**Section 140.TABLE D Schedule of Dental Procedures**

Effective January 1, 2018. Additional dental services may be approved based on medical necessity.

a) Diagnostic Services

1) Clinical Oral Evaluations

A) Oral Exams

i) For ages 0-20 – Limited to two every 12 months per patient in an office setting and one per school year in a school setting; and

ii) For ages 21 and over – Limited to one every 12 months per patient

B) Limited Exam

C) Comprehensive Exam

2) X-rays

b) Preventive Services

1) Prophylaxis

A) For ages 0-20 – Limited to one every 6 months per patient in an office setting and one per school year in a school setting; and

B) For ages 21 and over – Limited to one every 12 months per patient

2) Topical Application of Fluoride (ages 0-20) − limited to one every 6 months per patient in an office setting and one per school year in a school setting

3) Fluoride Varnish (ages 0-2) − limited to three per 12 months per patient ages 0-2 years in an office setting

4) Sealants (ages 0-20) − limited to one per two years per tooth regardless of place of service

5) Space Maintenance (ages 0-20) – limited to one per lifetime per quadrant

c) Restorative Services

1) Amalgams

2) Resins

3) Crowns

4) Other Restorative Services

d) Endodontic Services

1) Pulpotomy – limited to ages 0-20

2) Endodontic Therapy (ages 21 and over; limited to anterior teeth only)

3) Apexification/Recalcification Procedures limited to ages 0-20

4) Apicoectomy/Periradicular Services limited to ages 0-20

e) Periodontal Services

1) Surgical Services

2) Non-Surgical Periodontal Services

3) Other Periodontal Services

f) Removable Prosthodontic Services

1) Complete Denture

2) Partial Denture – limited to ages 0-20

3) Repairs to Complete Denture

4) Repairs to Partial Denture

5) Denture Reline Procedures

g) Maxillofacial Prosthetics

h) Prosthodontics Fixed limited to ages 0-20

1) Fixed Partial Denture Pontics

2) Fixed Partial Denture Retainers – Crowns

3) Other Fixed Partial Denture Services

i) Oral and Maxillofacial Services

1) Extractions

2) Surgical Extractions

3) Other Surgical Procedures

4) Alveoloplasty

5) Surgical Excision of Intra-osseous Lesions

6) Surgical Incision

7) Treatment of Fractures – Simple

8) Treatment of Fractures – Compound

9) Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunctions

10) Other Repair Procedures

j) Orthodontic Services limited to ages 0-20

1) Comprehensive Orthodontic

2) Other Orthodontic Services

k) Adjunctive General Services

1) Unclassified Treatment

2) Anesthesia

3) Professional Consultation

4) Drugs

(Source: Amended at 47 Ill. Reg. 16385, effective November 3, 2023)