

## Summary of Benefits Report for Washington, Medicaid InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
<b>Cleanings</b>	Yes	1 x 6 months	For ages 18 and younger.  Once for every twelve months for 19 and older  Clients of Developmental Disabilities Administration - once every 4 months.	
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	For Clients of Developmental Disabilities Administration and clients under the age of 6. Clients 7 - 20 receiving orthodontic treatment - 1 x 4 months.	
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x every 3 years	For occlusal surfaces of permanent teeth 2, 3, 14, 15, 18, 19, 30, 31 and primary teeth A, B, I, J, K, L, S, and T  Once per tooth: - in a 3-year period for clients 20 and younger. - in a 2-year period for people of any age who are clients of the Developmental Disabilities Administration	
<b>Space maintainers</b>	Yes	1 x lifetime	Replacement requires PA  One fixed unilateral space maintainer per quadrant or one fixed bilateral space maintainer per arch, for missing primary molars A, B, I, J, K, L, S, and T	
Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
<b>Oral health screening or assessment</b>	Yes	2 x year	Two times per client, per provider in a calendar year as follows: - When not performed in conjunction with other clinical oral evaluation services.  - When performed by a licensed dentist or dental hygienist to determine the need for sealants, fluoride treatment, or when triage services are provided in settings other than dental offices or dental clinics	
<b>Dental examinations</b>	Yes	1 x 6 months	Clients of Developmental Disabilities Administration - 1 x 4 months.	First Birthday, or first tooth eruption. Whichever comes first.

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Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Assessment of risk for tooth decay	Yes	2 x year	Two times per client, per provider in a calendar year as follows:  - When not performed in conjunction with other clinical oral evaluation services. - When performed by a licensed dentist or dental hygienist to determine the need for sealants, fluoride treatment, or when triage services are provided in settings other than dental offices or dental clinics	
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 3 years	Only if a panoramic x-ray (radiograph) for the same client in the same 3-year period.	
Panoramic	Yes	1 x every 3 years	Only if an intraoral complete series for the same client in the same 3-year period.  Preoperative and postoperative panoramic x-rays (radiographs), one per surgery without prior authorization.	
Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		When used for stopping the progression of caries or as a topical preventive agent Two times per client, per tooth, in a 12-month period	
Fillings				
Silver amalgam	Yes		Replacement restorations between 6 and 24 months of original placement with approved prior authorization if the restoration is cracked or broken	

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<b>Treatment Services</b>				
	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	<b>Criteria for coverage</b>
Tooth colored composite	Yes		Replacement restorations between 6 and 24 months of original placement with approved prior authorization if the restoration is cracked or broken	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		Once every 2 years for permanent posterior teeth, excluding 1, 16, 17 and 32.	
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization		For clients age 15 and older:  - permanent teeth only - not covered for posterior teeth	
Porcelain (only) crowns	Yes - only with prior authorization		For clients age 15 and older:  - permanent teeth only - not covered for posterior teeth	
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
<b>Gum (periodontal) therapy</b>	Yes - only with prior authorization		oD4346 does not require PA for clients 13 and older. oD4341 and D4342 are covered for clients age 13 through 18, per client in a 2-year period on a case-by-case basis, when prior authorized. oD4341 and D4342 are covered for clients age 19 and older without PA once every two years	
<b>Dentures</b>				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Partial dentures	Yes - only with prior authorization		<p>For a maxillary partial denture, the client has either of the following:</p> <ul style="list-style-type: none"> <li>- One or more missing anterior teeth.</li> <li>- Four or more missing posterior teeth (excluding teeth 1, 2, 15, and 16) on the upper arch.</li> </ul> <p>For a mandibular partial denture, the client has either of the following:</p> <ul style="list-style-type: none"> <li>- One or more missing anterior teeth.</li> <li>- Four or more missing posterior teeth (excluding teeth 17, 18, 31, and 32) on the lower arch.</li> </ul>	
Complete dentures	Yes		<p>One initial maxillary complete denture and one initial mandibular complete denture per client, no PA</p> <p>One replacement maxillary complete and one replacement mandibular complete denture per client's lifetime, if medically necessary and a minimum of 5 years has elapsed. Requires PA.</p>	
Bridges	No			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		covers medically necessary orthodontic treatment and orthodontic-related services for severe handicapping malocclusions, craniofacial anomalies, or cleft lip or palate, for eligible clients through age twenty	

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<b>Treatment Services</b>				
	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	<b>Criteria for coverage</b>
Braces	Yes - only with prior authorization		covers medically necessary orthodontic treatment and orthodontic-related services for severe handicapping malocclusions, craniofacial anomalies, or cleft lip or palate, for eligible clients through age twenty	
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes			
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			
<b>Treatment of jaw joint problems (TMJ)</b>	No			
<b>Emergency room services provided by a dentist</b>	Yes			
<b>Inpatient Hospital Services</b>	Yes - only with prior authorization			
<b>Anesthesia</b>				
General anesthesia	Yes - only with prior authorization		no PA for clients age 8 and younger and all ages for DDA clients  No PA for clients age 9 and older requiring sedation for oral surgery services	
Intravenous conscious sedation	Yes - only with prior authorization		no PA for clients age 8 and younger and all ages for DDA clients  No PA for clients age 9 and older requiring sedation for oral surgery services	
Non-intravenous conscious sedation	Yes		No PA for clients age 20 and younger and any age clients of DDA.	
Analgesia (nitrous oxide)	Yes			

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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).