

6/11/13

Pediatric Dental Benefits Embedded in a Health Insurance Product Complying with Essential Health Benefits Requirements
Supplemental Review Requirements Checklist
Important Information

NOTE: This checklist was developed as a resource for carriers for product design purposes and to promote compliance with the essential health benefits requirement to provide pediatric dental benefits. This checklist is offered to assist carriers providing health insurance coverage with embedded pediatric dental benefits but may be subject to change; accordingly, it is not binding on the Bureau or the federal Department of Health and Human Services. This checklist should not be used exclusive of other important resources including, but not limited to, any and all other applicable state and federal insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

This checklist, along with the applicable product checklist and Essential Health Benefit Checklist, must be completed in its entirety and submitted with each and any submission of a health insurance product designed to include pediatric dental benefits to be issued in Virginia in the individual market or the small group market. The failure to submit this checklist, together with the complete product checklist and Essential Health Benefits Checklist, will result in a delay of the review of the submission, and may result in the rejection of the filing.

Supplemental Review Requirements Checklist
PEDIATRIC DENTAL BENEFITS EMBEDDED in a HEALTH INSURANCE PRODUCT COMPLYING with ESSENTIAL HEALTH BENEFITS
REQUIREMENTS

ESSENTIAL HEALTH BENEFITS CATEGORY	BENCHMARK BENEFIT LIMITS	COMMENTS	PAGE NO.
	Pediatric services – up to age 19		
A. Preventive and Diagnostic Dental Care			
1. Oral Exams	One routine oral evaluation per 6 months, beginning with the eruption of the first tooth		
2. X-rays			
3. Diagnosis casts			
B. Basic Dental Care			
1. Cleanings	Once every 6 months		
2. Topical Fluoride Treatments	Once every 6 months		
3. Sealants	One per lifetime per tooth		
4. Space maintainers	Once per year		
C. Restorative Dental Care			
1. Filings	One per tooth per year		
2. Crowns	One per tooth per 5 years		
3. Protective restorations			
4. Veneers	One per tooth per 5 years		
5. Temporary crowns			
D. Major Dental Care			
1. Endodontic services	One per tooth per lifetime		
a. Pulp caps, pulpal therapy, and pulpal regeneration			
b. Apicoectomy/periradicular surgery	One per tooth per lifetime		
2. Gingivectomy or gingivoplasty	One per two years per quadrant		
3. Periodontal services	One per two years per quadrant		
a. Scaling and root planning	One per two years per quadrant		
b. Full mouth debridement	One per year		
c. Osseous surgery	One per five years per quadrant		
d. Provision Splinting			
4. Removable prosthetics			
5. Fixed prosthetics	One per tooth per 5 years		
6. Local anesthesia			
7. Extractions			
E. Orthodontia	Must be medically necessary		