Description of Dental Benefits Provided Under Medicaid and the Children's Health Insurance Program (CHIP)
State: Missouri

Updated: 7/30/2009

The following information will identify the general categories of services available in your State. Please note that while a service may be available, you must consult with your dental provider to ensure that the service is medically necessary for your specific condition. For more specific information, please contact your State program.

State Contact: Participant Services
Telephone Number: 1-800-392-2161
E-mail Address: ASK.MHD@dss.mo.gov

Medicaid Program

X Under the Medicaid State Plan dental benefits are provided to eligible individuals under the age of 21 in compliance with the requirements of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.
State Program Name:

CHIP Program

☐ CHIP Medicaid Expansion Program ONLY, i.e., offering complete oral health services under Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
State Program Name:

☐ CHIP Stand-Alone/Separate Program ONLY
State Program Name:
- ☐ Dental Services Provided through State-defined benefit package
- ☐ Benchmark Equivalent Program:
  Name of :
- ☐ Optional Supplemental Dental Coverage for CHIP eligible children with private or group insurance

X CHIP Medicaid Expansion and Stand-Alone Program (dental services are as described above)
State Program Name:

If providing dental benefits other than as defined by EPSDT, States must complete the following:

CHIP Stand-Alone Program Dental Benefits

NOTE: Please identify any limits or other criteria using terms commonly recognized by individuals without extensive oral health terminology knowledge rather than using technical dental terminology. For example, use molar rather than posterior, or front versus anterior.

Schedule of Services

X State EPSDT definition

OR

☐ Nationally Recognized Standard
Name and Description:

Recommended Age for First Oral Health Examination: 3 years of age

Preventive Services:

X Cleanings
a. Recommended frequency: every 6 months
b. Exceptions: None listed in the MO HealthNet Dental Manual

X Fluoride treatments
   a. Ages:0-21
   b. Recommended frequency: every 6 months
   c. Also provided by physicians: x fluoride varnish
   d. Also provided by hygienists: x fluoride varnish
   e. Exceptions:

X Sealants
   a. Ages: 5 through 21
   b. Recommended frequency: Sealants may only be applied every 3 years per provider, per participant, per tooth.
   c. Exceptions: Sealants may be applied only on healthy (without occlusal restorations) first and second permanent molars (tooth numbers 2, 3, 14, 15, 18, 19, 30 and 31). No payment is made for sealants applied to third molars. Sealants will not be a covered service if applied to primary teeth. Permanent first and second molars may be sealed as they erupt or, for older or newly approved MO HealthNet participants whose teeth have never been sealed, all eight molars may be sealed in one setting.

☐ Oral hygiene instruction Not a covered service with MO HealthNet
   a. Ages:
   b. Recommended frequency:

X Space Maintainers
   a. Limits: Fixed space-maintainers, unilateral and bilateral, are provided for the premature loss of primary teeth only. Removable space maintainers are *not* covered. Recementation of a space maintainer is covered
   b. Prior approval required: Y/N Yes

Diagnostic Services:

X Dental Examinations by Dentists
   a. Recommended age of first visit: A child's first visit to the dentist should occur no later than 12 months of age so that the dentist can evaluate the infant's oral health and intercept potential problems such as dental disease in the child.
   b. Recommended frequency: It is recommended that preventive dental services and oral treatment for children begin at age 6-12 months and be repeated every six months or as medically indicated.
   c. Limits:

X Dental Screens and Other Services by Hygienists
   a. Recommended frequency: Prophylaxis every 6 months, topical application of fluoride every 6 months, topical fluoride varnish every 6 months and sealants every 3 years
   b. Limits: A dental hygienist who has been licensed for at least 3 consecutive years and is practicing in a public health setting may perform the above stated procedures in the public health setting. In a private setting, the dental hygienist must be under the direct supervision of a dentist

X X-Rays
   a. Limits: X-rays that are of no diagnostic value for interpretation are *not* covered.

      All x-rays *must* be of the intraoral type, excluding a panoramic type of film.

      Panoramic types of film and sialograph survey films are the only extraoral x-rays that are covered for a dentist.

      A maximum of four additional periapical x-rays (D0230) is covered after the first (D0220) on any given date of service.

Occlusal x-rays are *not* covered.

A pre-operative full-mouth x-ray survey of permanent or primary teeth or of mixed dentition is covered once in a 24-month interval.

A pre-operative full-mouth x-ray survey of permanent teeth is defined as 14 periapical films plus two bitewing films (one each right and left) or a total of 16 single films — OR — one panoramic film and two bitewings (one each right and left).

A pre-operative full-mouth x-ray survey of primary teeth is defined as four periapical films plus two bitewing films (one each right and left) or a total of six films — OR — one panoramic film and two bitewings (one each right and left).

A pre-operative full-mouth x-ray survey of mixed dentition is defined as six periapical films (one each upper and lower anterior teeth, one each upper and lower right teeth, one each upper and lower left teeth) plus two bitewing films (one each right and left) or a total of eight films—OR—one panoramic film and two bitewings (one each right and left).

A maximum of two pre-operative bitewing x-rays are covered within a six-month period.

Post-operative x-rays of extractions are *not* covered.

Treatment Services:

X Fillings

Silver amalgam: x

a. Limits: An amalgam (D2140, D2150, D2160, and D2161) which is placed after a sealant (D1351) on the same tooth, same surface, by the same provider, within one (1) year of the sealant will not be reimbursed by MO HealthNet.

Amalgam restorations on posterior teeth are covered.

Fees for amalgam fillings include polishing.

A restoration of any other material (amalgam or resin) is *not* covered.

Same restoration on same tooth in less than a six-month interval is *not* allowed.

1. Tooth colored composite: x

a. Limits: Resin restorations on posterior teeth are covered.

Resin restorations on anterior teeth are covered.

A restoration of any other material (amalgam or resin) is *not* covered.

A second, same restoration on same tooth in less than a six-month interval is *not* allowed.

X Crowns/Tooth Caps

1. Stainless steel crowns: x
   a. Limits: Replacement crowns are *not* allowed within six months of the previous placement. A fixed polycarbonate crown is covered for an anterior tooth. A fixed polycarbonate crown for a posterior tooth is *not* covered.
   b. Prior approval required: x
2. Metal (only) crowns x

a. Limits: Replacement crowns are *not* allowed within six months of the previous placement. A fixed polycarbonate crown is covered for an anterior tooth. A fixed polycarbonate crown for a posterior tooth is *not* covered.
b. Prior approval required: x

3. Metal/Porcelain crowns: x
   a. Limits: Replacement crowns are *not* allowed within six months of the previous placement. A fixed polycarbonate crown is covered for an anterior tooth. A fixed polycarbonate crown for a posterior tooth is *not* covered.
   b. Prior approval required: x
4. Porcelain (only): ☐
   a. Limits:
   b. Prior approval required: ☐

X Root Canals (endodontics)

1. Root canals on baby teeth (Pulpotomies): x
   a. Limits none
   b. Prior approval required:
2. Root canals on permanent teeth: x
   a. Limits: :
   b. Prior approval required: ☐

Gum (periodontal) Therapy

a. Limits: A gingivectomy or gingivoplasty is allowed for individuals' age five and over. Limited occlusal adjustment is covered under emergency treatment only. No other periodontal procedures are covered.
b. Prior approval required: ☐ Office notes must be submitted with claim

X Dentures

1. Partial dentures: x
   a. Prior approval required: ☐
2. Complete dentures: x
   a. Prior approval required: ☐

X Retainers (orthodontic) Orthodontic services must receive prior approval. The HDL index must be great than 28 points or have a qualifying condition.
Limits: placement of retainers or necessary retention techniques; adjustment of the retainers and observation of the participant for a proper period of time (approximately 18 to 24 months).

X Bridges

a. Limits: Bridges, bridge pontics and bridge retainers are covered for participants under the age of 21.
b. Prior approval required: x

X Implants:

a Criteria:

☐ Oral Surgery

1. Simple extractions: x
   a. Limits:
   b. Prior approval required: ☐
2. Surgical extractions: x
   a. Limits: Pre-treatment x-rays and office notes must be submitted with claim
   b. Prior approval required: ☐
3. Care of abscesses: x
   a. Limits:
   b. Prior approval required: ☐
4. Cleft palate treatment: x
   a. Limits:
   b. Prior approval required: x

5. Cancer treatment: ☐
   b. Limits:
   c. Prior approval required: ☐
6. Treatment of Fractures: x
   a. Limits: Only a covered service if related to trauma or medical condition.
   b. Prior approval required: ☐
7. Biopsies: x
   a. Limits:
   b. Prior approval required: ☐

☐ Treatment of Jaw Joint (TMJ)
   a. Criteria:
   b. Prior approval required: ☐

X Braces (Orthodontia)

a. Criteria: The following requirements must be met to obtain orthodontia care through MO HealthNet. The participant must: be under 21 years of age, have good oral hygiene, over 13 or no deciduous teeth (unless the primary teeth are retained due to ectopic position of the underlying permanent tooth or a missing permanent tooth in this area) or has a cleft palate or has severe traumatic deviation, and score at least 28 points on the Handicapping Labio-Lingual Deviation (HLD) Index or has qualified for one of the exceptions on the HLD Index form, be under the age of 13 with an impacted central incisor.

Only those cases that score 28 points or more on the HLD Index or those that qualify under an exception are granted. This is *not* to say that cases that score less than 28 points do *not* represent some degree of malocclusion, but simply that the severity of the malocclusion does *not* qualify for coverage under the MO HealthNet program. It is important to note that when scoring the HLD index, the provider is *not* diagnosing malocclusion but simply measuring and/or noting the presence or absence of certain key indicators.

b. Prior approval required: x
c. Payment if eligibility lost: ☐

X Emergency Room Services
   a. Identify services: Procedure codes that are covered are 99281, 99282, 99283 and 99284

   b. Criteria: "Emergency services" are services required when there is a sudden or unforeseen situation or occurrence or a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:

      1. Placing the patient's health in serious jeopardy; or
      2. Serious impairment to bodily functions; or
      3. Serious dysfunction of any bodily organ or part.

X In-patient Hospital Services
   a. Criteria: Inpatient hospital admissions for MO HealthNet participants *must* be certified as medically necessary and appropriate for inpatient services before payment is made. All hospitals in Missouri and bordering states are subject to this admission certification requirement.
   b. Prior approval required: ☐

X Special Anesthesia

a. Criteria: General anesthesia administered in the office is a covered service.

General anesthesia administered in the hospital or an Ambulatory Surgical Center by a participating certified anesthesiologist or Certified Registered Nurse Assistant (CRNA) is a

covered service under the Physician Program and *must* be billed by the physician or CRNA on the CMS-1500 claim form.

Local anesthesia is *not* payable under a separate code. It is included in the fees for:

• oral prophylaxis;

• restoration or treatment of either permanent or primary teeth;

• placement of all types of crowns; and

• extractions—routine extractions and impacted teeth (including supernumerary teeth), either permanent or primary.

a. Prior approval required: ☐

Excluded Services

1. Identify services:

The following services are considered to be included in the procedure/surgery and are *not* separately allowable, billable to the participant or to the Medicaid agency as office/outpatient visits or in any other manner:

• Routine visits necessary in the steps required for full or partial dentures (e.g., impressions, try-ins, etc.);

• Office visit to obtain a prescription, the need of which had already been ascertained;

• Subsequent hospital visits for the same patient, same date of service, as another medical procedure (non-visit type of service) billed by that dentist;

• Routine check-ups and follow-up care associated with placement of orthodontic appliances if orthodontic treatment has been approved as an HCY (EPSDT) exception, as this service is included in the reimbursement amount approved by the orthodontic consultant;

• Administration of medication/injection (if the patient is examined/treated, the service is included in the office/outpatient visit or other procedure performed);

• Same restoration on same tooth in less than a six-month interval;

• Replacement crowns within six months of the previous placement;

• Adjustments of full and partial dentures by the originating dentist within six months following initial placement of full or partial dentures;

• Relines and rebases within 12 months of placement of replacement dentures. It is the responsibility of the dentist who placed the dentures to assure correct fit of dentures within this initial period;

• Palliative emergency treatment on the same date of service as any other dental care on the same tooth of the participant;

• Routine post-operative care as a result of an oral surgery/procedure;

• Removal or placement of sutures by the operating oral surgeon/dentist;

• Services or supplies furnished free of charge by any governmental body;

• Postage;

• Telephone calls;

• Filing of MO HealthNet, Medicare or private health insurance claims;

• Canceled or “no show” dental appointments.

The following are noncovered services:

• Routine check-ups and follow-up care associated with placement of orthodontic appliances, which are non-covered. (If orthodontic treatment is approved as an HCY [EPSDT] exception, follow-up care is *nonallowable,* as it is included in the reimbursement for the specific treatment and is *not* separately billable as office/outpatient visits);

• Cosmetic oral surgeries;

- Other preventive services, such as dietary planning, oral hygiene instruction and training in preventive dental care;
- Preparation of special reports sent to insurance companies.