

**Description of Dental Benefits Provided Under
Medicaid and the Children's Health Insurance Program (CHIP)
State: Virginia
Updated:07/15/09**

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.

State Contact: Doral Dental USA. LLC

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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: **Smiles For Children - Virginia's Medicaid/FAMIS/FAMIS Plus dental program**

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: **Smiles For Children - Virginia's Medicaid/FAMIS/FAMIS Plus dental program**

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:

Preventive Services:

- Cleanings
- Recommended frequency: two per year, every six months
 - Exceptions: none
- Fluoride treatments
- Ages: with eruption of primary teeth
 - Recommended frequency: every 6 months
 - Also provided by physicians:
 - Also provided by hygienists:
 - Exceptions: none
- Sealants
- Ages: five years and older
 - Recommended frequency: once per lifetime
 - Exceptions: none
- Oral hygiene instruction
- Ages: not covered
 - Recommended frequency:
- Space Maintainers
- Limits: one per quadrant every 24 months (fixed unilateral)
 - Fixed bilateral one every 24 months
 - Space maintainer removable unilateral one per quadrant per 24 months

Prior approval required: Y/N - no

Diagnostic Services:

- Dental Examinations by Dentists
- Recommended age of first visit: one year old
 - Recommended frequency: every 6 months
 - Limits: periodic exam one per 6 months per patient per dentist
Emergency exam two per 12 months per dentist and comprehensive exams one per patient per dentist
- Dental Screens and Other Services by Hygienists
- Recommended frequency:
 - Limits:

X-Rays

Full mouth x-rays- one complete series per 36 months

Periapical film as needed per diagnosis

Bitewing x-ray – two films one per 12 months per patient per dentist or dental group

Panograph one every 36 months

Cephalometric film as needed per diagnosis

- 2. Surgical extractions:
 - a. Limits: based on diagnostic treatment necessity
 - b. Prior approval required:
- 3. Care of abscesses:
 - a. Limits: none
 - 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: none
 - b. Prior approval required:
- Treatment of Jaw Joint (TMJ)
 - a. Criteria: only covers occlusal orthotic devices
 - b. Prior approval required:
- Braces (Orthodontia)
 - a. Criteria: must meet minimum of Salzmann Index or meet medical criteria
 - b. Prior approval required:
 - c. Payment if eligibility lost: once case is started
- Emergency Room Services
 - a. Identify services:
 - b. Criteria:
- In-patient Hospital Services
 - a. Criteria:
 - b. Prior approval required:
- Special Anesthesia
 - a. Criteria: medical necessity
 - b. Prior approval required:

Excluded Services

- 1. Identify services: All Dental Codes necessary to provide EPSDT coverage are included in the benefits covered. The remaining Dental Codes in the Current Dental Terminology are excluded services.