

State of Mississippi
DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE
AND SERVICES PROVIDED

10. Dental Services

The Division of Medicaid requires prior authorization for certain medically necessary dental services in an office setting and all dental services provided in an outpatient hospital setting by the Division of Medicaid's Utilization Review/Quality Improvement Organization (UM/QIO) or a contracted Coordinated Care Organization's (CCO's) UM/QIO for all beneficiaries except for emergencies.

The Division of Medicaid covers medically necessary dental services for non-Early and Period Screening, Diagnostic and Treatment (EPSDT)-eligible beneficiaries that:

- a) Are an adjunct to treatment of an acute medical or surgical condition,
- b) Include dental services and procedures performed in connection with surgeries related to the jaw or any structure contiguous to the jaw or the reduction of any fracture of the jaw or any facial bone, and
- c) Include emergency dental extractions and treatment.

The Division of Medicaid covers medically necessary dental services for EPSDT-eligible beneficiaries including:

- a) Diagnostic,
- b) Preventive,
- c) Therapeutic,
- d) Emergency, and
- e) Orthodontic.

Dental Benefit Limits:

For dates of service beginning July 1, 2007, dental services (except orthodontia) are limited to \$2,500 per beneficiary per fiscal year. Additional dental services in excess of the \$2,500 annual limit may be provided with prior authorization from the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO.

Orthodontic Services:

Orthodontic services are covered when medically necessary and prior authorized by the Division of Medicaid or designated entity for EPSDT-eligible beneficiaries. Orthodontia-related services are limited to \$4,620 per beneficiary per lifetime. Additional dental services in excess of the \$4,620 lifetime limit may be provided with prior authorization from the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO.

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Dentures:

Dentures are covered when medically necessary and prior authorized by the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO for EPSDT-eligible beneficiaries.

State of Mississippi
Methods and Standards For Establishing Payment Rates-Other Types of Care

Dental and Orthodontic Services - Payment for dental services is the lesser of:

1. The provider's usual and customary charge,
2. A fee from the Mississippi Medicaid statewide uniform dental fee schedule in effect July 1, 2018.
3. The fiftieth (50th) percentile fee reflected in the 2019 National Dental Advisory Service (NDAS) Fee Report, or
4. The fiftieth (50th) percentile fee reflected in the most current NDAS Fee Report for any new dental or orthodontic services not previously priced.

Once a dental or orthodontic service has been assigned a fee using the methodology above, that dental or orthodontic service will not be repriced. When a dental or orthodontic services Current Dental Terminology (CDT) code is discontinued and replaced with a new CDT code, the new CDT code will not be repriced. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. Diagnostic and preventative services reimbursement rates will increase in each of the SFY 2022, 2023 and 2024 by five percent (5%) above the amount of the reimbursement rate for the previous state fiscal year (SFY). Restorative dental services reimbursement rates will be increased by five percent (5%) of the previous year's rate for SFYs 2023, 2024, and 2025. Effective October 1, 2023, orthodontic services reimbursement rates will be increased by ten percent (10%).

Medically necessary dental services for EPSDT-eligible beneficiaries which exceed the scope for Medicaid beneficiaries as covered in this Plan are reimbursed according to the methodology in the above paragraphs.