

RI Medicaid Dental Benefit Package for Adults
(Age 21 and Over)

| Category of Dental Service | Benefit Package Some of the services listed below may be limited. |
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| Preventive Services | 2 cleanings & 2 oral exams per calendar year |
| Diagnostic & Radiology Services | Bitewing and full series X-rays, biopsies of oral tissue, all medically necessary diagnostic evaluations and radiographic/diagnostic images |
| Endodontic Services | Complete root canal therapy for anterior teeth, intra-operative radiographs, limited other reinforcements, and limited other medically necessary endodontic services. |
| Restorative Services | Limited restorative services, including amalgams, resins, and other medically necessary restorative services. |
| Periodontal Services | Gingival curettage, gingivectomy, when medically necessary, and limited other periodontal procedures. |
| Prosthodontic Services | Relines and adjustments, partial or full dentures, and limited other medically necessary prosthodontic procedures. |
| Emergency and Palliative Services | Medically necessary emergency dental services, all palliative services, including routine and surgical extractions, incisions and drainage of abscesses. |
| Orthodontic Services | Not a covered service for recipients over the age of 21. |
| Oral Surgery | Covered when medically necessary. |
| General Anesthesia Services | Not a covered service for recipients over the age of 21 |

Medical Assistance will not pay the Dental Provider if you miss a scheduled appointment, so be sure to call 48 hours before your appointment if you have to cancel. Thank you.