

Missouri Medicaid Information

The following information is drawn from the 2017 STATE OF MISSOURI DENTAL MANUAL. For additional information, please see the complete manual at http://manuals.momed.com/collections/collection_den/print.pdf

9.11 PERIODICITY SCHEDULE FOR HCY (EPSDT) SCREENING SERVICES

DENTAL SCREENING SCHEDULE • Twice a year from age 6 months to 21 years.

12.2 DENTAL SERVICES

Reimbursement for dental services is made on a fee-for-service basis. The maximum allowable fee for a unit of service has been determined by the State Agency to be a reasonable fee, consistent with efficiency, economy, and quality of care. Payment for covered services is the lower of the provider's actual billed charge (should be the provider's usual and customary charge to the general public for the service), or the maximum allowable per unit of service.

12.3 ON-LINE FEE SCHEDULE MO

HealthNet fee schedules through the MO HealthNet Division are available at <http://www.dss.mo.gov/mhd/providers/index.htm>. The on-line fee schedule identifies covered and noncovered procedure codes, restrictions, allowed units and the MO HealthNet allowable fee per unit. The on-line fee schedule is updated quarterly and is intended as a reference not a guarantee for payment.

13.1 DENTAL SERVICES

Dental services covered by the MO HealthNet program shall only include those which are clearly shown to be medically necessary. Children under 21 years of age and participants in a category of assistance for pregnant women, the blind or vendor nursing facility residents are eligible for the complete dental benefit.