Summary of Benefits for District of Columbia, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	Ages 0-14, Teeth 2-5, 12-15, 18-21, 28-31. Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay.
Space maintainers	Yes	1 x lifetime	

Data as of: 07/20/2016

Summary of Benefits for District of Columbia, MEDICAID

Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
Oral health screening or assessment				
	Yes			
Dental examinations				
	Yes	1 x 6 months		0-20 years of age.
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		

Data as of: 07/20/2016

Summary of Benefits for District of Columbia, 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		One per 12 months per tooth, per surface.	
Tooth colored composite	Yes		One per 12 months per tooth, per surface.	
Crowns/tooth caps				
Stainless steel crowns	Yes			
Metal (only) crowns	Yes		One per 60 months per patient per tooth.	
Metal/porcelain crowns	Yes		One per 60 months per patient per tooth.	
Porcelain (only) crowns	Yes - only with prior authorization		One per 60 months per patient per tooth.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		One per lifetime per patient per tooth.	

Summary of Benefits for District of Columbia, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Gum (periodontal) therapy				
	Yes		Frequency limit varies dependent on periodontal treatment procedure CDT code. Some periodontal CDT codes require prior authorization.	
Dentures				
Partial dentures	Yes		One per 60 months per patient.	
Complete dentures	Yes		One per 60 months per patient.	
Bridges	Yes - only with prior authorization			
Orthodontics*				
Retainers (orthodontic)	Yes		Maximum of 2 units reimbursed.	
Braces	Yes - only with prior authorization		Once per lifetime.	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes			

Data as of: 07/20/2016

Summary of Benefits for District of Columbia, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)				
	Yes		Some procedures for TMJ dysfunctions are covered D7820, D7840, D7850, D7860,and D7870.	
Emergency room services provided by a dentist				
	Yes			
Inpatient Hospital Services				
	Yes - only with prior authorization			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	No			
Non-intravenous conscious sedation	No			
Analgesia (nitrous oxide)	Yes			

* 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?).