PREGNANT WOMEN PROVIDER TRA

Smiles For Children 2021







Medicaid Pregnant Women Over 21 Enrollee Eligibility

- Pregnant women in Medicaid and FAMIS MOMS who are 21 years of age and older are eligible to receive appropriate dental benefits (excluding Orthodontia) through Virginia's dental program, Smiles For Children (SFC)
- DentaQuest uses the 12-digit Medicaid ID number as the enrollee ID Number for the Pregnant Women Benefit
- Dental benefits for pregnant women who are 21 years of age and older will be discontinued at the end of the month following their 60th day postpartum





Benefits for Pregnant Women Enrollees

- Coverage for pregnant women will include the following:
- Diagnostic, Preventive, Restorative, Endodontics, Periodontics, Prosthodontics- both removable and fixed (crowns, bridges, partials and dentures), Oral surgery (extractions and other oral surgeries) and Adjunctive general services (all covered services that do not fall into specific dental categories)
- Covered services are listed in Exhibit C of the ORM.







Members Active with Pregnant Women Benefit

- The member will show active or ineligible on the member eligibility page, click on the member list for the member
- For members showing active, the member detail page will list member name, DOB, and Plan (VA SFC Pregnant Women)

				Member E	ligibility Li	ist			
the Printer Frier	ndly Format	button.		ou can conduct another search by clience ayment and is contingent upon of					
tesults are for	members w	/ho are/were eligib	le as of 11/30/2	018 🔻				Printer	Friendly Format
Active									
Active Member Number	Date of Birth	Member Name	Intervention	Plan	Benefit Client	Network Name	Paid Through Date	Dentist/Office Name	Dentist Effective Date
Member		Member Name		Plan - VA Smiles for Children- Over 21- Pregnant Women	Benefit Client Numb	Network Name VA Smiles for Children- Over 21- Pregnant Women	Date		Dentist



Members may be enrolled in the VA **SFC** Over 21 plan or VA SFC Pregnant Women plan. If a member is enrolled in the VA **SFC** over 21 plan and is pregnant she is entitled to the enhanced pregnancy benefit.



Documentation Required for Reimbursement-Pregnant Women Over 21 Claims

- Prepayment review will be conducted on all claims and appropriate documentation must include:
 - Narrative indicating the member is pregnant with the estimated date of delivery (must be noted in box 35 of ADA claim form) or notation indicating the member was pregnant and delivered on xx/xx/xxxx
 - Narrative demonstrating medical necessity for those services where additional documentation is required for review (i.e. diagnostic x-rays, perio charting)
- Dental benefits for pregnant women who are 21 years of age and older will be <u>discontinued at the end of the month</u> following their 60th day postpartum

Smiles For Children

• Example: if the member delivered on 6/15/2016, her eligibility for the pregnant women dental benefit will terminate on 08/31/2016



Pregnant Women Over 21-ADA Claim Box 35 Examples

	1	2	3	4	5	в	7	8	9	10	11	12	13	14	15	16	A	В	С	D	Е	F	G	Н		J	Fee(s)		i	٦				
34. (Place an 'X' on each missing tooth)	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	Р	0	N	М	L	K	33.Total Fee		i	╛				
32 31 30 29 28 27 28 25 24 23 22 21 20 19 18 17 T S R Q P O N M L K 33.Total Fee 35. Remarks Pregnant member estimated delivery date 12/10/2016															٦																			
· ·												_																						
AUTHORIZATIONS													Al	NCIL	LAR	Y CL	.AIM	/TRE	ATN	MENT	ANCILLARY CLAIM/TREATMENT INFORMATION													

		_	-	_	-	-	Ξ		_																		52. Other Fee(s)		i
34. (Place an 'X' on each missing tooth)	1	2	3	4	5	б	7	8	9	10	11	12	13	14	15	16	A	В	С	D	E	F	G	Н		J	166(8)		
or. (reso are A or oad removing source)	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	Р	0	N	М	L	K	33.Total Fee		
35. Remarks Member wa	s	pre	egi	na	nt	ar	nd	d€	eliv	er/	ec	lo	_							(ENI)	T INE	∩DI.	/ATI/	ΩNI					
AUTHORIZATIONS													ANCILLARY CLAIM/TREATMENT INFORMATION																



