



**DEPARTMENT OF SOCIAL SERVICES**  
DIVISION OF MEDICAL SERVICES  
700 GOVERNORS DRIVE  
PIERRE, SD 57501-2291  
**PHONE:** 605-773-3495  
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October 1, 2018

**ATTENTION: Dental Providers**

**FROM: South Dakota Medicaid**

**RE: Adult \$1,000 Annual Dental Maximum**

South Dakota Medicaid is reminding providers of key points regarding the adult \$1,000 annual maximum policy. The \$1,000 maximum applies to the plan year starting July 1 and ending June 30. The limit only applies to adults age 21 and older.

### **Tracking**

Providers should determine if the recipient will exceed the \$1,000 yearly maximum at the time of treatment plan development. Please submit claims promptly to ensure that the \$1,000 maximum is tracked accurately. Providers can help recipients track the \$1,000 maximum through the following mechanisms:

- Call Delta Dental's Call Center at 877-841-1478; or
- Use the Delta Dental's website [www.deltadentalsd.com](http://www.deltadentalsd.com) and populate your log-in information, the recipient's ID number, and the recipient's date of birth.

### **Exempt Services**

The following services are exempt from the \$1,000 maximum:

- Emergent dental services when submitted with supporting notes/documentation;
- Approved dentures, partial dentures, and interim dentures;
- Alveoplasty/Alveolectomy; and
- The first two exams, two cleanings, and two x-rays each year (July 1 – June 30).

### **Billing**

Once the \$1,000 maximum is reached, the recipient is financially responsible for any additional costs. These additional costs should be billed at the Medicaid rates for covered services. Non-covered services may be billed to the recipient at the provider's usual and customary charge. If a patient reaches the \$1,000 maximum it is recommended to have the patient sign a waiver/consent for treatment indicating they are responsible for the cost of the services not reimbursed by Medicaid dental coverage.

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).

Please see the [South Dakota Medicaid Dental Provider Manual](#) for additional information regarding the \$1,000 maximum. Any questions regarding the \$1,000 maximum should be directed to Delta Dental at 1-877-841-1478.

Sincerely,

South Dakota Medicaid

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