

**Description of Dental Benefits Provided Under
Medicaid and the Children's Health Insurance Program (CHIP)
State: Nevada
Updated: 7/1/09**

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.

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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: **Nevada 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: **Nevada Check Up**
- 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:

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: American Association of Pediatric Dentistry

Recommended Age for First Oral Health Examination: Six months old

Preventive Services:

- Cleanings
- a. Recommended frequency: Every six months
 - b. Exceptions: N/A

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- Fluoride treatments
 - a. Ages: Six months to 18 years of age
 - b. Recommended frequency: Every six months
 - c. Also provided by physicians:
 - d. Also provided by hygienists:
 - e. Exceptions: Nurses, Nurse Practitioners and Physician Assistants are also authorized to perform these services
- Sealants
 - a. Ages: Two through 18 years of age
 - b. Recommended frequency: One sealant per tooth per lifetime
 - c. Exceptions:
- Oral hygiene instruction
 - a. Ages: Six months through 18 years of age
 - b. Recommended frequency: Every six months
- Space Maintainers
 - a. Limits: 2 units per 12 months, 4 units per lifetime
 - b. Prior approval required: No

Diagnostic Services:

- Dental Examinations by Dentists
 - a. Recommended age of first visit: Six months of age
 - b. Recommended frequency: Every six months
 - c. Limits: One exam per six months
- Dental Screens and Other Services by Hygienists
 - a. Recommended frequency: Every six months
 - b. Limits: One unit per six months
- X-Rays
 - a. Limits: Bitewing X-rays every six months, Full mouth X-rays not more than once every three years, single X-rays as needed

Treatment Services:

- Fillings
 - 1. Silver amalgam:
 - a. Limits: One unit per 36 months per tooth
 - 2. Tooth colored composite:
 - a. Limits: One unit per 36 months per tooth
- 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: One per tooth per lifetime
 - 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: One unit per 36 months
 - b. Prior approval required:
 - 2. Root canals on permanent teeth:
 - a. Limits: N/A

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- b. Prior approval required:
- Gum (periodontal) Therapy
 - a. Limits: Four units per 60 months
 - b. Prior approval required:
- Dentures
 - 1. Partial dentures:
 - a. Prior approval required:
 - 2. Complete dentures:
 - a. Prior approval required:
- Retainers (orthodontic)
 - a. Limits: 2 per lifetime
- Bridges
 - a. Limits: Once per five years
 - b. Prior approval required:
- Implants:
 - a. Criteria: Prior authorization required, limited to medical necessity
- Oral Surgery
 - 1. Simple extractions:
 - a. Limits: Once per lifetime per tooth
 - b. Prior approval required:
 - 2. Surgical extractions:
 - a. Limits: Once per lifetime per tooth
 - b. Prior approval required:
 - 3. Care of abscesses:
 - a. Limits: Limited to medical necessity
 - b. Prior approval required:
 - 4. Cleft palate treatment:
 - a. Limits: Covered under physician services
 - b. Prior approval required:
 - 5. Cancer treatment:
 - b. Limits: Limited to medical necessity
 - c. Prior approval required:
 - 6. Treatment of Fractures:
 - a. Limits: Once per lifetime
 - b. Prior approval required:
 - 7. Biopsies:
 - a. Limits: Limited to medical necessity
 - b. Prior approval required:
- Treatment of Jaw Joint (TMJ)
 - a. Criteria: Service may be provided by a Medical doctor or dentist, limited to medical necessity
 - b. Prior approval required:
- Braces (Orthodontia)
 - a. Criteria: Must meet medical necessity as determined by a dentist
 - b. Prior approval required:
 - c. Payment if eligibility lost:
- Emergency Room Services
 - a. Identify services: Emergency care involves those services necessary to control bleeding, relieve significant pain and/or eliminate acute infection, and those procedures required to prevent pulpal death and/or the imminent loss of teeth.
 - b. Criteria: No prior authorization required
- In-patient Hospital Services
 - a. Criteria: Prior authorization is required unless it is a medical emergency
 - b. Prior approval required:
- Special Anesthesia
 - a. Criteria: Limited to medical necessity
 - b. Prior approval required:

Excluded Services

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1. Identify services:

Pregnant recipients are eligible for root scaling and planing. A second cleaning during pregnancy is also covered in addition to 100% coverage of the treatment of inflamed gums around the wisdom teeth during pregnancy.