

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

**State: North Carolina
Updated: July 16, 2009**

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: Health Check

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: North Carolina Health Choice (NCHC)

- 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:

Recommended Age for First Oral Health Examination: (*Children younger than 6 years are not eligible for NCHC*)

Preventive Services:

Cleanings

- a. Recommended frequency: *Coverage limitations are two per 12-month period*
- b. Exceptions: *None*

Fluoride treatments

- a. Ages: *6-18 years old*
- b. Recommended frequency: *every 6 months*
- c. Also provided by physicians: *X any provider may perform fluoride varnish treatments*
- d. Also provided by hygienists: *X any provider may perform fluoride varnish treatments. NCHC does not reimburse hygienists independently. Reimburses dentists for services of hygienists*
- e. Exceptions: *None*

Sealants

- a. Ages: *6-15 yrs old (Children younger than 6 years are not eligible for NCHC)*
- b. Recommended frequency: *1 per lifetime*
- c. Exceptions: *1 reapplication allowed*

Oral hygiene instruction *N/A as separate expense.*

- a. Ages: *N/A*
- b. Recommended frequency: *N/A*

Space Maintainers (fixed only)

- a. Limits: *None*
- b. Prior approval required: *No*

Diagnostic Services:

Dental Examinations by Dentists

- a. Recommended age of first visit: *(Children younger than 6 years are not eligible for NCHC)*
- b. Recommended frequency: *every 6 months*
- c. Limits: *Coverage limitations are two per 12-month period*

Dental Screens and Other Services by Hygienists

- a. Recommended frequency: *NCHC does not reimburse hygienists independently. Reimburses dentists for services of hygienists.*
- b. Limits:

X-Rays

Limits: Coverage limitations are one per 12-month period

*D0270 - Bitewing (single film)
D0272 - Bitewing (two films)
D0273 - Bitewing (three films)
D0274 - Bitewing (four films)
D0277 - Vertical Bitewings (7/8 films)*

Coverage limitations are one per 5-year period

*D0210 - Intraoral complete series (including bitewings and panorex)
D0330 - Panorex
D0340 - Cephalometric*

Treatment Services:

Fillings

- 1. Silver amalgam: x
 - a. Limits: *None*
- 2. Tooth colored composite: x

- a. Limits: *None*
- X Crowns/Tooth Caps
 - 1. Stainless steel crowns: x
 - a. Limits: *None*
 - b. Prior approval required: *No*
 - 2. Metal (only) crowns *Not covered under dental benefit. Could be covered after an accidental injury under the NCHC medical benefit.*
 - a. Limits:
 - b. Prior approval required: X
 - 3. Metal/Porcelain crowns: *Not covered under dental benefit. Could be covered after an accidental injury under the NCHC medical benefit*
 - a. Limits:
 - b. Prior approval required: X
 - 4. Porcelain (only): *Not covered under dental benefit. Could be covered after an accidental injury under the NCHC medical benefit*
 - a. Limits:
 - b. Prior approval required: X
- X Root Canals (endodontics)
 - 1. Root canals on baby teeth (Pulpotomies): x
 - a. Limits: *None*
 - b. Prior approval required: *No*
 - 2. Root canals on permanent teeth: x
 - a. Limits: *allowed for anterior teeth 6-11 and 22-27 and molars 3,14,19,30 only*
 - b. Prior approval required: *No*
- Gum (periodontal) Therapy (*not covered*)
 - a. Limits:
 - b. Prior approval required:
- Dentures (*not covered*)
 - 1. Partial dentures:
 - a. Prior approval required:
 - 2. Complete dentures:
 - a. Prior approval required:
- Retainers (orthodontic) (*not covered*)
 - a. Limits:
- Bridges (*not covered*)
 - a. Limits:
 - b. Prior approval required:
- Implants: (*not covered*)
 - a. Criteria:
- X Oral Surgery
 - 1. Simple extractions: x
 - a. Limits: *Third molars are not covered.*
 - b. Prior approval required: *No*
 - 2. Surgical extractions: x
 - a. Limits: *Third molars are not covered.*
 - b. Prior approval required: *No*
 - 3. Care of abscesses: x
 - a. Limits: *None*
 - b. Prior approval required: *Yes*
 - 4. Cleft palate treatment: x

- a. Limits: *None*
- b. Prior approval required: *Yes*
- 5. Cancer treatment: *x*
 - b. Limits: *None (Note: Removal of teeth is covered, but replacement is not)*
- 6. Prior approval required: *Yes*
- 7. Treatment of Fractures: *Yes*
 - a. Limits: *None*
 - b. Prior approval required: *Yes*
- 8. Biopsies: *x*
 - a. Limits: *None*
 - b. Prior approval required: *Yes*
- X** Treatment of Jaw Joint (TMJ)
 - a. Criteria: *diagnostic tests, x-rays, office visit records*
 - b. Prior approval required: *Yes for surgery and splint therapy*
- Braces (Orthodontia) (*not covered*)
 - a. Criteria:
 - b. Prior approval required:
 - c. Payment if eligibility lost:
- Emergency Room Services (*not covered under dental benefit*)
 - a. Identify services:
 - b. Criteria:
- In-patient Hospital Services (*Not covered under dental benefit. Hospital coverage for dental surgery may be covered under the medical benefit: Benefits are provided for hospital and ambulatory surgical center services for care related to dental surgery when it is necessary for the care to be received in a hospital setting.*)
 - a. Criteria:
 - b. Prior approval required:
- Special Anesthesia (*Anesthesia is covered only when provided by a professional anesthesiologist or certified nurse anesthetist. Anesthesia given in the office is not eligible for separate reimbursement. If billed separately, member is responsible.*)
 - a. Criteria:
 - b. Prior approval required:

Excluded Services

- *Pulling impacted teeth or wisdom teeth*
- *Repositioning impacted teeth to help them erupt into the mouth*
- *Sedative or temporary fillings*
- *Braces*
- *Retainers or other dental appliances (including gold and tooth-colored crowns, bridges, inlays, veneers or partial and full dentures)*
- *Dental implants*
- *Root canals on baby teeth, premolars or 2nd & 3rd molars*
- *Treatment of gum disease*
- *Rebuilding gums before getting an appliance*
- *Rebuilding the bone before getting an appliance*
- *Anesthesia reported as a separate charge / service (**Note:** Anesthesia given in the office is not eligible for separate reimbursement. If billed separately, member is responsible.)*
- *Incidental services that are considered part of the primary dental service*

The following are some oral surgeries that are not covered:

- *Surgery to correct the alignment of teeth. Note: If NCHC members were approved for combined orthodontic treatment and orthognathic surgery while Medicaid eligible, coverage will be approved under NCHC.*
- *Surgery to replace missing teeth with dental implants, bridges, partial or full dentures.*
- *Surgical removal of impacted teeth or wisdom teeth*
- *Dental services that are needed because of a chewing or eating accident*
- *Removal of cysts when other dental procedures are done, including extractions.*

The following are some dental services after accidents* that are not covered:

- *Replacement of a dental appliance that can be fixed when broken in an accident.*
- *Improvements to the teeth.*
- *Dental services that are needed because of a chewing or eating accident.*
- *Dental care (due to decay) that would have been needed even if an accident had not happened.*
- *Dental services that are needed because of an accident that occurred when the child was not covered by NCHC.*

*Accidental injury covered under the NCHC medical benefit.

A. Coverage is provided for dental care (including surgery and appliances for mouth, jaw, and tooth restoration) necessitated by an accidental injury of external and violent means, such as the impact of a moving body, vehicle collision, or fall, occurring while the individual is covered under the Plan.

B. Benefits include extractions, fillings, crowns, bridges, or other necessary therapeutic techniques and appliances, and are limited to those services necessary to restore condition and function to that which existed immediately prior to the accident.