

Information for Providers

Initial Dental Visits

When a child first comes in to foster care, the child must receive a dental visit within 30 days. Ideally, the child should be seen within seven to fourteen days of entering care. The Early and Periodic Screening, Diagnosis, and Treatment or EPSDT program for persons under age 21 allows providers to file Initial Dental Encounter for Foster Children by:

- Checking EPSDT box in field 1 of the ADA Claim Form
- Indicating “FOSTER CARE” in the Remarks Field #35 of the ADA Claim Form, or in the Notes Field when filing electronically.
- All claims submitted for the EPSDT Services will be systemically denied if the EPSDT indicator is not selected.

TIP: Children up to seven years old can get four fluoride varnish applications every 12 months in the physician's office. If the foster child does not have a dentist, please ask the physician for a referral to a dental provider.

Ongoing Dental Visits

After the initial dental visit, all children must receive routine dental check-up visits every six months based on the American Academy of Pediatric Dentistry guidelines for children up to 21 years old. Case Managers can work with the foster parents in scheduling of dental visits and by going with the foster child to the dental visit if they cannot be transported by the foster parent to a dental visit.



Note: SCDHHS has developed a Dental Periodicity Schedule that generally follows the American Academy of Pediatric Dentistry recommendations on Periodicity of Examination, Preventive Dental Services. The schedule can be accessed at <https://msp.scdhhs.gov/epsdt/site-page/periodicity-schedule>

TIP: Intraoral photographs may be allowed if the patient's physical and/or mental status prohibits the provider from obtaining diagnostic radiographs. A detailed narrative with justification of sufficient efforts taken to obtain radiographs must be documented in the patient's records. Post-operative radiographs (when applicable) are also required for the treatment record.

Required Documentation

Documentation in the treatment record must justify the need for the procedure performed due to medical necessity, for all procedures rendered. Appropriate diagnostic pre-operative radiographs must clearly show the affected tooth, the adjacent and opposing teeth if applicable, substantiating any pathology or caries present, and documentation must be included in the treatment record.

Providers may not bill the patient for any difference between Medicaid payable fee and the provider's billed amount, or request to share in the cost through a co-payment or similar charge. Medicaid patients with private insurance are not to be charged the co-payment amount of the primary payers.

Foster Children and Orthodontic Services

Children or youth needing orthodontics (braces) while in DSS care must be evaluated by a qualified SC DHEC CRS Orthodontic Evaluator. If the provider is not familiar with this information, please contact the state-wide dentist, **Dr. Rita Melton** at rita.melton@dss.sc.gov or (803) 767-2267 with the child's name, DOB, Medicaid # and the placement county so she will be able to schedule the child for an orthodontic consult. If the child is approved by the qualified orthodontic evaluator, a DHEC CRS Orthodontic application, photos, radiographs (x-rays) and other required documentation must be completed and submitted by the evaluator to the DHEC regional nurse for final processing. The subsequent orthodontic treatment will then be paid by Medicaid (DentaQuest). If the child or youth does not meet the DHEC orthodontic requirements and eligibility is denied by SC DHEC evaluator, the orthodontic services will not be paid for by Medicaid (DentaQuest).

Dental Sedation Services Reimbursement

Dental reimbursement for moderate or deep sedation/general anesthesia administered in dental offices will be limited to only those providers that have a valid dental sedation permit from the SC LLR Board of Dentistry. A copy of the dental sedation permit must be on file with Medicaid (DentaQuest). All dental sedation services administered in the office must be performed by an authorized SC licensed provider to assure appropriate monitoring of the patient. Utilization of Ambulatory Surgical Center (ASC) or Outpatient Operating Room (OR) planned, non-emergent dental services delivered in an outpatient ACS or OR must be prior authorized. Authorizations requests must include the procedure codes that will be rendered, as well as the appropriate procedure code that identifies the utilization of the ASC/OR.

