

## 10. DENTAL SERVICES:

**(A) Dental services for individuals under twenty-one years of age:**

(1) Dental benefits for children are governed by federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. The following categories of dental services have selected benefits:

- (a) Examinations
- (b) Dental prophylaxis
- (c) Topical agents to prevent disease
- (d) Diagnostic radiographs
- (e) Endodontics
- (f) Restorative procedures
- (g) Oral surgery procedures
- (h) Periodontal procedures
- (i) Prosthodontic procedures
- (j) Emergency and Palliative treatments

(2) The following dental benefits will be available only with validated medical necessity:

- (a) Orthodontic services.
- (b) Fixed bridgework.
- (c) Advanced anesthesia, including: intravenous, inhalation, or general anesthesia.
- (d) Advanced non-pharmacologic behavior management

(3) All benefits may possess code-specific criteria and limitations determined by our program office. Some limitations to dental benefits include:

- (a) Restorations are limited to the treatment of teeth due to fracture or caries.
- (b) Restorative procedures are re-eligible for benefit after two years.
- (c) Esthetic crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.
- (c) Root canal therapy benefits are limited to one per tooth, per code, and require a favorable periodontal and restorative prognosis.
- (d) Any prior authorization requirements may be waived in emergency situations.
- (e) Benefits will not apply to any item, service, or material that is considered to be unsafe or experimental.

(4) Standard benefit limitations may be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(r)(5).

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Supersedes

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**(B) Individuals age 21 years and older — Dental Services:**

(1) Dental benefits for adults emphasize prevention and control of disease through early detection and management. The following categories of dental services have selected benefits.

- (a) Examinations
- (b) Dental prophylaxis
- (c) Topical agents to prevent disease
  - including fluoride & non-fluoride agents
- (d) Diagnostic radiographs
- (e) Endodontic therapy on permanent molars
- (f) Restorative procedures
- (g) Oral surgery procedures
- (h) Periodontal procedures
- (i) Prosthodontic procedures
- (j) Emergency and Palliative treatments

(2) The following dental benefits will be available only with validated medical necessity:

- (a) Advanced anesthesia, including: intravenous, inhalation, or general anesthesia.
- (b) Advanced non-pharmacologic behavior management

(3) All benefits may possess code-specific criteria and limitations determined by our program office. Some limitations to dental benefits include:

- (a) Restorations are limited to the treatment of teeth due to fracture or caries.
- (b) Restorative procedure retreatment is re-eligible for benefit after two years.
- (c) Root canal therapy benefits are limited to one per molar, per code, and require a favorable periodontal and restorative prognosis.
- (d) Any prior authorization requirements may be waived in emergency situations.

(4) Normal benefit limitations may be exceeded based on a determination of medical necessity.

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TN No. 22-0012

## 10. DENTAL SERVICES:

(A) Dental services for individuals under twenty-one years of age:

- (1) Dental benefits for children are governed by federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. The following categories of dental services have selected benefits:
- (a) Examinations
  - (b) Dental prophylaxis
  - (c) Topical agents to prevent disease
  - (d) Diagnostic radiographs
  - (e) Endodontics
  - (f) Restorative procedures
  - (g) Oral surgery procedures
  - (h) Periodontal procedures
  - (i) Prosthodontic procedures
  - (j) Emergency and Palliative treatments
- (2) ~~[(1)]~~ The following dental benefits will be available only with validated [services may only be provided based upon] medical necessity:
- (a) Orthodontic services.
  - (b) Fixed bridgework.
  - (c) Advanced anesthesia, including: intravenous, inhalation, or general anesthesia. [Plaque control.]
  - (d) Advanced non pharmacologic behavior management. [Tooth preparation, temporary restorations, cement bases, impressions, or local anesthesia.]
  - (e) ~~X-rays.~~
  - (f) Sealants for occlusal surface of caries free permanent molar teeth.]
- (3) All benefits may possess code specific criteria and limitations determined by our program office. Some limitations to dental benefits include: [Limitations to dental services provided are:]
- (a) Restorations are limited to the treatment of teeth due to fracture or caries.
  - (b) Restorative procedures are re-eligible for benefit after two years.
  - (c) Esthetic crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.
  - (c) Root canal therapy benefits are limited to one per tooth, per code, and require a favorable periodontal and restorative prognosis.
  - (d) Any prior authorization requirements may be waived in emergency situations.
  - (e) Benefits will not apply to any item, service, or material that is considered to be unsafe or experimental.
- ~~(a) Dental work done under intravenous, inhalation or general anesthesia shall be allowed only once per treatment plan and limited to cases of medical necessity.~~
  - ~~(b) Restorative dentistry limited to use of certain materials. Non-duplicated restorative procedures are allowed once per tooth every two years as needed in the treatment of fractured or carious teeth.~~
  - ~~(f) Anterior, molars and premolar root canal shall be covered for a maximum of once per tooth, with authorization, except in cases of poor prognosis.~~

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~~possibly due to extensive root decay or bone loss or prior root canal therapy failure.~~

~~(g) Acrylic jackets and acrylic veneer crowns, if authorized, shall be limited to anterior teeth for a maximum of once per tooth.~~

~~(h) Except for emergency treatments, prior authorization is required for certain dental work.]~~

~~(3)~~ (4) Standard benefit limitations may be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(r)(5).

~~(4) [ The above limitations will be exceeded based on a determination of medical necessity under the EPSDT provisions at 1905(r)(5).~~

~~(5) Any item or service that is considered to be unsafe or experimental is not covered.]~~

**(B) Individuals age 21 years and older — Dental Services:**

(1) Dental benefits for adults emphasize prevention and control of disease through early detection and management. The following categories of dental services have selected benefits.

- (a) Examinations
- (b) Dental prophylaxis
- (c) Topical agents to prevent disease  
- including fluoride & non-fluoride agents
- (d) Diagnostic radiographs
- (e) Endodontic therapy on permanent molars
- (f) Restorative procedures
- (g) Oral surgery procedures
- (h) Periodontal procedures
- (i) Prosthodontic procedures
- (j) Emergency and Palliative treatments

(2) The following dental benefits will be available only with validated medical necessity:

- (a) Advanced anesthesia, including: intravenous, inhalation, or general anesthesia.
- (b) Advanced non-pharmacologic behavior management

(3) All benefits may possess code-specific criteria and limitations determined by our program office. Some limitations to dental benefits include:

- (a) Restorations are limited to the treatment of teeth due to fracture or caries.
- (b) Restorative procedure retreatment is re-eligible for benefit after two years.
- (c) Root canal therapy benefits are limited to one per molar, per code, and require a favorable periodontal and restorative prognosis.
- (d) Any prior authorization requirements may be waived in emergency situations.

(4) Normal benefit limitations may be exceeded based on a determination of medical necessity.

**[1. Preventive services:**

- a. Comprehensive Oral Evaluation—Once every 5 years
- b. Periodic screening examinations—2 per year
- c. Prophylaxis—2 per year
- d. Topical fluoride or fluoride varnish—2 per year
- e. Non fluoride agents

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2. ~~Diagnostic and radiology services:~~
  - a. Bitewing x-rays—2 per year
  - b. Full series x-rays—1 every 5 years
  - c. Periapical x-rays—
  - d. Biopsy of oral tissue—
3. ~~Endodontic therapy services:~~
  - a. Root canal therapy on permanent molars—
4. ~~Restorative services:~~
  - a. Amalgams on primary and permanent posterior teeth—
  - b. Composites on anterior and posterior teeth—
  - c. Pin and/or post reinforcements—
  - d. Cast cores—
  - e. Recement inlays and crowns—
  - f. Stainless steel crowns—
5. ~~Oral surgery—~~
6. ~~Periodontal therapy services:~~
  - a. Scaling and root planning—one every 24 months
7. ~~Emergency and palliative treatment which includes services to control bleeding, relieve pain, eliminate acute infection and treatment of injuries to the teeth or supporting structures:~~
  - a. Gingivectomy, for gingival hyperplasia—
  - b. Other medically necessary emergency dental services
8. ~~Dental Treatment to include medically necessary behavioral management services as established under clinical guidelines for behavioral management.~~

*Procedures needed over the limits stated above may be allowed through a prior authorization process demonstrating medical necessity.]*

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