

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

State: Texas

Updated: 7-15-09

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.

Texas Medicaid (EPSDT)

Contact: Texas Health Steps

Telephone Number: 1-877-847-8377 (1-877-THSTEPS)

E-mail Address: thsteps@dshs.state.tx.us

Texas Children's Health Insurance Program

Contact: CHIP Dental Benefits Call Center

Telephone Number: 1-866-561-5892

Website: www.CHIPmedicaid.org

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: Texas Health Steps

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:

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:

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Preventive Services:

CHIP covers preventive dental services up to a \$250 limit per 12-month period. Once the limit is reached, children can receive additional preventive dental services if the family pays the full cost.

- Cleanings
 - a. Recommended frequency:
 - b. Exceptions: CHIP covers preventive dental services up to a \$250 limit per 12-month period. Once the limit is reached, children can receive additional preventive dental services if the family pays the full cost.
- Fluoride treatments
 - a. Ages:
 - b. Recommended frequency:
 - c. Also provided by physicians:
 - d. Also provided by hygienists:
 - e. Exceptions:
- Sealants
 - a. Ages:
 - b. Recommended frequency: Limited to one per tooth per lifetime.
 - c. Exceptions: CHIP covers preventive dental services up to a \$250 limit per 12-month period. Once the limit is reached, children can receive additional preventive dental services if the family pays the full cost.
- Oral hygiene instruction
 - a. Ages:
 - b. Recommended frequency:
- Space Maintainers
 - a. Limits:
 - b. Prior approval required: Y/N

Diagnostic Services:

Diagnostic services count towards the \$250 limit on preventive services.

- Dental Examinations by Dentists
 - a. Recommended age of first visit:
 - b. Recommended frequency:
 - c. Limits: Initial evaluation limited to one per child's lifetime per dentist. CHIP covers preventive dental services up to a \$250 limit per 12-month period. Once the limit is reached, children can receive additional preventive dental services if the family pays the full cost.
- Dental Screens and Other Services by Hygienists
 - a. Recommended frequency:
 - b. Limits:
- X-Rays
 - a. Limits: Intraoral Complete Series – limited to one per 36 months; Panoramic Film – limited to one for age 5 through 9 and one for age 10 through 18. Limited to one per five years. CHIP covers preventive dental services up to a \$250 limit per 12-month period. Once the limit is reached, children can receive additional preventive dental services if the family pays the full cost.

Treatment Services:

CHIP covers three levels of therapeutic dental services (including treatment services) per 12-month period: Level I: \$280; Level II: \$425; and Level III: \$565. Once the limit for a level is reached, children can receive additional therapeutic dental services if the family pays the full cost. Children move up a level after each 12-month enrollment period.

- Fillings
 - 1. Silver amalgam:
 - a. Limits: One per tooth per 12 months. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
 - 2. Tooth colored composite:

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- a. Limits: One per tooth per 12 months. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
- Crowns/Tooth Caps
 - 1. Stainless steel crowns:
 - a. Limits: One per tooth per lifetime for primary teeth and one per tooth per lifetime for permanent teeth. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
 - b. Prior approval required:
 - 2. Metal (only) crowns
 - a. Limits: One per tooth per 5 years. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
 - b. Prior approval required:
 - 3. Metal/Porcelain crowns:
 - a. Limits: One per tooth per 5 years. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
 - 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: The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
 - b. Prior approval required:
 - 2. Root canals on permanent teeth:
 - a. Limits: One per tooth per lifetime. The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
 - 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: The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
 - b. Prior approval required:
 - 2. Surgical extractions:
 - a. Limits: The limit for all therapeutic services is \$280 for Level I; \$425 for Level II; and \$565 for Level III.
 - b. Prior approval required:
 - 3. Care of abscesses:
 - a. Limits: Must meet the Texas CHIP definition for a Medically Necessary Covered Service.
 - b. Prior approval required:
 - 4. Cleft palate treatment:
 - a. Limits: Must meet the Texas CHIP definition for a Medically Necessary Covered Service.

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- b. Prior approval required:
- 5. Cancer treatment:
 - b. Limits: Must meet the Texas CHIP definition for a Medically Necessary Covered Service.
 - c. Prior approval required:
- 6. Treatment of Fractures:
 - a. Limits: Must meet the Texas CHIP definition of Medically Necessary Covered Service.
 - b. Prior approval required:
- 7. Biopsies:
 - a. Limits: Must meet the Texas CHIP definition of Medically Necessary Covered Service.
 - 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: Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth, and removal of cysts.
 - b. Criteria:
- In-patient Hospital Services
 - a. Criteria: Must meet the Texas CHIP definition for a Medically Necessary Covered Service.
 - b. Prior approval required:
- Special Anesthesia
 - a. Criteria: Medically necessary physician services to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous sedation.
 - b. Prior approval required:

Excluded Services

1. Identify services: