



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for California, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	1 x 6 months	Additional cleanings may be approved, with prior authorization, when medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	Additional fluoride treatments (including fluoride varnishes) may be approved, with prior authorization, when medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Permanent first and second molars only (third molars, only if occupying the first or second molar position).
Space maintainers	Yes	up to 4 x year	A benefit to maintain the space for missing primary molar(s). Not a benefit for missing anterior teeth. Not a benefit for missing permanent teeth.

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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	1 x 6 months		
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	1 x 6 months		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years	Additional panoramic radiographs may be payable sooner than 36 months to same provider when documented as essential for a follow-up/ post-operative exam (such as after oral surgery).	

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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		The original provider is responsible for any replacement restorations necessary in primary teeth within the first 12 months and permanent teeth within the first 36 months, except when failure or breakage results from circumstances beyond the control of the provider.	
Tooth colored composite	Yes		The original provider is responsible for any replacement restorations necessary in primary teeth within the first 12 months and permanent teeth within the first 36 months, except when failure or breakage results from circumstances beyond the control of the provider.	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Crowns/tooth caps				
Stainless steel crowns	Yes		The original provider is responsible for any replacement prefabricated crowns necessary in primary teeth within the first 12 months and permanent teeth within the first 36 months, except when failure or breakage results from circumstances beyond the control of the provider.	
Metal (only) crowns	Yes		Requires prior authorization. A benefit for patients age 13 or older when a lesser service will not suffice because of extensive coronal destruction. Base metals only. Precious, semi-precious, noble metals are not a benefit.	
Metal/porcelain crowns	Yes		Requires prior authorization. A benefit for patients age 13 or older when a lesser service will not suffice because of extensive coronal destruction. Base metals only. Precious, semi-precious, noble metals are not a benefit.	
Porcelain (only) crowns	Yes		Requires prior authorization. A benefit for patients age 13 or older when a lesser service will not suffice because of extensive coronal destruction.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			

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Root canals on permanent teeth	Yes		Requires prior authorization (with some exceptions).	
Gum (periodontal) therapy				
	Yes			
Dentures				
Partial dentures	Yes		Requires prior authorization. Must meet specified Program criteria.	
Complete dentures	Yes		Requires prior authorization.	
Bridges	Yes		Fixed partial dentures (bridgework) are considered beyond the scope of the Medi-Cal Dental Program. The fabrication of a fixed partial denture shall be considered for prior authorization only when medical conditions or employment preclude the use of a removable partial denture. Most importantly, the patient shall first meet the criteria for a removable partial denture before a fixed partial denture will be considered.	

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Orthodontics*				
Retainers (orthodontic)	Yes		Requires prior authorization. A benefit for patients under the age of 21. This procedure shall be paid only following the completion of periodic orthodontic treatment visit(s) which is considered to be the active phase of orthodontic treatment.	
Braces	Yes		Requires prior authorization. Must meet specified Program criteria. A benefit for patients under the age of 21.	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes		Requires radiographs for prior authorization/payment (diagnostic preoperative periapical or panoramic radiograph depicting the entire tooth).	
Care of abscesses	Yes			
Cleft palate treatment	Yes			
Cancer treatment	Yes		As related to oral surgical procedures for the removal of lesions.	
Treatment of fractures	Yes			

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Biopsies	Yes		Requires a pathology report from a certified pathology laboratory is required for payment.	
Treatment of jaw joint problems (TMJ)				
	Yes		TMJ dysfunction procedures are limited to differential diagnosis and symptomatic care. Not included as a benefit are those TMJ treatment modalities that involve prosthodontia, orthodontia and full or partial occlusal rehabilitation.	
Emergency room services provided by a dentist				
	Yes		If services provided in emergency room is required for alleviation of severe pain or the immediate diagnosis and treatment of severe medical conditions which, if not immediately diagnosed and treated, would lead to disability or death	

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Inpatient Hospital Services				
	Yes		Dental services provided to patients in hospitals are covered under the Denti-Cal Program only following prior authorization of each non-emergency and non-diagnostic dental service. Emergency services may be performed on hospital patients without prior authorization for the alleviation of pain or treatment of an acute dental condition.	
Anesthesia				
General anesthesia	Yes		With documentation why local anesthesia is alone insufficient/contraindicated. Only a benefit in conjunction with payable associated procedures.	
Intravenous conscious sedation	Yes		With documentation why local anesthesia is alone insufficient/contraindicated. Only a benefit in conjunction with payable associated procedures.	
Non-intravenous conscious sedation	Yes		Only a benefit in conjunction with payable associated procedures.	
Analgesia (nitrous oxide)	Yes		Only a benefit in conjunction with payable associated procedures.	

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* 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?).