

ITEM 10. DENTAL SERVICES

Coverage of non-surgical treatment of temporomandibular joint disorders is limited to the fabrication of an occlusal orthotic appliance (TMJ splint). Coverage of prophylaxis is limited to once every six months, except more frequent treatments are authorized by the DVHA's dental consultant. Prior authorization is required for most special dental procedures.

For beneficiaries age 21 and older, excluding pregnant and postpartum women, the dental benefit is limited to \$495.00 per beneficiary per calendar year. Non-covered services for beneficiaries age 21 and older, excluding pregnant and postpartum women, include; cosmetic procedures; and certain elective procedures, including but not limited to: bonding, sealants, periodontal surgery, comprehensive periodontal care, orthodontic treatment, processed or cast crowns and bridges.

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