



State of New Mexico
Human Services Department
Human Services Register



I. DEPARTMENT
NEW MEXICO HUMAN SERVICES DEPARTMENT

II. SUBJECT
DENTAL SERVICES

III. PROGRAM AFFECTED
(TITLE XIX) MEDICAID

IV. ACTION
PROPOSED REGULATIONS

V. BACKGROUND SUMMARY

The Human Services Department, Medical Assistance Division is proposing to make the following amendments to the dental program policy:

To allow for one additional clinical oral examination by a second dental provider for recipients under twenty-one (21) years of age, assuring access to needed dental services for low-income children.

To allow for one oral prophylaxis service per recipient every six (6) months for recipients twenty-one (21) years of age or older who have developmental disabilities. This would have the effect of increasing the number of individuals with special needs who are able to receive preventive dental services.

VI. REGULATIONS

These proposed policy changes refer to 8.310.7 NMAC of the Medical Assistance Program Manual. This register and the proposed changes are available on the Medical Assistance Division web site at www.state.nm.us/hsd/mad/register . If you do not have Internet access, a copy of the regulations may be requested by contacting the Medical Assistance Division at 827-3156.

VII. EFFECTIVE DATE

The Department proposes to implement these regulations effective November 1, 2006.

VIII. PUBLIC HEARING

A public hearing to receive testimony on these proposed regulations will be held at 10:00 a.m., on September 14, 2006, in the State Personnel building, large conference room, Room 230, at 2600 Cerrillos Road, Santa Fe, New Mexico. Parking accessible to persons with physical impairments will be available.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact the Division toll free at 1-888-997-2583 and ask for extension 7-3156. In Santa Fe, call 827-3156. To access the Department's TDD system, please call 1-800-659-8331. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

IX. ADDRESS

Interested persons may address written or recorded comments to:

Pamela S. Hyde, J.D., Secretary
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5:00 p.m., on September 14, 2006. Written and recorded comments will be given the same consideration as oral comments made at the public hearing.

X. PUBLICATIONS

Publication of these regulations approved by:

PAMELA S. HYDE, J.D., SECRETARY
HUMAN SERVICES DEPARTMENT

TITLE 8 SOCIAL SERVICES
CHAPTER 310 HEALTH CARE PROFESSIONAL SERVICES
PART 7 DENTAL SERVICES

8.310.7.10 ELIGIBLE PROVIDERS:

A. Upon approval of New Mexico medical assistance program provider participation agreements by the New Mexico human services department, medical assistance division [~~MAD~~] (HSD/MAD) or its designee, individuals and those in professional corporations, associations or other types of group dental practices licensed to practice dentistry are eligible to participate as medicaid dental providers.

(1) Dental hygienists certified for collaborative practice as defined by NMSA 1978 Section 61-5A-4(D&E) may be enrolled to provide any of those services specified for collaborative practice dental hygienists in 8.310.7.12 NMAC.

(2) Certified collaborative practice dental hygienists must be in good standing with the New Mexico board of dental health care and the New Mexico dental hygienist committee and must reverify their certificate with the New Mexico board of dental health care annually.

B. Once enrolled, providers receive a packet of information, including medicaid program policies, billing instructions, utilization review instructions, and other pertinent material from [~~MAD~~] HSD/MAD or its designee. Providers are responsible for ensuring that they have received these materials and for updating them as new materials are received from [~~MAD~~] HSD/MAD or its designee.

[2/1/95; 8.310.7.10 NMAC - Rn, 8 NMAC 4.MAD.716.1 & A, 10/1/02; new]

8.310.7.12 COVERED SERVICES AND SERVICE LIMITATIONS: Medicaid covers the following types of dental services with the specified limitations.

A. **Emergency services:** Medicaid covers emergency care for all eligible recipients. "Emergency" care is defined as services furnished when immediate treatment is required to control hemorrhage, relieve pain or eliminate acute infection. Care includes operative procedures necessary to prevent pulpal death and the imminent loss of teeth, and treatment of injuries to the teeth or supporting structures, such as bone or soft tissue contiguous to the teeth.

(1) Routine restorative procedures and root canal therapy are not emergency procedures.

(2) Prior [~~approval~~] authorization requirements are waived for emergency care, but the claims can be reviewed prior to payment to confirm that an actual emergency existed at the time of service.

B. **Diagnostic services:** Medicaid coverage for diagnostic services is limited to the following:

(1) For recipients under twenty-one (21) years of age, diagnostic services are limited to one clinical oral examination every six (6) months. Medicaid covers one additional clinical oral examination by a second dental provider for recipients under twenty-one (21) years of age. For recipients twenty-one (21) years of age and over, coverage is limited to one clinical oral examination per year; and

(2) Medicaid covers emergency oral examinations which are performed as part of an emergency service to relieve pain and suffering; and

C. **Radiology services:** Medicaid coverage of radiology services is limited to the following:

(1) One (1) intraoral complete series every three (3) years per recipient. This series includes bitewing x-rays. *Collaborative practice dental hygienists may provide this service.*

(2) Additional bitewing x-rays once every twelve (12) months per recipient. *Collaborative practice dental hygienists may provide this service.*

(3) Panoramic films performed can be substituted for an intraoral-complete series, which is limited to one every three (3) years per recipient. *Collaborative practice dental hygienists may provide this service.*

D. **Preventive services:** Medicaid coverage of preventive services is subject to certain limitations.

(1) **Prophylaxis:** Medicaid covers one prophylaxis service per recipient [~~per provider~~] every six (6) months for recipients under twenty-one (21) years of age. For recipients twenty-one (21) years of age or older, medicaid covers one prophylaxis per recipient per year. Medicaid covers one prophylaxis service per recipient every six (6) months for recipients twenty-one (21) years of age or older who have developmental disabilities as defined in 8.314.5.12 NMAC, Eligible Recipients. *Collaborative practice dental hygienists may provide this service after diagnosis by a dentist.*

(2) **Fluoride treatment:** Medicaid covers one fluoride treatment per recipient per provider every six (6) months furnished in the office to recipients under twenty-one (21) years of age. For recipients twenty-one (21)

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years of age or older, medicaid does not reimburse providers for fluoride treatments unless it is deemed medically necessary by MAD or its designee. *Collaborative practice dental hygienists may provide this service.*

(3) **Molar sealants:** Medicaid only covers sealants for permanent molars for recipients under twenty-one (21) years of age. Each eligible recipient can receive one treatment per tooth every five (5) years. Medicaid does not cover sealants when an occlusal restoration has been completed on the tooth. Replacement of a sealant within the five (5)-year periods requires prior ~~[approval]~~ authorization. *Collaborative practice dental hygienists may provide this service after diagnosis by a dentist.*

(4) **Space maintenance:** Medicaid covers fixed unilateral and fixed bilateral space maintainers (passive appliances).

E. **Restorative services:** Medicaid covers the following restorative services:

- (1) amalgam restorations (including polishing) on permanent and deciduous teeth;
- (2) resin restorations for anterior and posterior teeth;
- (3) one prefabricated stainless steel crown per permanent or deciduous tooth;
- (4) one prefabricated resin crown per permanent or deciduous tooth; and
- (5) one recementation of a crown or inlay.

F. **Endodontic services:** Medicaid covers therapeutic pulpotomy for recipients under twenty-one (21) years of age if performed on a primary or permanent tooth and no periapical lesion is present on a radiograph.

G. **Periodontic services:** Medicaid covers certain periodontics surgical, non-surgical and other periodontics services subject to certain limitations:

- (1) collaborative practice dental hygienists may provide periodontal scaling and root planning, per quadrant after diagnosis by a dentist; and
- (2) collaborative practice dental hygienists may provide periodontal maintenance procedures with prior authorization.

H. **Removable prosthodontic services:** Medicaid covers two denture adjustments per calendar year per recipient. Medicaid also covers repairs to complete and partial dentures.

I. **Fixed prosthodontic services:** Medicaid covers one recementation of a fixed bridge.

J. **Oral surgery services:** Medicaid covers the following oral surgery services:

- (1) **Simple and surgical extractions for all recipients:** Coverage includes local anesthesia and routine post-operative care; "erupted surgical extractions" are defined as extractions requiring elevation of mucoperiosteal flap and removal of bone, and/or section of tooth and closure.
- (2) Autogenous tooth reimplantation of a permanent tooth for recipients under twenty-one (21) years of age; and
- (3) Incision and drainage of an abscess for all recipients.

K. **Adjunctive general services:** Medicaid covers emergency palliative treatment of dental pain for all recipients. Medicaid covers general anesthesia and intravenous sedation for medicaid recipients. Documentation of medical necessity must be available for review by MAD or its designee. Medicaid covers nitrous oxide analgesia for recipients under twenty-one (21) years of age.

[2/1/95; 8.310.7.12 NMAC - Rn, 8 NMAC 4.MAD.716.3 & A. 10/1/02; A, 7/1/04; new]

8.310.7.13 PRIOR ~~[APPROVAL]~~ AUTHORIZATION AND UTILIZATION REVIEW: Dental services are subject to utilization review for medical necessity and program compliance. These reviews can be performed before services are furnished, after services are furnished and before payment is made, after payment is made, or at any point in the service or payment process. See Part 8.302.5 NMAC, *Prior ~~[Approval]~~ Authorization and Utilization Review*. Once enrolled, providers receive utilization review instructions and documentation forms which assist in the receipt of prior ~~[approval]~~ authorization and claims processing from HSD/MAD or its designee.

A. **Prior ~~[approval]~~ authorization:** Medicaid covers certain services, including some diagnostic, preventive, restorative, endodontic, periodontic, removable prosthodontics, maxillofacial prosthetic, oral surgery, and orthodontic services only when prior ~~[approval]~~ authorization is received from MAD or its designee. Medicaid covers medically necessary orthodontic services to treat handicapping malocclusions for recipients under twenty-one (21) years of age with prior ~~[approval]~~ authorization.

B. **Eligibility determination:** Prior ~~[approval]~~ authorization of services does not guarantee that individuals are eligible for medicaid. Dental providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance.

C. **Reconsideration:** Providers or recipients who are dissatisfied with a utilization review decision or action can request a re-review and a reconsideration. See Part 8.350.2 NMAC, *Reconsideration of Utilization*

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Review Decisions.

[2/1/95; 8.310.7.13 NMAC - Rn, 8 NMAC 4.MAD.716.4, 10/1/02; A, 7/1/04; new]

8.310.7.14 HOSPITAL CARE: Medicaid covers dental services normally furnished in an office setting if they are performed in an inpatient hospital setting only with prior ~~[approval]~~ authorization, unless one (1) of the following conditions exist:

- A. the recipient is under twenty-one (21) years of age; or
- B. the recipient has a documented medical condition for which hospitalization for even a minor procedure is medically justified;
- C. any service which requires prior ~~[approval]~~ authorization in an outpatient setting must be prior ~~[approved]~~ authorized if performed in an inpatient hospital.

[2/1/95; 8.310.7.14 NMAC - Rn, 8 NMAC 4.MAD.716.5, 10/1/02; new]

8.310.7.17 REIMBURSEMENT:

A. Dental providers must submit claims for reimbursement on the dental claim form. See Part 8.302.2 NMAC, *Billing for Medicaid Services*. Upon enrolled, providers receive information on billing, documentation requirements, and claims processing from HSD/MAD or its designee.

- B. Reimbursement for dental covered services is made at the lesser of the following:
 - (1) the provider's billed charge; or
 - (2) the MAD fee schedule for the specific service or procedure;
 - (3) the provider's billed charge must be their usual and customary charge for services;
 - (4) "usual and customary charge" refers to the amount which the individual provider charges the general public in the majority of cases for a specific procedure or service.

[2/1/95; 8.310.7.17 NMAC - Rn, 8 NMAC 4.MAD.716.8, 10/1/02; new]