

Title 23: Division of Medicaid

Part 204: Dental Services

Chapter 1: General

Rule 1.11: Dental Services Provided at a Hospital and Ambulatory Surgical Center (ASC)

A. The Division of Medicaid covers medically necessary dental treatment in the outpatient hospital or Ambulatory Surgical Center (ASC) setting when:

1. Quality, safe, and effective treatment cannot be provided in an office setting or is not medically necessary for inpatient hospitalization, and
2. Prior authorized by a Utilization Management/Quality Improvement Organization (UM/QIO), Division of Medicaid, or designee for certain procedures.

B. The Division of Medicaid covers medically necessary dental treatment in the inpatient hospital setting when:

1. The beneficiary's age, medical or psychological needs, and the extent of treatment necessitate hospitalization, and
2. Prior authorized by a UM/QIO, the Division of Medicaid or designee.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 09/01/2015.

Title 23: Division of Medicaid

Part 204: Dental Services

Chapter 1: General

Rule 1.11: Dental Services Provided at a Hospital and Ambulatory Surgical Center (ASC)

AB. The Division of Medicaid covers medically necessary dental treatment in the inpatient hospitalization setting for dental treatment when:

1. The beneficiary's age, medical or ~~mental problems~~ psychological needs, and/or the extent of treatment necessitate hospitalization, and:

~~1. Consideration is given in cases of traumatic accidents and extenuating circumstances.~~

2. ~~Inpatient hospitalization must be certified~~ Prior authorized by the a UM/QIO, the Division of Medicaid or designee.

BA. The Division of Medicaid covers medically necessary dental treatment in the outpatient hospital setting or Ambulatory Surgical Center (ASC) setting only when there is no other alternative to provide

1. ~~Quality, safe, and effective treatment for the beneficiary cannot be provided in an office setting or is not medically necessary for inpatient hospitalization, and~~

2. Prior authorized by a Utilization Management/Quality Improvement Organization (UM/QIO), Division of Medicaid, or designee for certain procedures.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 09/01/2015.