

SECTION 5 ELIGIBILITY RESTRICTIONS

A participant must be eligible for MO HealthNet benefits for each date of service provided in order for a provider to receive payment from MO HealthNet for those services. This is also a requirement even when the service has been prior authorized. It is the provider's responsibility to verify a participant's MO HealthNet eligibility. The following ME (medical eligibility) codes have restricted dental benefits:

55-Qualified Medicare Beneficiary (QMB): A mandatory coverage group under MO HealthNet providing payment for qualified individuals of deductible and coinsurance amounts for *Medicare covered services*.

58 & 59-Presumptive Eligibility (TEMP): Coverage is limited to ambulatory prenatal care services only.

80 & 89-Women's Health Services: Coverage is limited to family planning, and testing and treatment of sexually transmitted diseases (STDs).

82-Missouri Rx: Participants only have pharmacy Medicare Part D wrap around benefits through the MoRx.

Limited Benefit Package for Adult Categories of Assistance

The following categories of assistance receiving a limited benefit package are eligible for dental care only if it is related to trauma or when the absence of dental treatment would adversely affect the participant's preexisting medical condition.

- 01 Old Age Assistance
- 04 Permanently and Totally Disabled
- 05 MO HealthNet for Families – Adult
- 10 Refugees other than Cuban, Haitian, or Russian Jew
- 11 MO HealthNet Old Age Assistance
- 13 MO HealthNet Permanently and Totally Disabled
- 14 Supplemental Nursing Care – Old Age Assistance
- 16 Supplemental Nursing Care – Permanently and Totally Disabled
- 19 Cuban Refugee
- 21 Haitian Refugee
- 24 Russian Jew
- 26 Ethiopian Refugee
- 83 Breast or Cervical Cancer Control Project (BCCCP) – Presumptive
- 84 Breast or Cervical Cancer Control Project (BCCCP) – Regular
- 85 Ticket to Work Health Assurance Program (TWHAP) – Premium
- 86 Ticket to Work Health Assurance Program (TWHAP) – Non-Premium

Dental services for individuals in the above categories of assistance may be provided if the dental care is related to:

- ❖ Traumatic injury of jaw, mouth, teeth or other contiguous (adjoining) sites (above the neck).
- ❖ Medical condition when a written referral from the participant's physician states the absence of dental treatment would adversely affect the stated preexisting medical condition. This referral must be maintained in the participant's record and made available to the MO HealthNet Division (MHD) or its agent upon request. The referral must include the referring physician's name, type of dental services needed and the medical condition that would be adversely affected without the dental care.

MO HealthNet eligible adults in the assistance categories for pregnant women or the blind and vendor nursing facility residents continue to receive the full comprehensive benefit package.

Additional information regarding the limitations and restrictions for the above categories of assistance can be found in Sections 1 and 13 of the MO HealthNet *Provider's Manual* available on the Internet at <http://www.dss.mo.gov/mhd/providers/index.htm>.