

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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(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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- (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
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(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.
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- (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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