Children's Special Health Care Services
Administrative Policy Manual

Benefit – Limited Services Policy # C-2f
PA Dept.

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Date

Previous Title: **Provision of Orthodontia**
Effective Date: **July 1, 1993**
Revision Reason: **To enable fair, objective and consistent administration of Dental benefits related to an eligible medical condition.**

Title: **Dental Services**
Dental Services Procedure

Purpose: **To describe the dental care benefit to be provided in the Limited Services included in the Health Care Service Package. This benefit is a combination of Basic Dental Services & other dental procedures to include Orthodontia. This benefit, like the others is contingent upon the availability of program funding.**

Rule References:

410 IAC 3.2-1-10 – "Dental care" defined
410 IAC 3.2-7-1 – Health care delivery system
410 IAC 3.2-7-3 – Limited health care services included in the health care services package
410 IAC 3.2-7-3(b)(6) – Dental services.

Policy: **Orthodontia, Basic Dental Care & other dental procedures will be provided when treating participants with a significant congenital or acquired developmental craniofacial anomaly related to the participant's eligible medical condition.**

Exclusions: **Malocclusions of the conventional angle [Classes I-III] are not considered a significant congenital craniofacial anomaly.**

Orthodontia is not considered an effective standard treatment for Temporomandibular Joint (TMJ) dysfunction and therefore will not be authorized for that condition.