

**Description of Dental Benefits Provided Under  
Medicaid and the Children's Health Insurance Program (CHIP)  
State: Indiana  
Updated: 06/07/09**

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: N/A

**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: N/A

**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 Academy of Pediatric Dentistry

Recommended Age for First Oral Health Examination: 1 year

**Preventive Services:**

- Cleanings
- a. Recommended frequency: One unit every six months
  - b. Exceptions: Must be medically necessary if member is under 1 year of age.

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- Fluoride treatments
  - a. Ages: 1 year through 20 years old
  - b. Recommended frequency: One unit ever six months
  - c. Also provided by physicians:
  - d. Also provided by hygienists:
  - e. Exceptions:
- Sealants
  - a. Ages: Under 21 years of age
  - b. Recommended frequency: Currently limited to one per tooth per lifetime unless medically necessary.
  - c. Exceptions: Limited to permanent molars and premolars.
- Oral hygiene instruction
  - a. Ages: Under 21 years of age.
  - b. Recommended frequency: As necessary.
- Space Maintainers
  - a. Limits: N/A
  - b. Prior approval required: Y/N Yes, for members under 3 years of age. Space maintenance for missing permanent teeth also requires PA.

### Diagnostic Services:

- Dental Examinations by Dentists
  - a. Recommended age of first visit: 1 year of age. Can be seen earlier if medically necessary
  - b. Recommended frequency: One unit every six months.
  - c. Limits:
- Dental Screens and Other Services by Hygienists
  - a. Recommended frequency:
  - b. Limits:
- X-Rays
  - a. Limits: Either a full mouth series or panorex is limited to one set per recipient every three years. Bitewing radiographs are limited to one set every twelve months. Intraoral radiographs are limited to one first film and seven additional films per member every twelve months.

### Treatment Services:

- Fillings
  - 1. Silver amalgam: 
    - a. Limits: N/A
  - 2. Tooth colored composite: 
    - a. Limits:
- Crowns/Tooth Caps
  - 1. Stainless steel crowns: 
    - a. Limits: N/A
    - b. Prior approval required:
  - 2. Metal (only) crowns: 
    - a. Limits: N/A
    - 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: N/A
    - b. Prior approval required:

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- 2. Root canals on permanent teeth: 
  - a. Limits: N/A
  - b. Prior approval required:
- Gum (periodontal) Therapy
  - a. Limits: Four units every two years
  - b. Prior approval required:
- Dentures
  - 1. Partial dentures: 
    - a. Prior approval required:
  - 2. Complete dentures: 
    - a. Prior approval required:
- Retainers (orthodontic)
  - a. Limits: N/A
- Bridges
  - a. Limits: Medically necessary only
  - b. Prior approval required:
- Implants:
  - a. Criteria: Medically necessary only
- Oral Surgery
  - 1. Simple extractions: 
    - a. Limits: N/A
    - b. Prior approval required:
  - 2. Surgical extractions: 
    - a. Limits:
    - b. Prior approval required:
  - 3. Care of abscesses: 
    - a. Limits: N/A
    - b. Prior approval required:
  - 4. Cleft palate treatment: 
    - a. Limits: N/A
    - b. Prior approval required:
  - 5. Cancer treatment: 
    - b. Limits: N/A
    - c. Prior approval required:
  - 6. Treatment of Fractures: 
    - a. Limits: N/A
    - b. Prior approval required:
  - 7. Biopsies: 
    - a. Limits: N/A
    - b. Prior approval required:
- Treatment of Jaw Joint (TMJ)
  - a. Criteria:
  - b. Prior approval required:
- Braces (Orthodontia)
  - a. Criteria: For craniofacial conditions only.
  - b. Prior approval required:
  - c. Payment if eligibility lost:
- Emergency Room Services
  - a. Identify services:
  - b. Criteria:
- In-patient Hospital Services
  - a. Criteria: N/A
  - b. Prior approval required:
- Special Anesthesia
  - a. Criteria:
  - b. Prior approval required:

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### Excluded Services

#### Identify services:

- D0180 Comprehensive periodontal evaluation – new or established patient
- D2390 Resin-based composite crown, anterior
- D2710 Crown – resin (indirect)
- D3221 Pulpal debridement, primary and permanent
- D4265 Biologic materials to aid in soft and osseous tissue regeneration
- D4273 Subepithelial connective tissue graft procedures
- D4275 Soft tissue allograft
- D4276 Combined connective tissue and double pedicle graft
- D4910 Periodontal maintenance
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary)
- D5671 Replace all teeth and acrylic on cast metal framework (mandibular)
- D6053 Implant/abutment supported removable denture for completely edentulous arch
- D6054 Implant/abutment supported removable denture for partially edentulous arch
- D6253 Provisional pontic
- D6600 Inlay-porcelain/ceramic, two surfaces
- D6601 Inlay - porcelain/ceramic, three or more surfaces
- D6602 Inlay - cast high noble metal, two surfaces
- D6603 Inlay - cast high noble metal, three or more surfaces
- D6604 Inlay - cast predominantly base metal, two surfaces
- D6605 Inlay - cast predominantly base metal, three or more surfaces
- D6606 Inlay - cast noble metal, two surfaces
- D6607 Inlay - cast noble metal, three or more surfaces
- D6608 Onlay - porcelain/ceramic, two surfaces
- D6609 Onlay - porcelain/ceramic, three or more surfaces
- D6610 Onlay - cast high noble metal, two surfaces
- D6611 Onlay - cast high noble metal, three or more surfaces
- D6612 Onlay - cast predominantly base metal, two surfaces
- D6613 Onlay - cast predominantly base metal, three or more surfaces
- D6614 Onlay - cast noble metal, two surfaces
- D6615 Onlay - cast noble metal, three or more surfaces
- D6793 Provisional retainer crown
- D6985 Pediatric partial denture, fixed
- D7111 Coronal remnants - deciduous tooth
- D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
- D7280 Surgical access of an unerupted tooth
- D7287 Cytology sample collection
- D7291 Transseptal fibrotomy/supra crestal fibrotomy, by report
- D7530 Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
- D9450 Case presentation, detailed and extensive treatment planning