

8. Private Duty Nursing Services

Private duty nursing services which are covered are those provided by a registered or licensed practical nurse under the order and general direction of the patient’s physician to a patient only in his place of residence, not a long term care facility. Prior authorization is required every sixty (60) days from the Department.

9. Clinic Services

Out-of-state clinic services require prior authorization from the Department. Such payment authorization may be given only if substantiated by the attending physician's statement of medical necessity.

10. Dental Services

Recipients under age 21

Treatment covered for recipients under 21 includes: (a) prophylaxis every 150 days, (b) restorative treatment, (c) periodic examinations, no more frequently than every ~~one hundred fifty~~150 days, unless they are medically necessary to diagnose an illness or condition, (d) vital pulpotomy, (e) extractions of symptomatic teeth associated with diagnosed pathology as documented in the provider's treatment record, (f) extractions of asymptomatic teeth subject to prior authorization, with the exception of third molars ~~for which the prior authorization requirement is suspended through May 31, 2015~~, (g) extractions of third molars associated with diagnosed pathology as documented in the provider's treatment record, and subject to prior authorization, ~~except that the prior authorization requirement is suspended through May 31, 2015~~, (h) general anesthesia and nitrous oxide analgesia (i) orthodontic therapy subject to prior authorization, (j) x-rays including complete or panoramic every 5 years, bitewings every 12 months if medically necessary, and all types regardless of limits if required to complete a differential diagnosis, (k) palliative treatment, (l) removable prosthetic replacement of permanent teeth, subject to prior authorization, (m) topical fluoride treatment two times/year, (n) endodontia, including root canal therapy, (o) crowns, (p) periodontic treatment limited to prophylaxis, scaling, and root planing, (q) sealants for permanent and deciduous molars every 5 years, (r) surgical periodontal treatment subject to prior authorization, and (s) any other services that meet EPSDT medical necessity criteria as determined by the Department. Any limits to services do not apply to EPSDT recipients as long as medical necessity criteria as determined by the Department have been met.

Prior authorization from the Department is also required for (a) orthodontic therapy considered under the EPSDT medical necessity provisions, and (b) services not listed but identified in an EPSDT screening. Prior authorization for all orthodontic therapy is granted based upon substantiation of the meeting of conditions specified by the Department. Orthodontic therapy is covered only until the recipient reaches the age of 21.

Recipients age 21 and older

~~Dental services~~Treatment covered for recipients 21 and ~~over older for the treatment for relief of acute pain or elimination of acute infection are:~~ (a) palliative treatment, (b) extraction of the causative tooth or teeth, (c) treatment of severe trauma, (d) surgical procedures performed in a hospital, and (e) x rays for areas described above; includes: (a) diagnostic and preventive dental services, including an annual comprehensive oral examination, necessary X-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior management and smoking cessation counseling; (b) comprehensive restorative treatment; (c) oral surgery and treatment necessary to relieve pain, eliminate infection, or prevent imminent tooth loss. The individual benefit shall be capped at \$1,500 per year, excluding preventive services.

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