



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Maryland, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	1 x 6 months	One of (D1110, D1120) per 6 Month(s) per patient.
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	Topical fluoride varnish - Four per 12 Month(s) per patient per provider. Maximum eight of (D1206) per 12 months per patient regardless of provider.
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	Age 0 - 20 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 every 2 years	One of (D1515, D1525) per 24 Month(s) Per Patient.

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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	One of (D0120, D0145) per 6 months per provider or location. One of (D0150, D0160) per 1 lifetime per provider or location.	
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	1 x 6 months	Limited to Ages 2-20	
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years	Limited to Ages 6-20	

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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		One per 36 months. Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least 36 months. Teeth 1 - 32, A - T.	
Tooth colored composite	Yes		One per 36 months. Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least 36 months. Teeth 1 - 32, A - T.	
Crowns/tooth caps				
Stainless steel crowns	Yes		Teeth 1 - 32-One per 60 Month(s) Per Patient. Per Tooth. Teeth A-T-One per 36 Month(s) Per Patient. Per Tooth. On Prefab, covered without authorization	
Metal (only) crowns	Yes - only with prior authorization		One per 60 Month(s) Per Patient. Per Tooth. Pre-operative radiographs of adjacent and opposing teeth required. Ages 0 - 20. Teeth 1-32	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Metal/porcelain crowns	Yes - only with prior authorization		One per 60 Month(s) Per Patient. Per Tooth. Pre-operative radiographs of adjacent and opposing teeth required. Ages 0 - 20. Teeth 1-32	
Porcelain (only) crowns	Yes - only with prior authorization		One per 60 Month(s) Per Patient. Per Tooth. Pre-operative radiographs of adjacent and opposing teeth required. Ages 0 - 20. Teeth 1-32	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		Age 0 - 20 Teeth 1 - 32, A - T	
Root canals on permanent teeth	Yes		One per 1 Lifetime Per Patient Per Tooth. Pre-operative and fill radiograph must be maintained in patient record.	
Gum (periodontal) therapy				
	Yes - only with prior authorization		Dependent on specific procedure. One of (D4341, D4342) per 24 Month(s) Per Patient, Per Quadrant. One per 24 Month(s) Per Patient. One of (D4260, D4261) per 24 Month(s) Per Patient, Per Quadrant. One per 24 Month(s) Per Patient. One of (D4210, D4211) per 24 Month(s) Per Patient. Per quadrant. One of each quadrant per 24 months.	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Dentures				
Partial dentures	Yes - only with prior authorization		One per 60 Month(s) Per Patient. Pre-operative radiographs required	
Complete dentures	Yes - only with prior authorization		One per 60 Month(s) Per Patient. Pre-operative radiographs required	
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		One Set (included in Comprehensive Orthodontia). Replacement allowed One per Arch Per Lifetime within 24 months of date of debanding.	
				Medicaid Members age 20 and under may qualify for orthodontic care under the Maryland Healthy Smiles Dental Program. Members must have a severe, dysfunctional, handicapping

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				malocclusion. Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspid are in good occlusion seldom qualify. Crowding alone is usually not dysfunctional in spite of the aesthetic considerations. All orthodontic services require prior authorization by one of Scion Dental's Dental Consultants. The member should present with a fully erupted set of permanent teeth. At least ½
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<p>Braces</p>	<p>Yes - only with prior authorization</p>		<p>Once per Lifetime. Must have a set of fully erupted permanent teeth with at least 1/2 to 3/4 of the clinical crown being exposed (unless the tooth is impacted or congenitally missing). Must have a severe, dysfunctional, handicapping malocclusion that meets a minimum score of 15 on the Handicapping Labio-Lingual Deviations form (HLD).</p>	<p>to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing. The Handicapping Labio-Lingual Deviations (HLD) Form (copy on preceding page) is used as the basis for determining whether a Member qualifies for orthodontic treatment. A member must score a minimum of 15 points to qualify for coverage – points are not awarded for esthetics,</p>
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				therefore additional points for handicapping esthetics will not be considered as part of the determination. The following documentation must be submitted with the request for prior authorization points for handicapping esthetics will not be considered as part of the determination. The following documentation must be submitted with the request for prior authorization services: points for handicapping esthetics will not
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				be considered as part of the determination. The following documentation must be submitted with the request for prior authorization services: -ADA 2012 or newer claim form with service code requested; Cephalometric head film with measurements; Panoramic or full series periapical radiographs; Clinical summary with diagnosis; HLD score sheet completed and signed by the Orthodontist; and Treatment plan.
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Oral surgery			
Simple extractions	Yes		Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
Surgical extractions	Yes		Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS
Care of abscesses	Yes		D9110 palliative (emergency) treatment of dental pain - minor procedure
Cleft palate treatment	Yes - only with prior authorization		If treatable through orthodontics
Cancer treatment	No		
Treatment of fractures	No		
Biopsies	Yes - only with prior authorization		Copy of pathology report is required with claim
Treatment of jaw joint problems (TMJ)			
	No		

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Emergency room services provided by a dentist				
	Yes - only with prior authorization		Dependent on specific procedure needed. Facility and anesthesia charges are covered under medical insurance and should be prior authorized	Dependent on specific procedure needed. Facility and anesthesia charges are covered under medical insurance and should be prior authorized whenever possible. Procedures that require emergency care can be reviewed retrospectively to determine dental insurance coverage.
Inpatient Hospital Services				
				Reimbursement of the facility charges for

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Yes - only with prior authorization

All dental services that are to be rendered in a hospital setting require approval from the Dental Benefits Administrator before services can be rendered.

dental services performed in the outpatient department of a hospital or at an ambulatory surgical center (ASC) are part of the dental carve out and will be covered by the Maryland Medicaid Program. However, dental services that are to be performed outside your office, either in an outpatient department of a hospital or at an ASC, must be approved by Scion Dental to ensure the services meet the medical necessity criteria for service

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				rendered in an outpatient facility (hospital or ASC).
Anesthesia				
				General anesthesia or IV sedation must meet the following criteria: Extensive or complex oral surgical procedures such as: Impacted wisdom teeth, surgical root recovery from maxillary antrum, Surgical exposure of impacted or unerupted cuspids, Radical excision of lesions in excess of 1.25 cm. And/or one of the following

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General anesthesia	Yes		Maximum of 90 minutes (6 units). Will not be paid with D9230, D9243, D9248.	medical conditions: Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension), Underlying hazardous medical condition (cerebral palsy, epilepsy, mental retardation, including Down's syndrome) which would render patient noncompliant, Documented failed sedation or a condition where severe periapical infection would render local anesthesia
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				ineffective, Patients 3 years old and younger with extensive procedures to be accomplished.
				General anesthesia or IV sedation must meet the following criteria: Extensive or complex oral surgical procedures such as: Impacted wisdom teeth, surgical root recovery from maxillary antrum, Surgical exposure of impacted or unerupted cuspids, Radical excision of lesions in excess of 1.25 cm. And/or one

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<p>Intravenous conscious sedation</p>	<p>Yes</p>		<p>Maximum of 90 minutes (6 units). Will not be paid with D9223, D9230, D9248.</p>	<p>of the following medical conditions: Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension), Underlying hazardous medical condition (cerebral palsy, epilepsy, mental retardation, including Down's syndrome) which would render patient noncompliant, Documented failed sedation or a condition where severe periapical infection would render local</p>
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				anesthesia ineffective, Patients 3 years old and younger with extensive procedures to be accomplished.
Non-intravenous conscious sedation	Yes		Will not be billed with D9223, D9230, D9243. A narrative of medical necessity shall be maintained in patient records.	Will not be billed with D9223, D9230, D9243. A narrative of medical necessity shall be maintained in patient records.
Analgesia (nitrous oxide)	Yes		Will not be paid with D9223, D9243, D9248, A narrative of medical necessity shall be maintained in patient records.	Will not be paid with D9223, D9243, D9248, A narrative of medical necessity shall be maintained in patient records.

* 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?).