

FAQ Dental for Pregnant Recipients

Q: Who is eligible to receive Alabama Medicaid's adult dental benefit?

A: All pregnant recipients who are age 21 and older with current full Medicaid eligibility are eligible. Providers are required to verify Medicaid eligibility prior to rendering services. Documentation to support that eligibility has been verified should be maintained in the recipient's medical record. *Failure to verify eligibility prior to rendering service(s) may result in Alabama Medicaid not paying the claim.*

Q: How will I know if the recipient has coverage?

A: The provider must verify the recipient's eligibility prior to rendering services to the recipient. For details regarding how to verify eligibility, please refer to the Alabama Medicaid Provider Billing Manual, Chapter 3: Verifying Recipient Eligibility, Section 3.2: Confirming Eligibility. The Provider Manual can be accessed by clicking this link:

https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals.aspx.

Q: If a patient has Medicaid coverage, how do I know if they are eligible for the dental benefit?

A: Pregnant recipients who have full Medicaid coverage will have to inform the dental provider that they are pregnant. This attestation must include the recipient's signature and the date the attestation was signed and must be obtained annually. Documentation to support the attestation must be kept in the recipient's medical record.

Q: How do I get reimbursed/paid for these services rendered to eligible pregnant recipients?

A: The provider will have to submit a claim to Alabama Medicaid. The provider will need to append D9999 to the claim for payment processing.

Q: Do recipients with Emergency Medicaid have dental coverage?

A: Yes, but only for emergency treatment. Non-emergency treatment (elective) is not covered. Documentation to support the emergency treatment must be kept in the recipient's dental record.

Q: Will health clinics be reimbursed for these services rendered? If so, what do I put on the claim?

A: Health clinics, i.e., Federally Qualified Health Clinics (FQHCs), enrolled as Alabama Medicaid providers can be reimbursed for these services. Health clinics need to include at least one treatment code and procedure code D9999 on the claim to be eligible for reimbursement.

Q: Will a crown replacement for a pregnant recipient be considered an emergency?

A: The same rules and restrictions that we have for the children with Medicaid apply to pregnant recipients. The requirements are in the Provider Billing Manual. You can only place a crown on a tooth that had a root canal (one crown per tooth for the lifetime).

Q: Can a recipient with a dental emergency be seen in a dental office or solely a hospital?

A: They can be seen in a dental office. When a provider files a claim through the web portal, check the emergency box to be reimbursed for it.

Q: If a person has dental issues that have been present for years, and then they become pregnant, can they receive services?

A: Yes, they can.

Q: Will PPE apply to postpartum treatment?

Yes. You can file it with the dental claim for the pregnant recipient. Just be mindful to check each month for an ALERT to extend the public health emergency (PHE) because that is a month-by-month approval.