

**Title 23: Division of Medicaid**

**Part 202: Hospital Services**

**Chapter 5: Hospital Procedures**

*Rule 5.7: Dental Services Provided in a Hospital Setting*

- A. The Division of Medicaid covers medically necessary dental treatment in the outpatient hospital 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/or the extent of treatment necessitate hospitalization, and
  - 2. Prior authorized by the Division of Medicaid or designee.
  
- C. Hospital 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.