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Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	Prophylaxis procedures (D1120) are a benefit once in a six month period under the age of 21. Additional requests, beyond the stated frequency limitations, for prophylaxis and fluoride procedures (D1110, D1120, D1206 and D1208) shall be considered for prior authorization when documented medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
Fluoride treatments (including fluoride varnishes)	Yes		The application of fluoride is only a benefit for caries control and is payable as a full mouth treatment regardless of the number of teeth treated. Fluoride procedures (D1206 and D1208) are a benefit once in a four month period without prior authorization up to the age of six. Fluoride procedures (D1206 and D1208) are a benefit once in a six month period without prior authorization from the age of six to under the age of 21. Additional requests, beyond the stated frequency limitations, for prophylaxis and fluoride procedures (D1110, D1120, D1206 and D1208) shall be considered for prior authorization when documented medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. Requires a tooth code and surface code. 3. A benefit: a. for first, second and third permanent molars that occupy the second molar position. b. only on the occlusal surfaces that are free of decay and/or restorations. c. for patients under the age of 21. d. once per tooth every 36 months per provider regardless of surfaces sealed. Frequency limitations shall apply toward preventive resin restoration in a moderate to high caries risk patient – permanent tooth (D1352). 4. The original provider is responsible for any repair or replacement during the 36-month period. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/
Space maintainers	Yes		Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/

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Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes		PROCEDURE D0120, D0140, D0145, D0150. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	First Tooth or First Birthday
Assessment of risk for tooth decay	Yes		PROCEDURE D0601, D0602, D0603. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
X-Rays				
Bitewing	Yes		PROCEDURE D0270, D0272, D0273, D0274. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Full Mouth	Yes	1 x every 3 years	PROCEDURE D0210. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Panoramic	Yes	1 x every 3 years	PROCEDURE D0330. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		PROCEDURE D1354. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Fillings				
Silver amalgam	Yes		PROCEDURE D2140, D2150, D2160, D2161. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Tooth colored composite	Yes		PROCEDURE D2330-D2394. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Crowns/tooth caps				
Stainless steel crowns	Yes		PROCEDURE D2930-D2931, D2933. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Metal (only) crowns	Yes - only with prior authorization		PROCEDURE D2781 (Permanent anterior teeth and permanent posterior teeth (ages 13 or older). Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Metal/porcelain crowns	Yes - only with prior authorization		PROCEDURE D2751 (Permanent anterior teeth and permanent posterior teeth (ages 13 or older). Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Porcelain (only) crowns	Yes - only with prior authorization		PROCEDURE D2740 (Permanent anterior teeth and permanent posterior teeth (ages 13 or older). Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		PROCEDURE D3220, D3222. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Root canals on permanent teeth	Yes		PROCEDURE D3310-D3330. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Gum (periodontal) therapy	Yes - only with prior authorization		Periodontal procedures shall be a benefit for patients age 13 or older. Periodontal procedures shall be considered for patients under the age of 13 when unusual circumstances exist such as aggressive periodontitis and drug-induced hyperplasia and the medical necessity has been fully documented on the TAR. Prior authorization is required for all periodontal procedures except for unscheduled dressing change (by someone other than the treating dentist) (D4920) and periodontal maintenance (D4910). Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Dentures				
Partial dentures	Yes - only with prior authorization		Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Complete dentures	Yes - only with prior authorization		Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Bridges	Yes - only with prior authorization		Fixed partial dentures (bridgework) are considered beyond the scope of the Medi-Cal Dental Program. However, the fabrication of a fixed partial denture shall be considered for prior authorization only when medical conditions or employment preclude the use of a removable partial denture. Most importantly, the patient shall first meet the criteria for a removable partial denture before a fixed partial denture will be considered. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Orthodontics*				

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Retainers (orthodontic)	Yes - only with prior authorization		Orthodontic procedures are benefits for medically necessary handicapping malocclusion, cleft palate and facial growth management cases for patients under the age of 21 and shall be prior authorized. Only those cases with permanent dentition shall be considered for medically necessary handicapping malocclusion, unless the patient is age 13 or older with primary teeth remaining. Cleft palate and craniofacial anomaly cases are a benefit for primary, mixed and permanent dentitions. Craniofacial anomalies are treated using facial growth management. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Braces	Yes - only with prior authorization		Orthodontic procedures are benefits for medically necessary handicapping malocclusion, cleft palate and facial growth management cases for patients under the age of 21 and shall be prior authorized. Only those cases with permanent dentition shall be considered for medically necessary handicapping malocclusion, unless the patient is age 13 or older with primary teeth remaining. Cleft palate and craniofacial anomaly cases are a benefit for primary, mixed and permanent dentitions. Craniofacial anomalies are treated using facial growth management. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Oral surgery				
Simple extractions	Yes		PROCEDURE D7111-D7250. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Surgical extractions	Yes - only with prior authorization		PROCEDURE D7111-D7250. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Care of abscesses	Yes - only with prior authorization		PROCEDURE D7510-D7521 Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Cleft palate treatment	Yes - only with prior authorization		Orthodontic procedures are benefits for medically necessary handicapping malocclusion, cleft palate and facial growth management cases for patients under the age of 21 and shall be prior authorized. Only those cases with permanent dentition shall be considered for medically necessary handicapping malocclusion, unless the patient is age 13 or older with primary teeth remaining. Cleft palate and craniofacial anomaly cases are a benefit for primary, mixed and permanent dentitions. Craniofacial anomalies are treated using facial growth management. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Cancer treatment	Yes - only with prior authorization		PROCEDURE D7410-D7490 Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Treatment of fractures	Yes - only with prior authorization		PROCEDURE D7610-D7780. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Biopsies	Yes - only with prior authorization		Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization		PROCEDURE D7810-D7899. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Emergency room services provided by a dentist	Yes - only with prior authorization		RENDERING PROVIDER MUST BE AN ENROLLED MEDI-CAL DENTAL PROVIDER. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Inpatient Hospital Services	Yes - only with prior authorization		RENDERING PROVIDER MUST BE AN ENROLLED MEDI-CAL DENTAL PROVIDER. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Anesthesia				

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
General anesthesia	Yes - only with prior authorization		PROCEDURE D9222-D9223. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Intravenous conscious sedation	Yes - only with prior authorization		PROCEDURE D9239, D9243. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Non-intravenous conscious sedation	Yes - only with prior authorization		PROCEDURE D9248. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	
Analgesia (nitrous oxide)	Yes - only with prior authorization		PROCEDURE D9230. Please refer to Section 5 of the Medi-Cal Dental Provider Handbook: https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/	

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).