

**Title 23: Division of Medicaid**

**Part 204: Dental Services**

**Chapter 1: General**

*Rule 1.11: Dental Services Provided in the Hospital or Ambulatory Surgical Center (ASC) Setting*

- A. The Division of Medicaid covers medically necessary dental treatment in the outpatient hospital or Ambulatory Surgical Center (ASC) setting when all the following are met:
  - 1. Quality, safe, and effective treatment cannot be provided in an office setting,
  - 2. Inpatient hospitalization is not medically necessary, [Refer to Miss. Admin. Code Part 204, Rule 1.11.B.] and
  - 3. Certain dental procedures have been prior authorized by the Division of Medicaid or designee.
- 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 the Division of Medicaid or designee.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 10/01/2019; Revised eff. 12/01/2018; Revised eff. 09/01/2015.

*Rule 1.18: Dental Reimbursement*

- A. The Division of Medicaid reimburses dental providers based on a statewide uniform fee schedule.
- B. Dental providers must bill the procedure code that accurately reflects the services rendered as follows:
  - 1. Dental procedures performed by a Mississippi licensed dentist must be billed with a Code on Dental Procedures and Nomenclature (CDT).
  - 2. Dental procedures performed by a Mississippi licensed dentist who is also a Mississippi licensed physician can bill either a CDT code or a Current Procedural Terminology (CPT) code.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule eff. 10/01/2019.