Description of Dental Benefits for Children in West Virginia

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	
Fluoride treatments (including fluoride varnishes)	X			1 x 6 months	
Sealants (list any tooth-specific limits)	X			3 x year	Ages 2-6 if indicated on primary molars Ages 6-12 on 1st permanent molars Ages 12-18 on 2nd permanent molars
Space maintainers	X			1 x every 4 years	Per quadrant - 10=UR, 20=UL, 30-LL, 40=UR must be included on claim form. Upper arch=01 or lower arch=02 must be included on claim form

Data as of: 05/22/2013

Description of Dental Benefits for Children in West Virginia

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			1 x 6 months		1-3
X-Rays						
Bitewing	X			1 x 6 months		
Full Mouth	X			3 x year		
Panoramic	X			3 x year		

Data as of: 05/22/2013

Description of Dental Benefits for Children in West Virginia

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			1 x every 3 years	$25.00 copay for Premium Plan Members	
Tooth colored composite	X			1 x every 3 years	$25.00 copay for Premium Plan Members	
Crowns/tooth caps						
Stainless steel crowns	X			1 x year	$25.00 copay for Premium Plan Members Does not require precertification when billed with D3220 for same date of service, and on same tooth number	
Metal (only) crowns		X		1 x every 5 years	$25.00 copay for Premium Plan Members Requires precertification.	
Metal/porcelain crowns		X		1 x every 5 years	$25.00 copay for Premium Plan Members Requires precertification.	
Porcelain (only) crowns		X		1 x year	$25.00 copay for Premium Plan Members Requires precertification.	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X			1 x every 3 years	$25.00 copay for Premium Plan Members	

Data as of: 05/22/2013

Description of Dental Benefits for Children in West Virginia

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Root canals on permanent teeth	X			1 x lifetime	$25.00 copay for Premium Plan Members	
Gum (periodontal) therapy						
		X		1 x year	$25.00 copay for Premium Plan Members Requires precertification	
Dentures						
Partial dentures		X		1 x every 5 years	$25.00 copay for Premium Plan Members Requires precertification	
Complete dentures		X		1 x every 5 years	$25.00 copay for Premium Plan Members Requires precertification	
Bridges		X		1 x every 5 years	$25.00 copay for Premium Plan Members Requires precertification. ADA has replaced the words bridge and bridgework with "fixed partial dentures.	
Orthodontics*						
Retainers (orthodontic)	X				$25.00 copay for Premium Plan Members	

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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Braces		X		1 x lifetime	$25.00 copay for Premium Plan Members Requires precertification.	Orthodontia services are covered if medically necessary for a WVCHIP member whose malocclusion creates a disability and impairs their physical development. All requests are subject to precertivication. Precertification is dependent on diagnosis, degree of impairment and medical documentation submitted.

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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Oral surgery						
Simple extractions	X			1 x lifetime	$25.00 for Premium Plan Members	
Surgical extractions	X				$25.00 for Premium Plan Members	
Care of abscesses	X				$25.00 for Premium Plan Members	
Cleft palate treatment		X			$25.00 for Premium Plan Members	
Cancer treatment	X				$25.00 for Premium Plan Members Excision of malignant tumor/nonmalignant tumors up to and greater than 1.25 cm	
Treatment of fractures	X				$25.00 for Premium Plan Members Treatment of simple and compound fractures	
Biopsies	X				$25.00 for Premium Plan Members	
Treatment of jaw joint problems (TMJ)						
			X			

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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Emergency room services provided by a dentist						
	X					Related to an accident causing damage to tooth structures. Biting and chewing accidents are not covered.
Inpatient Hospital Services						
						Medically necessary adjunctive services that directly support the delivery of dental procedures which in the judgement of the dentist are necessary for the provision of optimal quality

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		X			Requires precertification.	therapeutic and preventive oral care to patients with medical, physical or behavioral conditions. These services include but are not limited to sedation, general anesthesia, and utilization of outpatient or inpatient surgical facilities
Anesthesia						
General anesthesia	X				Class 4 anesthesia permit required	
Intravenous conscious sedation	X				Class 3 or 4 permit required	
Non-intravenous conscious sedation			X			
Analgesia (nitrous oxide)	X					

* 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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