

## FEDVIP Dental vs. Medicaid/DHCP Dental

FEDVIP Dental			Medicaid/DHCP Dental		
Services	Description	limitations	Services	Description	limitations: Age 0-20 unless specified
<b>Diagnostic and Treatment</b>	Periodic Oral Evaluation	2X every 12 months	<b>Diagnostic</b>	Periodic Oral Evaluation	1X every 6 months
	Limited Oral Evaluation-problem focused	1X every 12 months		Limited Oral Evaluation - problem focused	Used when trauma, infection, emergency
	Oral evaluation under age 3	1X		Oral evaluation under age 3	
	Comprehensive Oral Evaluation	1X every 12 months		Comprehensive Oral Evaluation	1X every 12 months
				Extensive Oral Evaluation-problem focused	
	Comprehensive periodontal evaluation	1X every 12 months	<b>Non-covered</b>	<b>Comprehensive periodontal evaluation</b>	
				Re-evaluation problem focused	
	Intraoral- complete series	1X every 3 year (60 months)		Intraoral - complete series	Age 7-20: 1 in 3 years
	Intraoral- periapical			Intraoral- periapical	15/year. Additional: 9 a day max and 15 a year
	Intraoral- occlusal			Intraoral- occlusal	max 2/day
				Extraoral- first	1 per day. Additional: 3 per day
	Bitewing- single, two, three, four films	2X every 12 months		Bitewings - single, two, three, four	4 bitewings in 6 months
	Vertical bitewings - 7-8 films	2X every 12 months		Vertical bitewings 7-8 films	
	Panoramic film	1X every 3 years		Dental Panoramic Film	Age 7-20: 7-8 xrays
				Tomographic survey	prior authorization
	Oral/Facial Photographic Images		<b>Dupe of vertical bitewings</b>	Radiographs/diagnostic imaging	Age 5-20: 1 in 3 years
	Cephalometric X-ray		<b>Non-covered</b>	<b>Cephalometric x-ray</b>	
<b>Preventive Services</b>	Prophylaxis - child	2X every 12 months	<b>Preventive</b>	Dental prophylaxis	1 every 6 months
	Topical application of fluoride - child	2X every 12 months		Topical Application Flouride	1 every 6 months
	Topical Fluoride Varnish	2X every 12 months (less than age 22)		Topical Flouride Varnish	1 every 6 months
	Sealant - per <b>permanent</b> tooth (child under 18)	1 sealant/tooth in 3 year period		Dental Sealant/tooth	with limitations

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	Preventive resin restoration, moderate to high risk patient	1 per tooth every 36 months		Resin restoration to high risk patient	Age 5-15: primary molars 50% decay, 4 in 12 months
	Space maintainer - fixed unilateral, bilateral	children under 19		Space maintainer- fixed unilateral, bilateral	Age 2-9
	Space maintainer- removable unilateral, bilateral	children under 19	<b>Non-covered</b>	<b>Space maintainer removable</b>	
	Recementation of space maintainer	children under 19		Recementation of space maintainer	Age 2-12
				Removal of maintainer	Age 2-12
	Palliative treatment of dental pain - minor procedure			Palliative treatment of dental pain	
<b>Minor Restorative</b>	Amalgam	1 per tooth per 24 months	<b>Restorative</b>	Amalgam	same tooth & service 1X in 2 years
	Resin-based composite	1 per tooth per 24 months		Resin	same tooth & service 1X in 2 years
			<b>These are variations of composites likely covered by federal plan</b>	Anterior Resin composite crown	Age 3-20: One time in 5 years
				Surface resin based composite	same tooth & service 1X in 2 years
	Recement inlay			Recement inlay/onlay/partial	Age 14-20
	Recement crown			Dental recement crown	Age 2-20
	Prefabricated stainless steel crown - primary/perm tooth	1, per tooth, per lifetime		Prefabricated stainless steel/resin crown	Age 2-20: Once in 5 years (ext. if more than 1/2 root)
				Prefabricated stainless steel crown w/ resin window	Age 2-20: Once in 5 years only to anterior teeth
	Protective Restoration			Protective Restoration	
	Pin retention - per tooth			Pin retention - per tooth	Age 6-20
				Crown resin based composite	Age 14-20: prior authorization
<b>Major restorative services</b>	Crown- metallic, porcelain, cast, titanium	1 per tooth every 60 months	<b>High noble not covered</b>	Crown porcelain fused base metal/noble metal	Age 14-20: prior authorization
	Crown- full cast noble, base, titanium	1 per tooth every 60 months	<b>High noble not covered</b>	Crown - full cast - base/noble	Age 14-20: prior authorization
	Crown - porcelain/ceramic, porcelain fused	1 per tooth every 60 months	<b>Non-covered</b>	<b>Crown - porcelain/ceramic substrate</b>	
	Crown - 3/4 cast noble, base, porcelain, ceramic	1 per tooth every 60 months	<b>Non-covered</b>	<b>Crown 3/4 cast noble, porcelain/ceramic</b>	
				Provisional crown	Age 14-20: prior authorization

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				Recement case/prefabricated post & core	Age 14-20
	Core build up, including pins	1 per tooth every 60 months		Core build up, including pins	Age 6-20
	Prefabricated post and core, addition to crown	1 per tooth every 60 months		Post & core cast and crown/prefabricated	Age 6-20
				Additional Prefabricated post	Age 6-20, prior authorization
				Additional Indirect prefabricated post -same tooth	Age 6-20, prior authorization
				Post removal	Age 6-20
				Temporary - fractured tooth	Age 6-20
	Crown repair- by report			Crown repair - by report	Age 14-20
	Detailed and extensive oral evaluation	Problem focused, by report	<b>Covered above</b>		
	Inlay - metallic	alternate benefit will be provided	<b>Non-covered</b>	<b>Inlays</b>	
	Onlay- metallic	1 per tooth every 60 months	<b>Non-covered</b>	<b>Onlays</b>	
<b>Oral surgery</b>			<b>Oral Surgery</b>	Extraction- coronal	limited to primary dentition
	Extraction - tooth or root			Extraction- tooth/root	
	Surgical removal			Surgical removal	
	Removal of impacted tooth		<b>Impacted wisdom teeth - MCOs</b>	Removal impacted tooth	soft tissue: Age 0-20, complete/partial bony: Age 12-20
	Surgical removal - residual tooth roots			Surgical removal - residual tooth roots	
	Tooth reimplantation/stabilized			Tooth reimplantation/stabilization	Age 5-20
				Tooth transplant	Age 5-20
	Surgical access of an unerupted tooth			Surgical access of an unerupted tooth	Age 8-20, prior authorization
				Mobilization of erupted/mapositioned	Age 6-20, prior authorization
				Placement of device for erupted tooth	Age 8-20, prior authorization
	Alveoloplasty		<b>1-3 teeth per quadrant non-covered</b>	Alveoloplasty	Age 14-20, prior authorization
				Vestibuloplasty- ridge ext	Age 14-20

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	Incision and drainage of abscess			Incision & drainage of abscess	
	Suture of recent small wounds (<5cm)		<b>Non-covered, lesions - MCO medical</b>	Suture of small wounds/complicated suture	Age 14-20
				Frenulectomy/frenuloplasty	Age 14-20
	Excision of pericoronal giniva			Excision of hyperplastic tissue/pericoronal gingiva	Age 14-20
	Removal of exostosis		<b>Non-covered</b>	<b>Removal of exostosis</b>	
	Coronectomy- intentional partial tooth removal		<b>Non-covered</b>	<b>Coronoidectomy</b>	
<b>Endodontic services</b>	Therapeutic pulpotomy (exclude. Final restoration)	up to age 11, not covered if within 45 days root canal	<b>Endodontic Services</b>	Therapeutic pulpotomy	Age 2-10
				Gross pulpal debridgement	Age 6-20
	Partial pupotomy for apexogenesis	if root canal within 45 days, not covered		Partial pulpotomy for apexogenesis	Age 6-20
	Pulpal therapy: anterior, primary	up to age 11, 1 tooth per lifetime		Pulpal therapy: anterior primary	anterior: age 1-6, posterior: age 1-9 prior authorization
	Pulpal therapy: posterior, primary	up to age 6, or 11, 1 tooth per life		Pulpal therapy: posterior pri	Age 1-9
	Root canal- anterior, bicuspid, molar				
				Endodontic therapy, bicuspid/molar/anterior	bicuspid: age 8-20, molar/anterior: age 6-20,
				Internal root repair	Age 6-20
	Retreatment of root canal therapy			Retreatment: root canal	Age 6-20
	Apexification/recalcification			Apexification/Recalcification	Age 6-16, limited to Endodontists
	Pulpal regen. - excluding Final restoration			Pulpal regeneration- excluding Final restoration	Age 6-16, prior authorization
	Apicoectomy/periradicular surgery			Apicoectomy/periradicular surgery	Age 9-20, Endodontist/oral surgeons
				Retrograde filling - per root	Age 9-20, Endodontist/oral surgeons
	Hemisection		<b>Non-covered</b>	<b>Hemisection</b>	
	Root amputation		<b>Non-covered</b>	<b>Root amputation</b>	

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<b>Periodontal services</b>			<b>Periodontics</b>		
	Gingivectomy/gingivoplasty	for 4+ teeth-1X per 30 months		Gingivectomy/gingivoplasty	Age 13-20, prior authorization
	Gingival flap procedure	4+ teeth, 1X per 36 months	<b>Non-covered</b>	<b>Gingival flap procedure</b>	
	Periodontal scaling, root planning 1-4+ teeth per quadrant	1X per quad every 24 months		Periodontal scaling & root plan	Age 14-20, prior authorization
	Periodontal maintenance	2X every 12 mo		Periodontal maintenance	Age 14-20, 1X in 3 months
	Osseous surgery	1X every 36 mo		Osseous surgery	Age 15-20, prior authorization
	Clinical crown lengthening-hard tissue			Bone replacement graft	Age 13-20, prior authorization
				Biological mat for soft/osseous tissue	Age 13-20, prior authorization
				Guided tissue regeneration-resorbable/non	Age 13-20, prior authorization
	Pedicle soft tissue graft			Pedicle soft tissue graft	Age 8-20, prior authorization
	Free soft tissue graft procedure			Free soft tissue	Age 8-20, prior authorization
	Subepithelial connective tissue graft procedure			Subepithelial connective tissue Graft	Age 8-20, prior authorization
	Full mouth debridement	once per lifetime		Distal/proximal wedge procedure	Age 8-20, prior authorization
				Soft tissue allograft	Age 8-20, prior authorization
				Combined connective Tissue& double pedicle Graft	Age 8-20, prior authorization
				Provisional splinting: intra/extracoronaral	Age 13-20, prior authorization
	Full mouth debridement	1X per life		Full mouth debridement	Age 14-20, 1X in 3 years
				Unscheduled Dressing change	Age 14-20
<b>Prosthodontic services</b>	Complete denture-maxillary/madibular	1 X every 60 months	<b>Prosthodontics (removable)</b>	Complete denture - maxillary/mandibular	maxilliary: Age 14-20, mandibular: 1X in 5 years
	Immediate denture - maxilliary/mandibular	1X every 60 months	<b>Non-covered</b>	<b>Immediate denture</b>	
	Partial denture - resin, cast metal framework	1 per tooth every 60 mo		Partial denture- resin, cast metal, flexible	Age 14-20, covered 1X in 5 years, prior authorization
	Removable partial denture	1 per tooth every 60 mo	<b>Non-covered</b>	<b>Removable partial denture-unilateral</b>	
	Rebase complete denture, partial denture			Adjust complete or partial denture	Age 14-20, 1X every 6 months

## FEDVIP Dental vs. Medicaid/DHCP Dental

	Replace missing, broken teeth			Replace missing/broken teeth -complete	Age 14-20
	Add tooth, add clasp			Add tooth/clasp	Age 14-20
				Replace all teeth & acrylic	Age 16-20, prior authorization
				Reline complete/partial	Age 14-20, 2X in one year
	Inlay - high noble metal, base metal	1 per tooth every 60 months	<b>Non-covered</b>	<b>Inlays</b>	
	Tissue conditioning				
	Reline complete, partial denture			Reline complete, partial dentures	
				Interim complete denture	Age 7-20, prior authorization
				Interim partial denture	Age 7-20, prior authorization
				Tissue conditioning	Age 14-20
	Onlay - noble metal, base metal	1 per tooth every 5 years	<b>Non-covered</b>	<b>Onlays</b>	
	Repair broken complete denture base, resin base, cast, clasp			Repair broken complete denture base, resin base, cast, clasp	Age 14-20
				Obturator prosthesis	prior authorization
				Mandibular resection	prior authorization
				Trismus appliance	prior authorization
				Flouride gel/topical medcament carrier	prior authorization
	Pontic - high noble metal, base metal	1 per tooth every 60 months	<b>High noble non-covered</b>	Pontic- base metal/porcelain fused	Age 14-20, 1X in 5 years, prior authorization
	Retainer- cast metal, porcelain/ceramic	1 every 60 months		Retainer- cast for resin	Age 14-20, 1X in 5 years, prior authorization
	Crown	1 per tooth every 60 months		Crown- procelain fused	Age 14-20, 1X in 5 years, prior authorization
			<b>High noble non-covered</b>	Crown- full cast base/noble metal	Age 14-20, 1X in 5 years, prior authorization
	Implant - Endosteal/eposteal/transosteal	1 every 60 months		Recement fixed partial	Age 14-20
	Implants uprooted complete/partial denture		<b>non-covered</b>	<b>Implants/Connector Bar</b>	
	Connecting bar			Core build up for retainer, inc pins	Age 14-20, 1X in 5 years, prior authorization
				Fixed partial denture repair	Age 14-20

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	Prefabricated abutment	1 every 60 months		Prefabricated post & core	Age 14-20, 1X in 5 years, prior authorization
	Abutment/implant	1 every 60 months	<b>Non-covered</b>	<b>Abutment/Implant</b>	
	Abutment/implant supported retainer	1 every 60 months	<b>Non-covered</b>	<b>Abutment/Implant retainer</b>	
	Implant/abutment supported fixed partial denture	1 every 60 months	<b>Non-covered</b>	<b>Abutment/Implant fixed partial denture</b>	
	Implant maintenance procedures	1 every 60 months	<b>Non-covered</b>	<b>Abutment/Implant Maintenance</b>	
	Implant removal	1 every 60 months	<b>Non-covered</b>	<b>Abutment/Implant Removal</b>	
	Implant Index	1 every 60 months	<b>Non-covered</b>	<b>Implant Index</b>	
	Occlusal guard, by report	1 in 12months for age 13+	<b>(included in adjunctive general services)</b>	Occlusal guard, by report	Age 10-20
<b>Orthodontic services-under 19</b>	Limited - primary/transitional/adolescent dentition	1 treatment per lifetime	<b>Orthodontics non-covered</b>	<b>Limited-primary/transitional/adolescent</b>	
	Interceptive - primary/transitional	1 treatment per lifetime	<b>non-covered</b>	Interceptive- transitional detention	Age 8-20, prior authorization
	Comprehensive - transitional/adolescent	1 treatment per lifetime		Comprehensive - adolescent detention	Age 10-20, prior authorization
	Removable appliance/fixed appliance therapy	1 treatment per lifetime	<b>non-covered</b>	<b>Removable/Fixed appl therapy for minor habit</b>	
	Pre-orthodontic treatment visit			Pre-orthodontic visit	Age 10-20
	Periodic orthodontic treatment visit			Periodic orthodontic visit	Age 10-20, prior authorization
	Orthodontic retention	1 treatment per lifetime		Orthodontic retention	Age 8-20, prior authorization
				Replacement of lost/broken retainer	Age 10-20, prior authorization
<b>Anesthesia services</b>			<b>Adjunctive General Services</b>	Palliative (emergency) treatment	
	Deep sedation/general anesthesia			Deep sedation/general anesthesia	first 30 min, each add. 15 mins, see sect. 4.2 Policy manual
				Analgesia,anxiolysis,inhalation nitrous oxide	see sect. 4.2, Policy manual
<b>Intravenous sedation</b>	Intravenous conscious sedation			Intravenous conscious sedation	first 30 min, each add. 15 mins, see sect. 4.2 Policy manual
				Non-intravenous conscious sedation	see sect. 4.2, Policy manual

### FEDVIP Dental vs. Medicaid/DHCP Dental

				Office visit- after reg. hours	One per day
<b>Consultations</b>	Consultation - diagnostic not provided by treating practitioner		<b>non-covered</b>	<b>Consult by non-treating practitioner</b>	
<b>Medications</b>	Therapeutic drug injection, by report			Therapeutic parenteral drug- single/two or more	
				Behavior management	
<b>Post surgical services</b>	Treatment of complications (post surgical), by report			Treatment of complications (post surgical)	