

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Effective Date:</b> <b>12/01/10</b>
<b>Section: Dental</b>	<b>Section: 11.05</b> <b>Pages: 1</b>	
<b>Subject: Oral Evaluations</b>	<b>Cross Reference:</b>	

### **Limited Oral Evaluation**

This is an evaluation or re-evaluation limited to a specific oral health problem for beneficiaries of any age. This may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. Definitive procedures may be required on the same date as the evaluation.

Typically, beneficiaries receiving this type of evaluation have been referred for a specific problem and/or present with dental emergencies, trauma, acute infection, etc.

The limited oral evaluation is limited to 4 times per fiscal year (July 1 – June 30).

### **Comprehensive Oral Evaluation**

This is typically used by a general dentist and/or specialist when performing a comprehensive evaluation of a beneficiary under 21 years of age. It is a thorough evaluation and recording of the intraoral hard and soft tissues. This includes the evaluation and recording of the beneficiary's dental and medical history and general health assessment. It may also include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), and hard and soft tissue anomalies, etc. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

The comprehensive oral evaluation is allowed twice per fiscal year (July 1 – June 30) for beneficiaries under twenty-one (21) years of age and must be at least 5 months apart. In cases where the beneficiary received services from more than one (1) dentist within this time period, payment of these services are made to the provider whose claim is received first.

### **Oral Evaluation for Children Under Age Three**

An oral evaluation and counseling with the primary caregiver is covered for children ages zero (0) to three (3) years old. This evaluation can be paid twice per fiscal year (July 1-June 30) and must be at least five (5) months apart. The appropriate CDT procedure code should be billed.

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<b>Section: Dental</b>	<b>Section: 11.07</b> <b>Pages: 1</b>	
<b>Subject: Preventive Services and Sealants</b>	<b>Cross Reference:</b>	

### **Prophylaxis**

Dental prophylaxis is a preventive treatment covered by Medicaid for all beneficiaries under age twenty-one (21). Prophylaxis may be paid twice per fiscal year (July 1- June 30) and must be at least five (5) months apart.

### **Fluoride**

Fluoride treatment, including application of fluoride varnish, is covered for all beneficiaries under age twenty-one (21). Fluoride treatment may be paid twice per fiscal year (July 1- June 30) and must be at least five (5) months apart. Application of fluoride varnish is encouraged for children under age three (3).

### **Sealants**

Dental sealants are thin plastic coatings which are applied to the chewing surfaces of the back teeth to prevent decay.

Sealants are covered for beneficiaries under age twenty-one (21) when applied to newly erupted first and second permanent molars or to first and second pre-molars. Prior authorization is required for sealants applied to primary teeth. Sealants are allowed only once every five (5) years. **PRIOR AUTHORIZATION DOES NOT OVERRIDE THE FIVE (5) YEAR LIMITATION.**

Providers may bill Medicaid for sealants only when the sealant is applied to all pits and fissures (grooves) on the occlusal surface and in some instances, the lingual groove surface of the upper molars.

Documentation must include the tooth number and tooth surface being treated.

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<b>Subject: Preventive Services and Sealants</b>		

## Preventive Services

~~Dental prophylaxis and fluoride treatment for beneficiaries under age twenty-one (21) are preventive treatments covered by Medicaid. Prophylaxis and fluoride may be performed on all beneficiaries under age twenty-one (21) twice every fiscal year and must be at least five (5) months apart.~~

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