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.

PUBLISHERS 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.

(4) Prior Authorization. When prior authorization is required, the form provided by the Division of Medical Services or its contractually required 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.