

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

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.

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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: NJ FamilyCare/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:
- 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: NJ FamilyCare

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: 1 year of age and required by age 3

Preventive Services:

- Cleanings
- a. Recommended frequency: every 6 months
 - b. Exceptions: Children with Special Health Care Needs – every 3 months

- Fluoride treatments
 - a. Ages: 0 through 11, 18 or 20 years old, contingent on Plan
 - b. Recommended frequency: Every 6 months
 - c. Also provided by physicians:
 - d. Also provided by hygienists:
 - e. Exceptions: Children with Special Health Care Needs – every 3 months
- Sealants
 - a. Ages: Through 11 or 16 years old, contingent on Plan
 - b. Recommended frequency: N/A
 - c. Exceptions: primary teeth and anterior permanent teeth
- Oral hygiene instruction
 - a. Ages: Through 11, 18 or 20 years old, contingent on Plan
 - b. Recommended frequency: As needed
- Space Maintainers
 - a. Limits: Through 11 or 14 years old, contingent on Plan
 - b. Prior approval required: No

Diagnostic Services:

- Dental Examinations by Dentists
 - a. Recommended age of first visit: At 1 year old and required at 3 years old
 - b. Recommended frequency: Every 6 months; Children with Special Health Care Needs – every 3 months
 - c. Limits: Requires prior authorization if it exceeds recommended frequency
- Dental Screens and Other Services by Hygienists
 - a. Recommended frequency:
 - b. Limits:
- X-Rays
 - a. Limits: Complete film series – every 3 years when done by same provider, exceptions may apply.

Treatment Services: Covered in Plans A, B and C, not covered under Plan D

- Fillings
 - 1. Silver amalgam:
 - a. Limits: None
 - 2. Tooth colored composite:
 - a. Limits: None
- Crowns/Tooth Caps
 - 1. Stainless steel crowns:
 - a. Limits:
 - b. Prior approval required: for patients 17 years old or older
 - 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: None
 - 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: once without prior authorization
- Bridges
 - a. Limits:
 - b. Prior approval required:
- Implants:
 - a. Criteria: Edentulous (missing all teeth) with history of poor denture retention/fit or repair due to trauma, birth defect or cancer.
- 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: Yes, if treatment is by report, can be post treatment request
- Treatment of Jaw Joint (TMJ)
 - a. Criteria: Clinical documentation of condition treatment plan and diagnosis to substantiate request
 - b. Prior approval required:
- Braces (Orthodontia)
 - a. Criteria: Must have 24 point total on assessment tool or documented extenuating circumstances
 - b. Prior approval required:
 - c. Payment if eligibility lost:
- Emergency Room Services
 - a. Identify services: To treat lacerations, trauma and fractures
 - b. Criteria: Evidence of need
- In-patient Hospital Services
 - a. Criteria: Medically necessary diagnosis
 - b. Prior approval required:
- Special Anesthesia
 - a. Criteria: When provided in operating room or ambulatory surgical center for Children with Special Health Care Needs
 - b. Prior approval required:

Excluded Services

1. Identify services: Services that are cosmetic in nature
2. Implants to replace single teeth or for cases other than those to: improve ability to wear and retain complete denture; or repair due to trauma, birth defect or cancer
3. Services are provided under Plan A – through age 20, under Plans B and C through age 18 and under Plan D covers diagnostic and preventive services only through age 11.