

**BASIC PLAN  
(For Low-Income Children and Working-Age Adults)  
BENCHMARK BENEFIT PACKAGE**

limitations of practice imposed by state law, and according to applicable Department rules.

**Dentures.** Dentures for the purpose of restoring oral form and function due to loss of permanent teeth that would result in significant occlusal dysfunction are only covered for children through the month of their twenty-first (21st) birthday, and pregnant women when medically necessary.

**Limitations.** The following service limitations apply to the Basic Benchmark Benefit Package covered under the State plan.

Elective medical and surgical dental services are excluded from payment unless prior approved by the Department or its authorized agent.

**Excluded Services.** The following dental services are excluded from the Basic Benchmark Benefit Package covered under the State plan.

Non-medically necessary cosmetic services are excluded from payment.

Drugs supplied to dental patients for self-administration other than those allowed by applicable Department rules are excluded from payment.

The Department may require prior approval for specific dental procedures to prevent utilization of services that are not medically necessary or that do not meet EPSDT requirements.

### 3.Q.2 Other Dental Care

The Basic Benchmark Benefit Package includes Other Dental Care permitted under sections 1905(a)(10) and 1905(a)(6) of the Social Security Act. These services include professional dental services that are provided by a licensed dentist or denturist as described in the contractor's Office Reference Manual (ORM). Specific services for children are listed by CDT codes in the contractor's ORM. Specific services for adults (persons who are past the month of their 21<sup>st</sup> birthday) and who are not pregnant are limited to emergency dental services only, which are listed by CDT code in the Contractor's ORM.

Services for Pregnant Women will not change regardless of age or eligibility category.

The Department will provide dental services for children through the month of their twenty-first (21st) birthday including diagnostic, preventative, restorative, periodontics, prosthodontics, oral surgery, and adjunctive treatment. In addition, children may also receive orthodontics, root canals, crowns, bridges and any other dental services that are considered medically necessary under EPSDT guidelines. EPSDT services include dental services as recommended by the American Academy of Pediatric Dentistry's periodicity schedule.

**Limitations.** The following service limitations apply to the Basic Benchmark Benefit Package covered under the State Plan.

- The Department may require dental care done in an inpatient or outpatient location to be prior approved by the Department or its authorized agent.

**Exclusions.** The following non-medically necessary cosmetic services are excluded from payment under the Enhanced Benchmark Benefit Package covered under the State Plan: Drugs supplied to dental patients for self-administration other than those allowed by applicable Department rules.

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- Non-medically necessary cosmetic services are excluded from payment.

The Department may require prior approval for specific dental procedures to prevent utilization of services that are not medically necessary or that do not meet EPSDT requirements.

Individuals under twenty-one (21) years of age pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department.

**ENHANCED PLAN**  
**(For Individuals with Disabilities, Including Elders, or Special Health Needs)**  
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**3.Q DENTAL SERVICES**

**3.Q.1 Medical/Surgical and Dental Services**

The Enhanced Benchmark Benefit Package includes medically necessary **dental benefits** as permitted under sections 1905(a)(10) of the Social Security Act (and medical and surgical services furnished by a dentist as permitted under section 1905(a)(5)(b)., subject to the limitations of practice imposed by state law, and according to applicable Department rules.

Individuals under twenty-one (21) years of age pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department or its representative.

**Dentures.** Dentures for the purpose of restoring oral form and function due to loss of permanent teeth that would result in significant occlusal dysfunction are only covered for children through the month of their twenty-first (21st) birthday, and pregnant women when medically necessary.

**Limitations.** The following service limitations apply to the Basic Benchmark Benefit Package covered under the State plan.

The Department may require prior approval for specific dental procedures to prevent utilization of services that are not medically necessary or that do not meet EPSDT requirements.

**Excluded Services.** The following dental services are excluded from the Basic Benchmark Benefit Package covered under the State plan.

Non-medically necessary cosmetic services are excluded from payment.

Drugs supplied to dental patients for self-administration other than those allowed by applicable Department rules are excluded from payment.

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**3.Q.2 Other Dental Care**

The Enhanced Benchmark Benefit Package includes **Other Dental Care** permitted under sections 1905(a)(10), 1905(a)(6) and 2110(a)(17) of the Social Security Act. These services include professional dental services provided by a licensed dentist or denturist as described **in the Contractor's Office Reference Manual (ORM)**. **Specific Services for children are listed by CDT in the Contractor's ORM.**

The Department will provide dental services for children through the month of their twenty-first (21<sup>st</sup>) birthday including diagnostic, preventative, restorative, periodontics, prosthodontics, oral surgery, and adjunctive treatment. In addition, children may also receive orthodontics, root canals, crowns, bridges and any other dental services that are considered medically necessary under EPSDT guidelines. EPSDT services include dental services as recommended by the American Academy of Pediatric Dentistry's periodicity schedule.

Services for Pregnant Women will not change regardless of age or eligibility category.

**Limitations.** The following service limitations apply to the Enhanced Benchmark Benefit Package covered under the State Plan.

- The Department may require dental care done in an inpatient or outpatient location to be prior approved by the Department or its authorized agent.

Dental services for non-pregnant adults who are past the month of their twenty-first (21<sup>st</sup>) birthday are limited to emergency dental care only and are listed by CDT in the Contractor's ORM.

**Exclusions.** The following non-medically necessary cosmetic services are excluded from payment under the Enhanced Benchmark Benefit Package covered under the State Plan:

- Drugs supplied to dental patients for self-administration other than those allowed by applicable Department rules. Non-medically necessary cosmetic services are excluded from payment.

The Department may require prior approval for specific elective dental procedures.

Individuals under twenty-one (21) years of age, pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department or its representative.

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**3.R ESSENTIAL PROVIDERS**

The Enhanced Benchmark Benefit Package includes **Clinic Services and Rehabilitative Services** furnished by certain essential providers permitted under sections 1905(a)(9), 1905(a)(13) and 2110(a)(5) of the Social Security Act.

Services from essential providers are preventative, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician and which may include those services provided by community health centers.

**3.R.1 Rural Health Clinic Services**

**Rural Health Clinic** services and other ambulatory services furnished by a rural health clinic, which are otherwise included in the State plan.

**3.R.2 Federally Qualified Health Center Services**

Federally qualified health centers are provided within the scope, amount, and duration of the State's Medical Assistance Program as described under applicable Department rules.

**3.R.3 Indian Health Services Facility Services**

**Indian Health Service Facilities** are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other

“Indian Health Clinics” are described in Idaho’s Basic Benchmark Benefit Package in Sections 3.R.2., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.R.3.

- v. Diabetes Education and Training Clinics — Diabetic education and training services are reimbursed at the lower of the provider’s actual customary charge, or the allowable charge as established by the Department’s fee schedule. Diabetes Education and Training Clinic reimbursement is subject to the provisions of 42 CFR 447.321.

The agency’s rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the numerical fee schedule at the agency’s web site:

<http://www.healthandwelfare.idaho.gov>

“Diabetic Education and Training Clinics” are described in Idaho’s Basic Benchmark Benefit Package in Section 3.M., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.M.

- 10. Dental Services - Payments for Enhanced Plan participants who are eligible for, but have not enrolled in, the Medicare Medicaid Coordinated Plan (MMCP) are made to participating dentists on the basis of the Department’s statewide dental fee schedule:

“Dental Services” are described in Idaho’s Basic Benchmark Benefit Package in Sections 3.Q. and 3.Q.1. and 3.Q.2, and in Idaho’s Enhanced Benchmark Benefit Plan in Sections 3.Q. and 3.Q.1., and 3.Q.2.

12. b. Dentures

Dentures are described in Idaho's Basic and Enhanced Benchmark Benefit Plans in Section 3.Q.1.

- i. Dentures for children through the month of their twenty-first (21<sup>st</sup>) birthday, and pregnant women when medically necessary, are reimbursed to participating dentist or denturists based on a fee for service, Department approved statewide fee schedule as described in the Contractor's Office Reference Manual (ORM).

Dentures are not covered for non-pregnant adults who are past the month of their twenty-first (21<sup>st</sup>) birthday.

c. Prosthetic Devices

- i. Prosthetic and Orthotic — Services are reimbursed using the lower of the provider's actual charge for the service; or the maximum allowable charge for that device as established by the Department's Medical Assistance Unit pricing file.

The agency's rates are set from 07/01/2011 on and are effective for services on or after that date. All rates are published on the DME fee schedule at the agency's web site:

<http://www.dme.idaho.gov>

"Prosthetic Devices" are described in Idaho's Basic Benchmark Benefit Package in Section 3.O.3, and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.O.3.

- ii. Hearing Aids - Payment is made to hearing aid vendors and audiologists at the lower of the usual and customary rates or the maximum allowable charge as established by the Department's Medical Assistance Unit pricing file.

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