

Summary of Benefits Report for Maryland, Medicaid InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months	One of (D1110, D1120) per 6 Month(s) per patient.	
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	Topical fluoride varnish - Four per 12 Month(s) per patient per provider. Maximum eight of (D1206) per 12 months per patient regardless of provider.	
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	One of (D1351, D1352) per 1 lifetime per patient per tooth. Covered only for the occlusal surfaces of posterior permanent teeth without restorations or decay.	
Space maintainers	Yes	1 x every 2 years	Age 0 - 25. One of (D1510, D1515 - D1517 per 24 Month(s) Per Patient.	
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	1 x 6 months	One of (D0120, D0145) per 6 months per provider or location. One of (D0150, D0160) per 1 lifetime per provider or location.	
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x 6 months	Ages 2-25 One of (D0270, D0272, D0273, D0274) per 6 months per provider	
Full Mouth	Yes	1 x every 3 years	One of (D0210) per 36 months per provider OR location. One of (D0210, D0330) per 36 months per provider.	
Panoramic	Yes	1 x every 3 years	Limited to Ages 6-25 One of (D0330) per 36 months per provider OR location. One of (D0210, D0330) per 36 months per provider. Non orthodontic cases.	
Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from	No			

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Treatment Services				
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spreading				
Fillings				
Silver amalgam	Yes		1-32, A-T One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 24 months per patient per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per six months per patient per tooth regardless of surface.	
Tooth colored composite	Yes		6-11, 22-27, C-H,M-R One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 24 months per patient per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per six months per patient per tooth regardless of surface.	
Crowns/tooth caps				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Stainless steel crowns	Yes		A-T One of (D2930) per 36 months per patient per tooth. Not payable on the same day of service as D3310-D3348. 1-32 One of (D2931) per 60 months per patient per tooth. Not payable on the same day of service as D3310-D3348.	
Metal (only) crowns	Yes - only with prior authorization		Tooth 1-32 One of (D2792) per 60 months per patient per tooth. Not payable on the same day of service as D3310-D3348.	
Metal/porcelain crowns	Yes - only with prior authorization		One of (D2750) per 60 months per patient per tooth. Not payable on the same day of service as D3310-D3348. One of (D2751) per 60 months per patient per tooth. Not payable on the same day of service as D3310-D3348. One of (D2752) per 60 months per patient per tooth. Not payable on the same day of service as D3310-D3348. Ages 0 - 25. Teeth 1-32	
Porcelain (only) crowns	Yes - only with prior authorization		One of (D2740) per 60 months per patient per Tooth. Not payable on the same day of service as D3310-D3348. Pre-operative radiographs of adjacent and opposing teeth required. Ages 0 - 25. Teeth 1-32	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		Age 0 - 25 Teeth 1-32, A - T	

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Root canals on permanent teeth	Yes - only with prior authorization		<p>Ages 0-25, Teeth 6-11, 22-27 One of (D3310) per 1 lifetime per patient per tooth. Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954.</p> <p>Ages 0-25, Teeth 4, 5, 12, 13, 20, 21, 28, 29 One of (D3320) per 1 lifetime per patient per tooth. Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954.</p> <p>Ages 0 One of (D3330) per lifetime per patient per tooth. Not payable on the same day of service as D2390, D2721-D2794, D2929-D2934, D2950, D2952, or D2954. Not payable within 30 days of (D3220)</p>	
Gum (periodontal) therapy	Yes - only with prior authorization		<p>0-25 Per Quadrant (10, 20, 30, 40,LL, LR,UL, UR) One of (D4341, D4342) per 24 months per patient per quadrant. A minimum of four teeth in the affected quadrant. Limited to permanent dentition.</p>	
Dentures				

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Partial dentures	Yes - only with prior authorization		0-25 One of (D5211, D5225) per 60 months per patient. One of (D5212, D5226) per 60 months per patient. One of (D5211, D5225) per 60 months per patient. One of (D5212, D5226) per 60 months per patient.	
Complete dentures	Yes - only with prior authorization		0-25 Per Arch (01, UA) One of (D5110) per 60 months per patient. Per Arch (02, LA) One of (D5120) per 60 months per patient.	
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		0-25 One of (D8680) per lifetime per patient. Only payable when the original payee differs from the payee performing the continuation of care for debanding and retention. Must have approved D8999 on file.	

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Braces	Yes - only with prior authorization		<p>One of (D8080) per lifetime per patient. Inclusive of adjunctive appliances such as, but not limited to, palatal expanders, habit appliances, fixed bite plates, and fixed functional appliances.</p> <p>One of (D8080) is comprehensive and includes treatment for broken, repaired, or replacement of brackets or wires. participants may not be billed for this treatment.</p>	<p>Medicaid Members age 25 and under may qualify for orthodontic care under the Maryland Healthy Smiles Dental Program. Members must have a severe, dysfunctional, handicapping malocclusion. Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspid are in good occlusion seldom qualify. Crowding alone is usually not dysfunctional in spite of the aesthetic considerations. All orthodontic services require prior authorization by one of Scion Dental's Dental Consultants. The member should present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing. The</p> <p>Handicapping Labio-Lingual Deviations</p> <p>(HLD) Form (copy on preceding page) is used as the basis for determining whether a Member qualifies for orthodontic treatment. A member must score a minimum of 15 points to qualify for coverage – points are not awarded for esthetics, therefore additional points for handicapping esthetics will not be considered as part of the determination. The following documentation must be submitted with the request for prior</p>

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
				<p>authorization points for handicapping esthetics will not be</p> <p>Summary of Benefits Report for Maryland, Medicaid</p> <p>InsureKidsNow.gov</p> <p>Page 4 of 9</p> <p>Data as of: 10/07/2024 Print date: 10/04/2024</p> <p>Treatment Services</p> <p>Is the service Covered?</p> <p>Frequency List any service - specific limitations</p> <p>Criteria for coverage considered as part of the determination. The following documentation must be submitted with the request for prior authorization services: points for handicapping esthetics will not be considered as part of the determination. The following documentation must be submitted with the request for prior authorization services: -ADA 2012 or newer claim form with service code requested; Cephalometric head film with measurements; Panoramic or full series periapical radiographs; Clinical summary with diagnosis; HLD score sheet completed and signed by the Orthodontist; and Treatment plan.</p>

Oral surgery

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Simple extractions	Yes		0-25 Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	
Surgical extractions	Yes		0-25 Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	
Care of abscesses	Yes		D9110 palliative (emergency) treatment of dental pain - minor procedure	
Cleft palate treatment	Yes - only with prior authorization		If treatable through orthodontics	
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	Yes - only with prior authorization		Copy of pathology report is required with claim	
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes - only with prior authorization		Dependent on specific procedure needed. Facility and anesthesia charges are covered under medical insurance and should be prior authorized.	Dependent on specific procedure needed. Facility and anesthesia charges are covered under medical insurance and should be prior authorized whenever possible. Procedures that require emergency care can be reviewed retrospectively to determine dental insurance coverage.

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Treatment Services				
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Inpatient Hospital Services	No			Reimbursement of the facility charges for dental services performed in the outpatient department of a hospital or at an ambulatory surgical center (ASC) are part of the dental carve out and will be covered by the Maryland Medicaid Program. However, dental services that are to be performed outside your office, either in an outpatient department of a hospital or at an ASC, must be approved by Scion Dental to ensure the services meet the medical necessity criteria for service rendered in an outpatient facility (hospital or ASC).
Anesthesia				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
General anesthesia	Yes		Maximum of 90 minutes (6 units). Will not be paid with D9230, D9243, D9248.	General anesthesia or IV sedation must meet the following criteria: Extensive or complex oral surgical procedures such as: Impacted wisdom teeth, surgical root recovery from maxillary antrum, Surgical exposure of impacted or unerupted cuspids, Radical excision of lesions in excess of 1.25 cm. And/or one of the following medical conditions: Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension), Underlying hazardous medical condition (cerebral palsy, epilepsy, mental retardation, including Down's syndrome) which would render patient noncompliant, Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective, Patients 3 years old and younger with extensive procedures to be accomplished.

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Intravenous conscious sedation	Yes		Maximum of 90 minutes (6 units). Will not be paid with D9223, D9230, D9248.	General anesthesia or IV sedation must meet the following criteria: Extensive or complex oral surgical procedures such as: Impacted wisdom teeth, surgical root recovery from maxillary antrum, Surgical exposure of impacted or unerupted cuspids, Radical excision of lesions in excess of 1.25 cm. And/or one of the following medical conditions: Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension), Underlying hazardous medical condition (cerebral palsy, epilepsy, mental retardation, including Down's syndrome) which would render patient noncompliant, Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective, Patients 3 years old and younger with extensive procedures to be accomplished.
Non-intravenous conscious sedation	Yes		Will not be paid with D9223, D9230, D9243. A narrative of medical necessity shall be maintained in patient records.	
Analgesia (nitrous oxide)	Yes		Will not be paid with D9223, D9243, D9248, A narrative of medical necessity shall be maintained in patient records.	

* 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

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case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).