

**South Carolina**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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January 31, 2011

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## MEDICAID BULLETIN

**TO:           Providers Indicated**

**SUBJECT:   Discontinuation of Coverage for Adult Dental Services**

In a Medicaid Bulletin dated December 14, 2010, the South Carolina Department of Health and Human Services (SCDHHS) communicated upcoming reductions to adult dental services. The purpose of this bulletin is to clarify policy changes to these reductions. Effective with dates of service on and after February 1, 2011, SCDHHS will discontinue coverage of adult dental services except when the following medical reasons are documented.

**I. Exceptions to Reductions**

Dental procedures listed in Exhibit B of the DentaQuest Office Reference Manual (ORM) performed for the following medical reasons will be considered for payment:

- Organ Transplants
- Oncology
  - Radiation of the head and/or neck for cancer treatment
  - Chemotherapy for cancer treatment
- Total Joint Replacement
- Heart Valve Replacement
- Trauma Treatment

**II. Criteria for Coverage of Service Exceptions**

- Covered services are limited to dental procedures required for the treatment of the service exceptions listed above.
- The treating medical specialist must request the dental procedure(s) to be performed.
- The dental provider must determine medical necessity for the course of treatment for the requested procedure(s).
- Trauma treatment is limited to procedures performed in a hospital or similar setting, such as an ambulatory surgical center or emergency care unit.

**III. Criteria for Claims Submission**

- All claims submitted for the treatment of the exceptions listed above will be reviewed by DentaQuest prior to payment. A Prior Authorization is not required for these procedures.

- Appropriate documentation from the treating medical specialist indicating treatment for one or more of the exceptions listed above must be submitted with the claim.
- Appropriate documentation from the dental provider regarding medical necessity for the dental procedure(s) must be submitted with the claim. The DentaQuest Office Reference Manual (ORM) identifies the required documentation for each procedure code.
- Claims for the treatment of the exceptions listed above must contain the words "**Medical Condition**" in the notes field on the ADA claim form (field #35) or the CMS 1500 claim form (field #19).

Adult beneficiaries enrolled in the Mental Retardation and Related Disabilities (MR/RD) waiver are not affected by any of these reductions. Additionally, any outstanding Prior Authorizations for a beneficiary will expire on April 29, 2011.

Your continued support of the South Carolina Medicaid Program is appreciated. Please refer any questions or concerns regarding this bulletin to the SCDHHS Dental Services Staff at (803) 898-2568.

/S/  
Anthony E. Keck  
Director

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