

NOTICE OF RULE ADOPTION—FINAL RULE

FILED
SEP 13 2007

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

MISSISSIPPI
SECRETARY OF STATE

Miss. Division of Medicaid
c/o Ginnie McCardle, Staff Officer
Walter Sillers Building
550 High Street
Suite 1000
Jackson, MS 39201-1399
(601) 359-6310
<http://www.dom.state.ms.us>

Specific Legal Authority Authorizing the promulgation of
Rule: Miss Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule :
State Plan Attachment 3.1-A Exhibit 10 Page1

Date Rule Proposed: June 7, 2007

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

SPA 2007-005 The purpose of this State Plan Amendment is to establish dental fees at a percentile of private provider charges and enables the fees to be adjusted annually. This amendment sets a \$2,500 annual dental benefit limit, allows additional dental benefits with prior authorization, and increases orthodontia lifetime benefits to \$4,200.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:
Time:
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

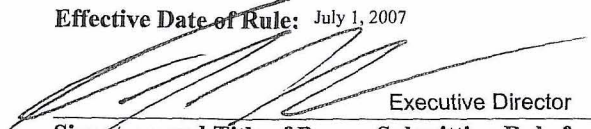
This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: July 1, 2007



Executive Director

Signature and Title of Person Submitting Rule for Filing

State of Mississippi

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE
AND SERVICES PROVIDED

10. Dental Services:

Adults (beneficiaries age twenty-one (21) and over): Dental care that is an adjunct to treatment of an acute medical or surgical condition; services of oral surgeons and dentists in connection with surgery related to the jaw or any structure contiguous to the jaw or the reduction of any fracture of the jaw or any facial bone; and emergency dental extractions and treatment related thereto are covered services.

Children (beneficiaries under age twenty-one (21): Dental services are a necessary component of overall health services provided to children who are eligible for services. Beneficiaries under age twenty-one (21) are eligible for medically necessary dental services, including diagnostic, preventive, therapeutic, emergency, and orthodontic services.

Dental Benefit Limits:

For dates of service beginning July 1, 2007, dental services (except orthodontia) are limited to \$2,500 per beneficiary per fiscal year. Additional dental services in excess of the \$2,500 annual limit may be provided with prior approval from the Division of Medicaid.

Orthodontia Services:

Orthodontia services are covered with prior approval for beneficiaries under age twenty-one (21) only. Orthodontia-related services are limited to \$4,200 per beneficiary per lifetime. Additional dental services in excess of the \$4,200 lifetime limit may be provided with prior approval from the Division of Medicaid.

Dentures: Dentures may be covered for beneficiaries under age twenty-one (21) with prior approval.

Medicaid Eligibles Not Covered for Dental Benefits: The following Medicaid eligibles are not covered for dental benefits:

- Women who are eligible for Medicaid only because of pregnancy (pregnancy-related eligibles) and who are age twenty-one (21) or older;
- Beneficiaries in the Healthier Mississippi Waiver who are age twenty-one (21) or older;
- Medicare beneficiaries who are not eligible for full Medicaid benefits.