



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for New York, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	2 x year	Additional prophylaxis may be considered within a twelve month period for special needs patients.
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	D1208 - 2x per year (maximum age is 20); D1206 - 4x per year (maximum age is 6, there is no age limitation for special needs patients)
Sealants (list any tooth-specific limits)	Yes - only with prior authorization	1 x every 5 years	Limited to unrestored permanent first and second molars, 5 to 15 years of age inclusive.
Space maintainers	Yes	1 x year	Maximum age is 10, limited to fixed appliances only.

Summary of Benefits for New York, MEDICAID

Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
Oral health screening or assessment				
	No			
Dental examinations				
	Yes	2 x year		Eruption of first tooth.
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	2 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		

Summary of Benefits for New York, MEDICAID

Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading				
	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes			
Metal (only) crowns	Yes - only with prior authorization		5 year replacement limit.	
Metal/porcelain crowns	Yes - only with prior authorization		5 year replacement limit.	
Porcelain (only) crowns	Yes - only with prior authorization		5 year replacement limit.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			

Summary of Benefits for New York, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Root canals on permanent teeth	Yes - only with prior authorization		Molar root canal is limited through 20 years of age, and will only be considered for recipients age 21 and over where the tooth in question is a critical abutment for an existing functional prosthesis and when the tooth cannot be extracted and replaced with a new prosthesis.	
Gum (periodontal) therapy				
	Yes		Limited to scaling and root planning once every 2 years and gingivectomy for drug or hormonal induced hyperplasia. Apically positioned flaps, tissue regeneration and tissue grafts require prior approval and are a covered benefit only when associated with an implant or an implant-related service.	
Dentures				
Partial dentures	Yes - only with prior authorization		8 year replacement limit.	
Complete dentures	Yes - only with prior authorization		8 year replacement limit.	
Bridges	Yes - only with prior authorization		Only provided for cleft palate stabilization or medical necessity due to seizures, etc.	

Summary of Benefits for New York, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization		Eligibility is limited to recipients who are under 21 years of age.	Limited to severe physically handicapping malocclusions.
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization		PA is required if more that 4 surgical extractions (D7210) are done within 365 days. All impactions require prior approval.	
Care of abscesses	Yes			
Cleft palate treatment	Yes		Generally covered under the medical program.	
Cancer treatment	Yes		Generally covered under the medical program.	
Treatment of fractures	Yes			
Biopsies	Yes			

Summary of Benefits for New York, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Treatment of jaw joint problems (TMJ)				
	Yes		Limited to surgical treatment or occlusal guards (D9940)	
Emergency room services provided by a dentist				
	Yes			
Inpatient Hospital Services				
	Yes			
Anesthesia				
General anesthesia	Yes		Providers must be certified with the NYS Department of Education.	
Intravenous conscious sedation	Yes		Providers must be certified with the NYS Department of Education.	
Non-intravenous conscious sedation	Yes		Reimbursable only for services provided in an Article 28 facility and payable through APG. There is no separate practitioner payment regardless of place of service.	
Analgesia (nitrous oxide)	Yes		Benefit is included in the reimbursement for the procedure(s) being provided.	

Summary of Benefits for New York, MEDICAID

* 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?).