EFFECTIVE DATE: 01|01|2027
POLICY LAST REVIEWED: 11|04|2026

OVERVIEW

Effective January 1, 2014, Pediatric Services including oral care has been defined as an Essential Health Benefit. For those plans that have coverage for essential health benefits, this policy defines the oral care services that will be covered for children from the ages of 0 up to the child's 19th birthday.
Note: member does not need to be a dependent

DENTAL REVIEW CRITERIA

Please refer to the coding section for the specific service that requires dental consultant review. If review is required, refer to the corresponding category of service below for the documentation requirements.

Major Restorative Services
Criteria:
- Periodontally and endodontically sound permanent tooth
- Sufficient breakdown as demonstrated on a radiograph

Required documentation:
- Pre-operative periapical X-ray
- Intra-oral photo (if available)
- Detailed narrative (if applicable)

Endodontic Services
Criteria:
- Sound periodontal prognosis
- If post service review:
  - Complete fill to the apex of each canal or calcification that prevent complete fill

Required documentation:
- Pre-operative and post-operative periapical X-rays.
- A working film may not be substituted for a post-operative film.

Periodontal Services
Criteria:
- Scaling and root planning – Pocket depths of 4mm or more or radiographic evidence of calculus and interproximal bone loss (the number of teeth with qualifying pocket depths determine the appropriate code D4341; D4342)
- Osseous surgery - Pocket depths of 5mm or more and radiographic evidence of interproximal bone loss (the number of teeth with qualifying pocket depths determine the appropriate code D4260; D4261)
- Tissue grafts – 2mm of less of attached gingiva per treatment site

Required documentation:
- Periapical X-rays of treatment area
- Full mouth periodontal chart
- Detailed narrative (if applicable)

Removable Prosthodontic Services
Required documentation:
- Detailed narrative.

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Implant Services
Criteria:

- If an arch can be restored with a standard prosthesis or restoration, no benefits will be allowed for the implant or implant related services.

Required documentation:

- Pre-operative panorex or intraoral complete series
- Detailed narrative.
- If payment of claim: Post-operative film of implant, with above documentation is required for review.

Fixed Prosthodontics

Criteria:

- Periodontally and endodontically sound permanent abutment teeth

Required documentation:

- Pre-operative periapical X-rays of entire treatment site
- If there are special circumstances related to the treatment, a detailed narrative is recommended.

Oral Surgery

Required documentation:

- Pre-Operative X-ray of treatment site
- Narrative (if applicable)

Orthodontic Services
***Services will not be covered when the dentition contains any more primary teeth than the primary second molars.**
In addition: One of the following criteria must be met for services to be covered under this benefit:

- Maxillary/Mandibular incisor relationship: over jet of 9 mm or more with impingement where the lower incisors are impinging the palate.
- Anterior cross bite equal to or greater than 5mm (short term, interceptive therapy covered only)
- Anterior open bite (canine to canine)
- More than 1 impacted permanent tooth when the dentition contains no more primary teeth than the primary second molars.
- Posterior-unilateral cross bite involving three or more adjacent, permanent teeth, one of which must be a molar (no eruption/dentition requirements for this qualifier).
- Cleft palate deformities submitted by the surgical team.
- Treatment for skeletal deformities will be considered on an individual basis and must be submitted by the surgical team.

Required documentation for dental consultant review:

- Extra-oral photos – including frontal and profile
- 5 Intra-oral photos – R/L buccal, U/L occlusal, and front incisor view
- Panoramic film
- Lateral cephalometric film
- Frontal cephalometric film (for surgical cases)
- Consultation report with diagnosis and treatment plan

Major Restorative Services

The following services are limited to 1 tooth per 60 months:

- onlay metallic
- core buildup
- prefabricated post and core

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- crowns

Endodontic Services

- Therapeutic pulpotomy (excluding final restoration) – If a root canal is performed within 90 days of the pulpotomy, the pulpotomy is not a covered service and will be considered part of the root canal procedure
- Partial pulpotomy for apexogenesis – permanent tooth with incomplete root formation- If a root canal is performed within 90 days of the pulpotomy, the pulpotomy is not a covered service and will be considered part of the root canal procedure
- Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) – Up to age 6 for primary incisors, Up to age 11 for primary canines- Limited to once per tooth per lifetime
- Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) – Up to age 11 for primary molars – Limited to once per tooth per lifetime

Periodontal Services

- Gingivectomy or gingivoplasty – four or more teeth
- Gingivectomy or gingivoplasty – one to three teeth 36 months
- Gingival flap procedure, including root planing, four or more teeth
- Clinical crown lengthening-hard tissue
- Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant
- Pedicle soft tissue graft – Limited to once, per site, per 36 months
- Subepithelial connective tissue graft procedures- Limited to once per site, per 36 months
- Periodontal scaling and root planning-four or more teeth per quadrant-Limited to once per site per 24 months
- Periodontal scaling and root planning-one to three teeth per quadrant-Limited to once per site per 24 months
- Full mouth debridement to enable comprehensive evaluation and diagnosis-Limited to one per lifetime
- Periodontal maintenance – Limited to 4 per 12 months

Implant Services

- Implants and related services are allowed once, per type of service (i.e., endosteal OR eposteal, porcelain OR metal crown), per treatment site per 60 months.

Fixed Prosthodontics

- One fixed partial denture per treatment area per 60 months.

Oral Surgery

Orthodontic Services

- Orthodontic services are not covered for:
- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliances
- Services to alter vertical dimension and/or restore or maintain the occlusion, such as procedures that include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth.

PRIOR AUTHORIZATION

Dental Consultant review required.

POLICY STATEMENT

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Pediatric oral care services listed in this policy are covered as part of the member's medical coverage for children from the ages of 0 up to child's 19th birthday when the benefit plan includes coverage for essential health benefits.
No coverage is available under the member's medical coverage for services not listed in this policy. These procedures would be considered not covered and are the member's responsibility up to the dentist's charge.

Orthodontic Services

Orthodontic services are not covered for:

- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliances
- Services to alter vertical dimension and/or restore or maintain the occlusion, such as procedures that include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth.

If a member has started orthodontic treatment with coverage by another carrier, or no insurance coverage at all, and the treatment meets BCBSRI medical criteria for coverage, the benefit maximum for orthodontic services will be prorated according to the length of time remaining in the treatment plan. *Example:* The member has completed 12 months of a 24-month orthodontic treatment plan before becoming enrolled. BCBSRI will pay 50% (12 months remaining/24 months total) of the allowable fee towards the orthodontic treatment.

For members who began orthodontic treatment with coverage under a BCBSRI dental plan and transitioned to the Pediatric Dental Benefit without coverage disruption, orthodontic payments will be made in accordance with the terms of the plan that was in place when treatment began. Should additional orthodontic benefits be requested, the dental necessity criteria for coverage under the EHB-Pediatric Dental Benefit must be met. Payment will never exceed the Blue Cross Dental allowance for treatment rendered.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet or Subscriber Agreement for applicable pediatric dental benefits/coverage.

BACKGROUND

Effective January 1, 2014, Qualified Health Plans (QHPs) are required to cover Essential Health Benefits (EHBs), as defined in Section 1302(b) of the Patient Protection and Affordable Care Act. Pediatric Services including oral and vision care has been defined as essential Health Benefits. This policy defines the oral care services that will be covered for members from the ages of 0 up to the members 19th birthday. As groups renew in 2014, most benefit plans will need to include these EHBs (some exceptions may apply to certain large groups; consult your Subscriber Agreement or Benefit Booklet for details).

CODING

Claims are filed on CDT forms and if approved, will be processed under the member's medical benefit.

The following is a list of the services that are covered. Please note that there are multiple tabs on the attached spreadsheet. Also, some of the services require dental consultant review.

CDT Codes for Pediatric Essential Care

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, December 2026
Provider Update, December 2025

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Provider Update, April/December 2024
Provider Update, February 2023
Provider Update, May 2022

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS), Information on Essential Health Benefits (EHB) Benchmark Plans, https://www.cms.gov/cciio/resources/data-resources/ehb
2. Pediatric Dental Essential Health Benefits, Standard Insurance Company of New York, https://www.standard.com/eforms/16995.pdf
3. HealthCare.gov, Essential Health Benefits, https://www.healthcare.gov/glossary/essential-health-benefits/
4. American Academy of Pediatrics, Essential Health Benefits, https://www.aap.org/en/advocacy/state-advocacy/essential-health-benefits/

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