

---

**CHAPTER 16: DENTAL SERVICES**

---

**SECTION 16.6: EPSDT-NON-COVERED SERVICES****PAGE(S) 1**

---

**NON-COVERED SERVICES**

Non-covered services include but are not limited to the following:

1. Procedure codes not included in Appendix A of this manual chapter;
2. Plaque control;
3. Routine post-operative services (these services are covered as part of the fee for the initial treatment provided);
4. Treatment of incipient or non-carious lesions (other than covered sealants and fluoride);
5. Routine panoramic radiographs;
6. Occlusal radiographs or upper and lower anterior or posterior periapical radiographs (when utilized as part of an initial examination or screening without a specific diagnostic reason why the radiograph is necessary);
7. General anesthesia; and
8. Administration of in-office pre-medication.