ATTACHMENT 3.1-A Attachment #10 Page 1

## DENTAL SERVICES

## SERVICE

- 1 Dental services include diagnostic, preventive and restorative procedures.
- Dental services are available only to clients who are pregnant women or who are individuals eligible under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT)<sup>P</sup>Program.
- 3. Dental services to non-pregnant adults ages 21 and older are limited to emergency services only Services are limited to limited diagnostic exams, Xrays, and extractions for erupted teeth only The covered emergency services are provided without limitations on amount and duration.
- 4. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

LIMITATIONS to services are detailed in the Utah Medicaid Dental Provider Manual which may be found at http://health.utah.gov/medicaid/manuals/directory.php.

T N. # \_\_\_\_\_12-007\_\_

Approval Date 9/5/12

Supersedes T:N. # 09-002

Effective Date 7-1-12

ATTACHMENT 3.1-B Attachment #10 Page 1

## DENTAL SERVICES

## SERVICE

- 1 Dental services include diagnostic, preventive and restorative procedures.
- 2. Dental services are available only to clients who are pregnant women or who are individuals eligible under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Program.
- 3. Dental services to non-pregnant adults ages 21 and older are limited to emergency services only. Services are limited to diagnostic exams, X-rays, and extractions for erupted teeth only. The covered emergency services are provided without limitations on amount and duration.
- 4. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
  - a. that the proposed services are medically appropriate; and
  - b. that the proposed services are more cost effective than alternative services.

LIMITATIONS to services are detailed in the Utah Medicaid Dental Provider Manual which may be found at http://health.utah.gov/medicaid/manuals/directory.php.

T.N. # \_\_\_\_\_ 12-007

Approval Date 9/5/12

Supersedes T:N. # 09-002

Effective Date \_\_\_\_\_7-1-12 \_\_\_\_\_