

**Description of Dental Benefits Provided Under  
Medicaid and the Children's Health Insurance Program (CHIP)  
State: North Dakota**

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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.

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**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: North Dakota Health Tracks

**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:  
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: North Dakota Healthy Steps

**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: 3 years or sooner if a problem exists

**Preventive Services:**

- Cleanings
- a. Recommended frequency: 4 times during a Benefit Period
  - b. Exceptions:

- Fluoride treatments
  - a. Ages:
  - b. Recommended frequency: twice during a Benefit Period
  - c. Also provided by physicians:
  - d. Also provided by hygienists:
  - e. Exceptions:
- Sealants
  - a. Ages:
  - b. Recommended frequency:
  - c. Exceptions:
- Oral hygiene instruction
  - a. Ages:
  - b. Recommended frequency:
- Space Maintainers
  - a. Limits:
  - b. Prior approval required: Y/N

**Diagnostic Services:**

- Dental Examinations by Dentists
  - a. Recommended age of first visit:
  - b. Recommended frequency: twice during a Benefit Period
  - c. Limits:
- Dental Screens and Other Services by Hygienists
  - a. Recommended frequency:
  - b. Limits:
- X-Rays
  - a. Limits: Once during a Benefit Period

**Treatment Services:**

- Fillings
  1. Silver amalgam: 
    - a. Limits:
  2. Tooth colored composite: 
    - a. Limits:
- Crowns/Tooth Caps
  1. Stainless steel crowns: 
    - a. Limits:
    - b. Prior approval required:
  2. Metal (only) crowns 
    - a. Limits:
    - b. Prior approval required:
  3. Metal/Porcelain crowns: 
    - a. Limits:
    - b. Prior approval required:
  4. Porcelain (only): 
    - a. Limits:
    - b. Prior approval required:
- Root Canals (endodontics)
  1. Root canals on baby teeth (Pulpotomies): 
    - a. Limits:
    - b. Prior approval required:
  2. Root canals on permanent teeth: 
    - a. Limits:
    - b. Prior approval required:
- Gum (periodontal) Therapy

- a. Limits:
  - b. Prior approval required:
- Dentures
  - 1. Partial dentures: 
    - a. Prior approval required:
  - 2. Complete dentures: 
    - a. Prior approval required:
- Retainers (orthodontic)
  - a. Limits:
- Bridges
  - a. Limits:
  - b. Prior approval required:
- Implants:
  - a. Criteria:
- Oral Surgery
  - 1. Simple extractions: 
    - a. Limits:
    - b. Prior approval required:
  - 2. Surgical extractions: 
    - a. Limits:
    - b. Prior approval required:
  - 3. Care of abscesses: 
    - a. Limits:
    - b. Prior approval required:
  - 4. Cleft palate treatment: 
    - a. Limits:
    - b. Prior approval required:
  - 5. Cancer treatment: 
    - b. Limits:
    - c. Prior approval required:
  - 6. Treatment of Fractures: 
    - a. Limits:
    - b. Prior approval required:
  - 7. Biopsies: 
    - a. Limits:
    - b. Prior approval required:
- Treatment of Jaw Joint (TMJ)
  - a. Criteria:
  - b. Prior approval required:
- Braces (Orthodontia)
  - a. Criteria:
  - b. Prior approval required:
  - c. Payment if eligibility lost:
- Emergency Room Services
  - a. Identify services:
  - b. Criteria:
- In-patient Hospital Services
  - a. Criteria:
  - b. Prior approval required:
- Special Anesthesia
  - a. Criteria:
  - b. Prior approval required:

### Excluded Services

Identify services:

1. Services not prescribed or performed by or under the direct supervision of a Participating Dentist. If services are received from a Nonparticipating Provider, the charges will be the Member Child's

or the Member Child's Parent's responsibility.

2. Bacteriologic cultures for the determination of pathological agents.
3. Caries susceptibility tests.
4. Nutritional counseling for the control of dental disease, oral hygiene instruction and personal hygiene and convenience items.
5. Tobacco counseling for the control and prevention of oral disease.
6. Sealants on Deciduous teeth.
7. Interosseous and Endodontic implants.
8. Surgical procedures for isolation of a tooth with a rubber dam.
9. Cosmetic bleaching of discolored teeth.
10. Implants for Dentures.
11. Replacement of prosthetic appliances.
12. Ridge augmentation.
13. Cleft palate therapy.
14. Replacement and/or repair of Orthodontic appliances.
15. General Anesthesia for routine procedures. (Benefits for general anesthesia are available under the Healthy Steps health plan when Medically Appropriate and Necessary.)
16. Consultations.
17. House calls.
18. Hospital calls.
19. Office visits either during or after regular scheduled office hours with no operative services performed.
20. Therapeutic drug injections.
21. Prescription medications or drugs or Medicaments. (Benefits **are may be** available for prescription medications or drugs under the Healthy Steps health plan when Medically Appropriate and Necessary.)
22. Application of desensitizing Medicaments.
23. Occlusal adjustment (limited/complete).
24. Enamel microabrasion.
25. Treatment of temporomandibular(TMJ) or craniomandibular (CMJ) joint disorders.
26. Behavioral management.
27. Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicullar tissue.
28. Services not prescribed by or performed by or under the direct supervision of a Dentist and services that are beyond the Dentist's scope of licensure.
29. Services that are Experimental or Investigative.
30. Any services when benefits are provided by a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, similar person or group.
31. Surgery and related services primarily intended to improve appearance and not to restore bodily function or correct deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes.
32. Charges for failure to keep a scheduled appointment or charges for completion of any forms required by DSC.
33. Appliances or restorations necessary to increase vertical dimensions or to restore an occlusion.
34. Services for which a Member Child incurs no charge.
35. Claims for services that exceed the amount that would have been paid by the Member Child if no coverage existed under the Benefit Plan.
36. Services provided to a Member Child prior to the effective date of the Member Child's Benefit Plan. This includes dental services in progress before and concluded after the effective date of coverage if received as part of an original Treatment Plan.
37. Services when benefits are provided by any governmental unit or social agency, except for Medicaid or when payment has been made under Medicare Part A or B. Medicare Part A and Part B will be considered the primary payor with respect to benefit payments unless otherwise required by law.
38. Services considered inconsistent with accepted dental practices as determined by DSC.
39. Illness or injury caused directly or indirectly by war or an act of war or sustained while performing military services, if benefits for such illness or injury are available under the laws of the United States or any political subdivision thereof.
40. Illness or bodily injury that arises out of and in the course of the Member Child's employment if

benefits or compensation for such illness or injury are available under the provisions of a state workers' compensation act, the laws of the United States or any state or political subdivision thereof.

41. Loss caused or contributed by a Member Child's commission or attempted commission of a felony or the Member Child's involvement in an illegal occupation.
42. Complications resulting from noncovered services received by the Member Child.
43. Services that a Member Child or the Member Child's Parent has no legal obligation to pay in the absence of this or any similar coverage.
44. Orthodontic services.
45. Dental screening assessment programs or dental education services, Including all forms of communication media whether audio, visual or written.
46. Services, treatments or supplies that are not specified as a Covered Service under this Benefit