

**Description of Dental Benefits Provided Under  
Medicaid and the Children's Health Insurance Program (CHIP)  
State: Florida  
Updated: 7/20/09**

The following information will identify the general categories of services available in your State. Please note that while a service may be available, you must consult with your dental provider to ensure that the service is medically necessary for your specific condition. For more specific information, please contact your State program.

State Contact: **Florida KidCare Customer Service**  
Telephone Number: **1-800-821-5437**  
E-mail Address: **FHKSupport@acs-inc.com**

**Medicaid Program**

- Under the Medicaid State Plan dental benefits are provided to eligible individuals under the age of 21 in compliance with the requirements of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.  
State Program Name: **Medicaid**

**CHIP Program**

- CHIP Medicaid Expansion Program ONLY, i.e., offering complete oral health services under Early and Periodic Screening, Diagnostic and Treatment (EPSDT)  
State Program Name:
- CHIP Stand-Alone/Separate Program ONLY  
State Program Name:
- Dental Services Provided through State-defined benefit package
- Benchmark Equivalent Program: Medicaid Benefits for Children with annual benefit limit of \$1,000 per child (measured July 1 through June 3). There are no additional out of pocket costs for this benefit.

Consulting actuary for the Florida Healthy Kids program has reviewed and determined that benefit package meets or exceeds any of the designated benchmark equivalents designated in law.

Name of:

- Optional Supplemental Dental Coverage for CHIP eligible children with private or group insurance
- CHIP Medicaid Expansion and Stand-Alone Program (dental services are as described above)  
State Program Name: Florida KidCare Program  
**Healthy Kids Program – a program component of Florida's Title XXI program (Florida KidCare) for children ages 5 through 18.**

**If providing dental benefits other than as defined by EPSDT, States must complete the following:**

**CHIP Stand-Alone Program Dental Benefits**

NOTE: Please identify any limits or other criteria using terms commonly recognized by individuals without extensive oral health terminology knowledge rather than using technical dental terminology. For example, use molar rather than posterior, or front versus anterior.

**Schedule of Services**

- State EPSDT definition  
OR  
 Nationally Recognized Standard  
Name and Description:

Recommended Age for First Oral Health Examination: NA – Children in Healthy Kids are ages 5-18

**Preventive Services:**

- Cleanings

- a. Recommended frequency: Every 6 months
- b. Exceptions: All dental services limited to \$1,000 annual benefit cap

Fluoride treatments

- a. Ages: 5-18
- b. Recommended frequency: Every 6 months
- c. Also provided by physicians:
- d. Also provided by hygienists:
- e. Exceptions: All dental services limited to \$1,000 annual benefit cap

Sealants

- a. Ages: 5-18
- b. Recommended frequency: Every 3 years.
- c. Exceptions: Limited to one application per tooth every 3 years; permanent teeth only; all dental services limited to \$1,000 annual benefit cap

Oral hygiene instruction

- a. Ages: 5-18
- b. Recommended frequency: As often as needed

Space Maintainers

- a. Limits: Limited to fixed appliances, must be passive and be maintained for at least six months; all dental services limited to \$1,000 annual benefit cap.
- b. Prior approval required:

**Diagnostic Services:**

Dental Examinations by Dentists

- a. Recommended age of first visit: NA – Healthy Kids services children 5-18
- b. Recommended frequency: Every 6 months
- c. Limits: Limited to once every 6 months; all dental services limited to \$1,000 annual benefit cap.

Dental Screens and Other Services by Hygienists

- a. Recommended frequency:
- b. Limits: All dental services limited to \$1,000 annual benefit cap.

X-Rays

- a. Limits: Complete set of intraoral limited to once every 3 years. Bitewings every 6 months. A panoramic is limited to once per year. All dental services limited to \$1,000 annual benefit cap.

**Treatment Services:**

Fillings

1. Silver amalgam: 
  - a. Limits: One restoration per tooth surface except for the occlusal surface of permanent max. 1<sup>st</sup> and 2<sup>nd</sup> molars. One restoration for a mesial or distal lesion. All dental services limited to \$1,000 annual benefit cap.
2. Tooth colored composite: 
  - a. Limits: One posterior one-surface resin restoration (D2391) every 3 years per tooth number or letter per tooth surface. Both permanent and primary teeth are included. All dental services limited to \$1,000 annual benefit cap.

Crowns/Tooth Caps

1. Stainless steel crowns: 
  - a. Limits: All dental services limited to \$1,000 benefit cap.
  - b. Prior approval required:  No
2. Metal (only) crowns 
  - a. Limits:
  - b. Prior approval required:
3. Metal/Porcelain crowns: 
  - a. Limits: Permanent posterior teeth when the tooth has been treated endodontically and cannot be adequately restored with a stainless steel crown, amalgam, or resin. Permanent anterior teeth when the tooth cannot be adequately restored with a resin restoration. All dental services limited to \$1,000 dental benefit cap.

- b. Prior approval required: No
- 4. Porcelain (only): 
  - a. Limits:
  - b. Prior approval required:
- Root Canals (endodontics)
  - 1. Root canals on baby teeth (Pulpotomies): 
    - a. Limits: Covered only if one of the following conditions exist: overfilled canal or canal cannot be filled due to excess root curvature; fractured root tip is not reachable; broken instrument in canal; perforation of the root in the apical one-third of the canal; root canal filling material lying free in tissues and acting as an irritant; or periapical pathology not resolved by root canal therapy. Root canal on primary teeth with succedaneous teeth must include the placement of a restorable filling. All dental services limited to \$1,000 dental benefit cap.
    - b. Prior approval required: No
  - 2. Root canals on permanent teeth: 
    - a. Limits: Covered only if one of the following conditions exist: overfilled canal or canal cannot be filled due to excess root curvature; fractured root tip is not reachable; broken instrument in canal; perforation of the root in the apical one-third of the canal; root canal filling material lying free in tissues and acting as an irritant; or periapical pathology not resolved by root canal therapy. Root canal on primary teeth with succedaneous teeth must include the placement of a restorable filling. All dental services limited to \$1,000 dental benefit cap. Prior approval required: No
- Gum (periodontal) Therapy
  - a. Limits: Child must have pockets in excess of the 4 to 5 mm. range.
  - b. Prior approval required: No
- Dentures
  - 1. Partial dentures: 
    - a. Prior approval required:   
Partial dentures are not covered if the child has at least 8 posterior teeth in occlusion. All dental services subject to \$1,000 annual benefit cap.
  - 2. Complete dentures: 
    - a. Prior approval required:   
Provided once for an upper, a lower or a complete set per the child's lifetime. All dental services subject to \$1,000 annual benefit cap.
- Retainers (orthodontic)
  - a. Limits: Orthodontics limited only to those circumstances where the child's condition creates a disability and is an impairment to the physical development. Monthly maintenance visits are limited to 24 months. Services are not covered for limited or interceptive treatment; primarily cosmetic services; or split phase treatment with the exception of cleft palate cases. All dental services subject to the \$1,000 annual benefit cap.
- Bridges
  - a. Limits:
  - b. Prior approval required:
- Implants:
- Oral Surgery
  - 1. Simple extractions: 
    - a. Limits: All dental benefits limited to \$1,000 annual benefit cap.
    - b. Prior approval required:
  - 2. Surgical extractions: 
    - a. Limits: All dental benefits limited to \$1,000 annual benefit cap.
    - b. Prior approval required:
  - 3. Care of abscesses: 
    - a. Limits: All dental benefits limited to \$1,000 annual benefit cap.
    - b. Prior approval required:
  - 4. Cleft palate treatment: 
    - a. Limits: All dental benefits limited to \$1,000 annual benefit cap.
    - b. Prior approval required:
  - 5. Cancer treatment: 
    - b. Limits: All dental benefits limited to \$1,000 annual benefit cap.
    - c. Prior approval required: No

- 6. Treatment of Fractures: 
  - a. Limits: All dental benefits limited to \$1,000 annual benefit cap. These services may also fall under medical services and be covered through the separate medical services contracts which do not include a dental benefit limit.
- Prior approval required: No
- 7. Biopsies: 
  - b. Limits: All dental benefits limited to \$1,000 annual benefit cap. These services may also fall under medical services and be covered through the separate medical services contracts which do not include a dental benefit limit.
  - c. Prior approval required:
- Treatment of Jaw Joint (TMJ)
  - a. Criteria:
  - b. Prior approval required:
- Braces (Orthodontia)
  - b. Criteria: Orthodontics limited only to those circumstances where the child's condition creates a disability and is an impairment to the physical development. Monthly maintenance visits are limited to 24 months. Services are not covered for limited or interceptive treatment; primarily cosmetic services; or split phase treatment with the exception of cleft palate cases. All dental services subject to the \$1,000 annual benefit cap.
  - a. Prior approval required:
  - b. Payment if eligibility lost: No
- Emergency Room Services
  - d. Identify services: All dental services limited to \$1,000 dental benefit cap. These services may also fall under medical services and be covered through the separate medical services contracts which do not include a dental benefit limit.
  - a. Criteria:
- In-patient Hospital Services
  - e. Criteria: These services may also fall under medical services and be covered through the separate medical services contracts which do not include a dental benefit limit.
  - a. Prior approval required:
- Special Anesthesia (Healthy Kids: Hospitalization for dental treatment)
  - a. Criteria: Child's health must be so jeopardized that the procedures cannot be safely performed in the office and/or the child is so uncontrollable due to emotional instability or developmental disability and other sedation has been ineffective.
  - b. Prior approval required:

### Excluded Services

1. Identify services: Once an enrollee has reached their annual benefit maximum of \$1,000 (measured July 1 through June 30 of each year), the enrollee will be responsible for the costs of any services beyond that benefit maximum. Services are delivered through one of our statewide dental plans. These plans do offer a minimum discount of 25% off the provider's usual and customary fees for services beyond the benefit maximum or services that are otherwise uncovered.
2. Additionally, within each of the dental plans, there may be prior authorization or approval processes for some services. These are managed by each dental plan, not the Healthy Kids program, and must meet federal requirements for prior authorization processes. Most prior authorization processes are for specialty services and serve as a mechanism by which families are notified of their benefit limits and any amounts remaining under their annual benefit prior to accessing such services.