



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Texas, 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 year	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Sealants and replacement sealants are limited to 1 every 3 years per tooth by the same provider or provider group.
Space maintainers	Yes		Limited to 1 space maintainer per TID per client.

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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	2 x year		
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	1 x every 3 years		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years	Limited to 1 service per day, any provider, and to 1 service every 3 years by the same provider.	

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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			
Tooth colored composite	No			
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization			
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	No			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		All root canals are limited to one per tooth per lifetime.	
Root canals on permanent teeth	Yes		All root canals are limited to one per tooth per lifetime.	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Gum (periodontal) therapy				
	Yes			
Dentures				
Partial dentures	No			
Complete dentures	No			
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Limited to only one retainer per arch per lifetime.	
Braces	Yes - only with prior authorization		Limits may apply.	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization		Orthodontic services (limited to pre- and postsurgical).	
Cancer treatment	No			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Treatment of fractures	Yes		Limited to treatment of smoothing fractured tooth that is cutting lips or cheek.	
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)				
	Yes		Limited to non-surgical reduction of TMJ dislocation.	
Emergency room services provided by a dentist				
	No			
Inpatient Hospital Services				
	Yes		Limited to 1 every year.	
Anesthesia				
General anesthesia	Yes - only with prior authorization		Limited to three hours per day.	
Intravenous conscious sedation	Yes - only with prior authorization		Limited to one and one-half hours per day.	
Non-intravenous conscious sedation	Yes - only with prior authorization		May be submitted twice within a 12-month period.	
Analgesia (nitrous oxide)	Yes - only with prior authorization		May not be submitted more than one per client, per day.	

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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?).