



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Massachusetts, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
<b>Cleanings</b>	Yes	2 x year	PA required after limit
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	up to 4 x year	PA required after limit
<b>Sealants (list any tooth-specific limits)</b>	Yes	3 x year	PA required after limit - once per tooth per 3 years
<b>Space maintainers</b>	Yes		no limit

## Summary of Benefits for Massachusetts, MEDICAID

### Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
<b>Oral health screening or assessment</b>				
	No			
<b>Dental examinations</b>				
	Yes	1 x year	comprehensive- once per lifetime per provider/location. Periodic - 2 times per year per provider/location	by 1 year old
<b>Assessment of risk for tooth decay</b>				
	No			
<b>X-Rays</b>				
Bitewing	Yes	2 x year	per provider/location	
Full Mouth	Yes	1 x every 3 years	per provider/location	
Panoramic	Yes	1 x every 3 years	per provider/location	

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### Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Anti-microbial treatments that stop decay from spreading</b>				
	No			
<b>Fillings</b>				
Silver amalgam	Yes		12 month per provider/location per surface	
Tooth colored composite	Yes		12 month per provider/location per surface	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		one per 60 months per tooth	
Metal (only) crowns	Yes		one per 60 months per tooth	
Metal/porcelain crowns	Yes		one per 60 months per tooth	
Porcelain (only) crowns	Yes		one per 60 months per tooth	
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes		one per lifetime per tooth	
Root canals on permanent teeth	Yes		one per lifetime per tooth	
<b>Gum (periodontal) therapy</b>				
	Yes		one per 36 months per quadrant	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Dentures</b>				
Partial dentures	Yes		per 84 month	
Complete dentures	Yes		per 84 months	
Bridges	Yes		one per 60 months per tooth	
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes		5 per lifetime	
Braces	Yes		1 per lifetime	6-20
<b>Oral surgery</b>				
Simple extractions	Yes		no limit	
Surgical extractions	Yes		no limit	
Care of abscesses	Yes		no limit	
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	Yes		no limit	
<b>Treatment of jaw joint problems (TMJ)</b>				
	No			

## Summary of Benefits for Massachusetts, MEDICAID

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Emergency room services provided by a dentist</b>				
	No			
<b>Inpatient Hospital Services</b>				
	No			
<b>Anesthesia</b>				
General anesthesia	Yes		no limit	
Intravenous conscious sedation	Yes		no limit	
Non-intravenous conscious sedation	Yes		no limit	
Analgesia (nitrous oxide)	Yes		no limit	

\* 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?).