

Medicaid and MediKids Dental Benefits

The Medicaid and MediKids programs cover children's dental benefits for enrolled children provided by licensed, participating dentists. There are no copayments for covered services.

Preventive Services

- Office Visits
- Cleanings/Prophylaxis
- Topical fluoride application, limit one every six months
- Sealants, limits one application per tooth every 3 years
- Space maintainers

Oral Exam

- Initial Oral Exam
- Periodic Oral Exam, limit one every 6 months

X-Rays

- Intraoral periapical
- Bitewings, limit one set (2 or 4) every 6 months
- Complete set of x-rays, limit one every 3 years
- Panoramic x-rays, limit one every 3 years

Restorative Services (Fillings and Crowns)

- Amalgam restoration (silver fillings)
- Composite/Resin restorations (white fillings)
- Prefabricated stainless steel and resin crowns
- Crowns (porcelain fused to metal)

Oral Surgery (Extractions)

- Extractions
- Biopsies
- Surgical treatment of diseases
- Injuries, deformities and defects

Endodontic Services (Root Canals)

- Root canal therapy on primary and permanent teeth
- Apicoectomy, surgery involving the root of the tooth

Periodontal Services

- Gingival curettage, including local anesthesia
- Gingival flap procedure
- Scaling and root planing

Prosthodontics (Dentures)

- Upper, lower or full set of dentures
- Partial dentures (fixed and removable)

Orthodontic Services (Braces)

- Services are limited to those circumstances where the child's condition creates a disability and is an impairment to their physical development.
- Prior authorization is required for all orthodontic services, except the initial evaluation and for partial dentures for beneficiaries of any age.

Analgesia and Sedation

- Limited to children who have severe physical or mental disability or are difficult to manage. Service is limited to 3 times every 12 months
- Intravenous administration of drugs
- Non-intravenous administration of drugs, limit 3 times per year
- Nitrous Oxide

Injectable Medications

- The injection of medication to treat illness or disease.

Palliative Treatment

- Covered services necessary to relieve pain and discomfort on an emergency basis.

Hospitalization

- Hospitalization for dental treatment is covered only if a child's health is so jeopardized that procedures cannot be safely performed in the dental office; and/or, the child is so uncontrollable due to emotional instability or developmental and sedation has been ineffective.

Limitations

The following services are *not* covered:

- Fixed bridge work; or
- Sealants applied to deciduous (*baby*) teeth.
- Orthodontic services are not covered for cosmetic purposes.

Exceptions

The provider may request prior authorization for reimbursement for services in excess of the service limitations.