

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<b>Dental Services</b>	<p>Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services.</p> <p>Some procedures may require prior authorization with documentation of medical necessity. Orthodontic services are allowed for children and are age restricted and only approved with adequate documentation of a handicapping malocclusion or medical necessity.</p> <p>Examples of covered services include (but are not limited to): oral evaluations (examinations); x-rays and other diagnostic imaging; dental cleaning (prophylaxis); topical fluoride treatments; fillings; crowns; root canal therapy; scaling and root planing; complete and partial dentures; oral surgical procedures (to include extractions); intravenous anesthesia/sedation (where medically necessary for oral surgical procedures).</p> <p>Dental examinations, cleanings, fluoride treatment and any necessary x-rays are covered twice per rolling year.</p> <p>Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special health care needs.</p> <p>Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity.</p> <p>Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through the age of five (5) years old.</p>		<p>Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services.</p> <p>Some procedures may require prior authorization with documentation of medical necessity. Orthodontic services are allowed for children and are age restricted and only approved with adequate documentation of a handicapping malocclusion or medical necessity.</p> <p>Examples of covered services include (but are not limited to): oral evaluations (examinations); x-rays and other diagnostic imaging; dental cleaning (prophylaxis); topical fluoride treatments; fillings; crowns; root canal therapy; scaling and root planing; complete and partial dentures; oral surgical procedures (to include extractions); intravenous anesthesia/sedation (where medically necessary for oral surgical procedures).</p> <p>Dental examinations, cleanings, fluoride treatment and any necessary x-rays are covered twice per rolling year.</p> <p>Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special health care needs.</p> <p>Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity.</p> <p>Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through the age of five years old.</p> <p><b>NJ FamilyCare C and D members have a \$5 copay per dental visit (except for diagnostic and preventive services).</b></p>	
<b>EPSDT (Early and Periodic Screening Diagnosis and Treatment)</b>	<p>Coverage includes (but is not limited to) well child care, preventive screenings, medical examinations, dental, vision, and hearing screenings and services (as well as any treatment identified as necessary as a result of examinations or screenings), immunizations (including the full childhood immunization schedule), lead screening, and private duty nursing services. Private duty nursing is covered for eligible EPSDT beneficiaries under 21 years of age who live in the community and whose medical condition and treatment plan justify the need.</p>	<p>For NJ FamilyCare B, C, and D members, coverage includes early and periodic screening and diagnostic medical examinations, dental, vision, hearing, and lead screening services.</p> <p><b><i>For NJ FamilyCare B, C, and D members, coverage for treatment services identified as necessary through an examination is limited to those services that are available under the plan's benefit package, or specified services under the FFS program.</i></b></p>		