

*Amended Eff. February 29, 1980;
Transferred from 10A NCAC 22O .0202 Eff. May 1, 2012;
Readopted Eff. June 1, 2019.*

10A NCAC 25H .0204 AMOUNT: DURATION: AND SCOPE OF SERVICES

(a) Necessary and essential dental services, subject to the criteria and restrictions in the North Carolina Dental Manual are covered for all eligible Medicaid recipients. Only the procedures listed in the North Carolina Dental Manual are generally covered under the North Carolina Dental Program.

(b) Exceptions may be made when recommended by the Dental Consultant and approved by the agency head when:

- (1) An emergency condition causing pain or suffering needs immediate attention; or
- (2) An alternative dental treatment plan is safe, medically acceptable and less expensive but is not on the procedure list; or
- (3) The procedure is medically necessary and is of such complexity and the circumstances are so unusual that a coverage decision requires individual consideration based on the medical condition of the client, diagnosis, prognosis, and the unavailability of other alternative treatment options.

*History Note: Authority G.S. 108A-25(b); S.L. 1985, c. 479, s. 86;
Eff. February 1, 1976;
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Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016.*

10A NCAC 25H .0205 RESTRICTIONS AND PRIOR APPROVAL

(a) The Division of Medical Assistance shall have the right of prior approval for dental services except for routine and emergency services.

(b) All other dental services are subject to prior approval. Dental services categories requiring dental prior approval are as follows: Elective root canal treatment, periodontal services, orthodontic services, complex oral surgical and reconstructive procedures, complete and partial dentures, denture relines and analgesia (nitrous oxide). Each specific procedure under the American Dental Association (ADA) service category in this Paragraph will be listed in the provider dental manual and provider bulletins with the appropriate prior approval service restriction guidelines.

(c) The Division of Medical Assistance may require prior approval for any services for individual providers who have been investigated by the Division under 10A NCAC 22F or by the Attorney General's Fraud Control Unit under 42 Code of Federal Regulations 455.300, and the investigation resulted in monetary recovery of payments made by Medicaid to the provider or criminal conviction of the provider.

*History Note: Authority G.S. 108A-25(b); 108A-54; S.L. 1985, c. 479, s. 86;
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Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 23, 2016.*

10A NCAC 25H .0206 PRIOR APPROVAL

*History Note: Authority G.S. 108A-25(b); 108A-54; S.L. 1985, c. 479, s. 86;
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SECTION .0300 – SERVICES PROVIDED

10A NCAC 25H .0301 GUIDELINES ON SERVICES

10A NCAC 25H .0302 **SPECIFIC GUIDELINES**
10A NCAC 25H .0303 **ANESTHESIA**
10A NCAC 25H .0304 **ANALGESIA**
10A NCAC 25H .0305 **DRUGS**

History Note: *Authority G.S. 108A-25(b); 108A-54; S.L. 1985, c. 479, s. 86;*
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1977;
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Expired Eff. August 1, 2016 pursuant to G.S. 150B-21.3A.