

9. Clinic services are subject to the same limitations listed elsewhere in this Attachment, e.g., limits on prescriptions and physician office visits.

10. Dental services for individuals 21 years of age and older are limited to emergency and palliative treatment, dentures, and fillings and crowns restricted to abutment (anchor) teeth for partial dentures. ~~are limited to emergency care only.~~ No prior authorization is necessary for most oral and maxillofacial surgery services under Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) and for persons 21 years of age and older if the service is considered an emergency extraction or palliative care. ~~Requirements for prior authorization for oral surgery are specified in the Medicaid Services Manual, Chapter 1000, Addendum A.~~ For those individuals referred for diagnosis/treatment under EPSDT ~~the Early Periodic Screening, Diagnosis and Treatment Program~~ dental services are not so limited, and the full range of dental care is provided without authorization. Orthodontics through EPSDT require prior authorization. For extended services for pregnant women, see Attachment 3.1-A page 8b of the State Plan

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