Description of Dental Benefits for Children in New Jersey

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			2 x year	
Fluoride treatments (including fluoride varnishes)	X			2 x year	Children with Special Health Care Needs- every 3 months
Sealants (list any tooth-specific limits)	X				Through 11 or 16 years old, contingent on Plan, except Primary teeth and anterior permanent teeth
Space maintainers	X				Through 11 or 18 or 20 years old, contingent on Plan

Data as of: 05/21/2013

Description of Dental Benefits for Children in New Jersey

Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X			2 x year		1 year
X-Rays						
Bitewing	X				Complete film series - every 3 years when done by same provider, exceptions may apply	
Full Mouth						
Panoramic						

Data as of: 05/21/2013

Description of Dental Benefits for Children in New Jersey

Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X					
Tooth colored composite	X					
Crowns/tooth caps						
Stainless steel crowns	X				Prior approval for patients 17 years old or older	
Metal (only) crowns		X				
Metal/porcelain crowns		X				
Porcelain (only) crowns			X			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth		X				
Gum (periodontal) therapy						
		X				

Data as of: 05/21/2013

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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Dentures						
Partial dentures		X				
Complete dentures		X				
Bridges		X				
Orthodontics*						
Retainers (orthodontic)	X				once without prior authorization	
Braces		X				Medical exception criteria 26 HLD (NJ-Mod)
Oral surgery						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment	X					
Cancer treatment	X					
Treatment of fractures	X					

Data as of: 05/21/2013

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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Biopsies		X			if treatment is by report, can be post treatment request	
Treatment of jaw joint problems (TMJ)						
		X				Clinical documentation of condition treatment plan and diagnosis to substantiate request
Emergency room services provided by a dentist						
		X			To treat lacerations, tramua, and fractures	Evidence of need
Inpatient Hospital Services						
	X					Medical necessary diagnosis
Anesthesia						
General anesthesia						
Intravenous conscious sedation						

Data as of: 05/21/2013

Description of Dental Benefits for Children in New Jersey

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)						

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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