);
    d. When failure of other available restorative materials is likely (e.g., interproximal cavities extending beyond line angles, patients with bruxism);
    e. Following pulpotomy or pulpectomy;
    f. Restoration of a primary tooth that is to be used as an abutment for a space maintainer;
    g. Intermediate restoration of fractured teeth;
    h. Children at high risk for development of dental caries based on a risk assessment of factors including, but not limited to, previous caries; early clinical signs of potential caries development; lack of fluoride; frequent exposure to cavity-producing foods and drinks; behavioral, developmental, or medical conditions that affect the child's ability to practice preventive dental care; family history of extensive caries; and other risk factors identified in dental professional literature. Risk factors must be thoroughly documented by the dentist in the beneficiary's dental record. Medicaid eligibility alone is not sufficient reason for application of crowns.
    i. Children who require caries treatment under general anesthesia because of behavioral, medical, or developmental conditions where behavior management and in-office sedation are not safe or effective.

2. **Porcelain-Fused-to-Metal crowns**, including porcelain fused to high noble, predominantly base, or noble metal, are covered only for permanent anterior teeth.
    a. Coverage criteria for porcelain-fused-to-metal crowns are the same as the criteria for stainless steel crowns.
    b. Prior authorization **is** required for porcelain-fused-to-metal crowns. Refer to Section 11.20 for additional information related to prior authorizations.

3. Both stainless steel crowns and porcelain-fused-to-metal crowns are **not** indicated and will **not** be covered in the following circumstances:
    a. Absence of documentation that clearly demonstrates coverage policy is met;
    b. Primary tooth with exfoliation expected within six (6) months;
    c. Tooth has advanced periodontal disease, bone resorption, or insufficient tooth or root structure to sustain retention of the tooth;
    d. Crowns to alter vertical dimension.

4. Documentation Requirements for Crowns

Documentation to support the use of stainless steel crowns and porcelain-fused-to-metal crowns must be maintained by the dentist in the beneficiary record. In addition to the Documentation Requirements listed in Section 11.19, dentists must provide:

a. Written documentation that supports the use of crown(s) for at least one of the covered indicators listed in this section, C.1. a. through i.
b. Radiographs are required prior to placement of crown(s). Exception: If the child requires general anesthesia for dental treatment, and must receive dental treatment in the hospital rather than a dentist office, and the hospital is unable to perform dental radiographs, the requirement for radiographs prior to placement of crown(s) is waived. The dentist must document, very clearly and thoroughly in the beneficiary record, why radiographs were not done.
c. Appropriate ADA CDT procedure code, tooth number, and tooth surface for each tooth receiving a crown.
d. When applicable, reason for referral to the hospital (inpatient or outpatient) or an ambulatory surgical center (ASC) for placement of crowns and why the treatment could not be done in the dentist office (e.g., required general anesthesia due to severe behavioral management issues).
e. If applicable, reason for early replacement of crown(s). A provider is responsible for any replacements necessary within the first twelve (12) months for restoration of primary teeth and the first twenty-four (24) months for restoration of permanent teeth, except when failure or breakage results from circumstances beyond the control of the provider.
f. Photographs – are not required but may be used in addition to radiographs and written documentation.

Placement of crowns that do not meet coverage criteria in this policy or failure to provide required documentation may result in repayment of Medicaid funds upon post-payment review or audit.

D. Sedative Fillings

Prior authorization is required for all sedative fillings. Radiographs must be submitted with the prior authorization request.