



Rules of
Department of Social Services
Division 70—Division of Medical Services
Chapter 35—Dental Program

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**Title 13—DEPARTMENT OF
SOCIAL SERVICES**

**Division 70—Division of Medical
Services**

Chapter 35—Dental Program

**13 CSR 70-35.010 Dental Benefits and
Limitations, Medicaid Program**

PURPOSE: This rule describes the dental services for which the Division of Medical Services shall pay when the service is provided to an eligible assistance recipient, the service is provided by a licensed dentist, licensed dental hygienist, or licensed and certified dental specialist who has entered into an agreement for that purpose with the division and the service is listed as a covered item in the Medicaid Dental Manual sponsored by the division. The Medicaid Dental Manual describes the dental services which shall be paid under limitations and those which shall not be paid under present conditions.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The Missouri Medicaid dental program shall be administered by the Division of Medical Services, Department of Social Services. The dental services covered and not covered, the limitations under which services are covered and the maximum allowable fees for all covered services shall be determined by the Division of Medical Services and shall be included in the *Medicaid Dental Provider Manual*, which is incorporated by reference and made part of this rule as published by the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65102, at its website at www.dss.mo.gov/dms, July 15, 2005. This rule does not incorporate any subsequent amendments or additions. Dental services covered by the Missouri Medicaid program shall include only those which are clearly shown to be medically necessary. The division reserves the right to effect changes in services, limitations and fees with proper notification to Medicaid dental providers.

(2) Provider Participation. A dentist shall be licensed by the dental board of the state in which s/he is practicing and shall have signed a participation agreement to provide dental services under the Missouri Medicaid program. An oral surgeon or other dentist specialist shall be licensed in his/her specialty area by the dental board of the state in which s/he is practicing. In those states not having a specialty licensure requirement, the dentist specialist shall be a graduate of and hold a certificate from a graduate training program in that specialty in an accredited dental school. In either case, the dental specialist shall have signed a participation agreement to provide dental services under the Missouri Medicaid program. A dental hygienist shall be licensed by the dental board of the state for at least three (3) consecutive years and practicing in a public health setting to provide fluoride treatments, teeth cleaning and sealants to Medicaid/MC+ eligible children ages zero (0) to twenty (20).

(3) Recipient Eligibility. The Medicaid dental provider shall ascertain the patient's Medicaid status before any service is performed. The recipient's Medicaid/MC+ eligibility is determined by the Family Support Division. The recipient's eligibility shall be verified from a current Medicaid/MC+ identification card or a letter of new approval in the recipient's possession. The patient must be a Medicaid eligible recipient under the Missouri Medicaid/MC+ program on the date the service is performed. The Division of Medical Services is not allowed to pay for any service to a patient who is not eligible under the Missouri Medicaid/MC+ program.

(A) Medicaid reimbursement of dental services shall be limited to Medicaid eligible needy children or persons receiving Medicaid under a category of assistance for pregnant women or the blind.

(B) Medicaid recipients living in a nursing facility will not experience dental service reductions. Nursing facility level of care must be indicated on the Medicaid eligibility file. When providing dental services to a recipient who is living in a nursing facility providers should continue to submit claims to Missouri Medicaid. Medicaid eligible nursing facility residents will have payments for dental care adjudicated through the Medicaid claims payment system.

(C) For all other eligibility categories of Medicaid assistance dental services will only be reimbursed if the dental care is related to trauma of the mouth, jaw, teeth, or other contiguous sites as a result of injury or for treatment of a disease/medical condition without

which the health of the individual would be adversely affected.

1. Reimbursement for dental care shall be limited to those procedure codes listed at section (19) subsection (3) of the *Medicaid Dental Provider Manual* which may be referenced at www.dss.mo.gov/dms; or

2. Prior authorization by the Division of Medical Services is required for dental care related to trauma of the mouth, jaw, teeth, or other contiguous sites as a result of injury or for treatment of a disease/medical condition without which the health of the individual would be adversely affected if that care is not listed at section (19) subsection (3) of the *Medicaid Dental Provider Manual*.

(4) Prior Authorization. When prior authorization is required, the form provided by the Division of Medical Services or its contracted agent shall be used. The dental service shall not be started until written approval has been received. Telephone approval shall not be given. Prior authorization shall be effective for a period of one hundred twenty (120) days from the date of written approval. Prior authorization approves the medical necessity of the requested dental service. It shall not guarantee payment for that service as the patient must be a Medicaid eligible recipient on the date the service is performed. The division reserves the right to request documentation regarding any specific request for prior authorization.

(5) Services, Covered and Noncovered. The *Medicaid Dental Manual* shall provide the detailed listing of procedure codes and pricing information for services covered by the Missouri Medicaid Dental Program.

(6) General Regulations. General regulations of the Missouri Medicaid program apply to the dental program.

(7) Records Retention. The enrolled Medicaid dental provider shall agree to keep any records necessary to disclose the extent of services the provider furnishes to recipients. These records must be retained for five (5) years from the date of service. Fiscal and medical records coincide with and fully document services billed to the Medicaid agency. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal or retain adequate documentation for services billed to the Medicaid program, as specified above, is a violation of this regulation.



*AUTHORITY: sections 208.152, RSMo Supp. 2004, 208.153, and 208.201, RSMo 2000, and Senate Substitute for Senate Bill 539 enacted by the 93rd General Assembly, 2005. * This rule was previously filed as 13 CSR 40-81.040. Original rule filed Jan. 21, 1964, effective Jan. 31, 1964. Amended: Filed March 30, 1964, effective April 9, 1964. Amended: Filed April 27, 1965, effective May 7, 1965. Amended: Filed Dec. 7, 1966, effective Dec. 17, 1966. Amended: Filed Oct. 13, 1967, effective Oct. 23, 1967. Amended: Filed Jan. 22, 1968, effective Feb. 1, 1968. Amended: Filed Aug. 24, 1968, effective Sept. 3, 1968. Amended: Filed April 16, 1970, effective April 26, 1970. Amended: Filed Feb. 16, 1971, effective Feb. 26, 1971. Amended: Filed Jan. 3, 1973, effective Jan. 13, 1973. Amended: Filed Feb. 6, 1975, effective Feb. 16, 1975. Amended: Filed July 9, 1976, effective Oct. 11, 1976. Amended: Filed Feb. 7, 1977, effective May 11, 1977. Amended: Filed Nov. 14, 1977, effective Feb. 11, 1978. Emergency rescission filed June 14, 1979, effective July 31, 1979, expired Sept. 13, 1979. Emergency rule filed June 14, 1979, effective Aug. 1, 1979, expired Sept. 13, 1979. Rescinded and readopted: Filed June 14, 1979, effective Sept. 14, 1979. Emergency amendment filed April 10, 1981, effective April 20, 1981, expired July 10, 1981. Amended: Filed April 10, 1981, effective July 11, 1981. Emergency amendment filed Sept. 18, 1981, effective Oct. 1, 1981, expired Jan. 13, 1982. Amended: Filed Sept. 18, 1981, effective Jan. 14, 1982. Amended: Filed July 15, 1991, effective Nov. 30, 1991. Amended: Filed Aug. 14, 1992, effective Feb. 26, 1993. Emergency amendment filed June 27, 2002, effective July 7, 2002, terminated Dec. 17, 2002. Emergency amendment filed Aug. 19, 2005, effective Sept. 1, 2005, expired Feb. 27, 2006. Amended: Filed June 15, 2005, effective Jan. 30, 2006.*

**Original authority: 208.152, RSMo 1967, amended 1969, 1971, 1972, 1973, 1975, 1977, 1978, 1981, 1986, 1988, 1990, 1992, 1993, 2004, 2005; 208.153, RSMo 1967, amended 1973, 1989, 1990, 1991; and 208.201, RSMo 1987.*