
CHAPTER 16: DENTAL SERVICES

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RECIPIENT ELIGIBILITY REQUIREMENTS

The Expanded Dental Services for Pregnant Women (EDSPW) Program provides coverage for designated dental services for Medicaid eligible pregnant women ages 21 and over in order to address their periodontal needs during pregnancy.

The fiscal intermediary's (FI), Provider Relations staff can answer questions regarding claims processing. Louisiana State University (LSU) School of Dentistry, Medicaid Prior Authorization Unit can answer questions related to the Medicaid dental programs (see Appendix K for contact information).

The services covered in this program are identified in the fee schedule (see Appendix C).

A Medicaid recipient is eligible for the EDSPW Program if she is:

- Medicaid eligible;
- 21 years of age or older on each date of service; and
- Pregnant and has the appropriate BHSF Form 9-M (Referral for Pregnancy Related Dental Services) which was completed and signed by the medical professional providing her pregnancy care;

NOTE: If a Medicaid recipient is pregnant, Medicaid eligible and **under 21 years of age**, the recipient is eligible for services covered in the Medicaid **EPSDT Dental Program**. The BHSF Form 9-M is not required in the EPSDT Dental Program.

EDSPW Program services are available for recipients whose Medicaid coverage includes the full range of Medicaid benefits.

The provider is responsible for verifying recipient eligibility using the Recipient Eligibility Verification System (REVS) or Medicaid Eligibility Verification System (MEVS) or Electronic Medicaid Eligibility Verification System (e-MEVS) which is available on the Louisiana Medicaid website (see Appendix K). The provider should keep hardcopy proof of eligibility from REVS/MEVS/e- MEVS.

Recipient Eligibility Period

The recipient must be pregnant on each date of service in order to be eligible for services covered in this program. **Eligibility for the EDSPW Program ends at the conclusion of the pregnancy.**

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Mandatory Referral Requirement – BHSF Form 9-M

The BHSF Form 9-M is the required referral form used to verify pregnancy for the EDSPW Program.

The recipient may either obtain the original completed BHSF Form 9-M from the medical professional providing her pregnancy care and give it to the dentist prior to receiving dental services or have the medical professional send the completed form to the dental provider via facsimile prior to the initial dental visit. Prior to rendering any services, the dental provider must be **in receipt of the BHSF Form 9-M with the signature of the medical professional providing the pregnancy care**. The completed original or faxed form must be kept in the recipient's dental record and a copy of this form must be submitted to the Medicaid Dental PA Unit when requesting PA for any of the EDSPW Program services that require PA.

NOTE: A copy of the BHSF Form 9-M is not to be sent with a claim for payment as the attachment will delay processing of the claim.

The BHSF Form 9-M with the revised issue date of 12/03 became the only version accepted by Medicaid. A copy of the revised BHSF Form 9-M can be found in Appendix J. Blank forms may be photocopied for distribution as needed. Additional copies of this form may also be obtained from the LA Medicaid website (see Appendix K).