
**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED CATEGORICALLY NEEDY**

10. Dental Services

Dental ~~coverage is limited to medically necessary extractions~~ services for adults age 21 and over are described below and may require prior authorization:

- a. Diagnostic:
 1. Examinations
 2. X-Rays
- b. Preventive:
 1. Dental Cleanings
 2. Fluoride
- c. Restorative: Dental Fillings
- d. Non-surgical Periodontal Therapy: Scaling and Root Planing
- e. Removable Prosthetics:
 1. Dentures
 2. Partial Dentures
- f. Medically Necessary Extractions

~~Effective July 1, 2014, payment is no longer made for dental services for pregnant women.~~

For the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) population ~~of all Medicaid eligible children under the age of 24,~~ dental services are furnished based on medical necessity: refer to Attachment 3.1-A, EPSDT section 5 on Page 1a-6.2.

Revised ~~09-01-20~~ 07-01-21TN# 21-0029

Approval Date _____

Effective Date 07-01-2021Supersedes TN# 20-0022