Summary of Benefits Report for Florida, Medicaid InsureKidsNow.gov

Preventive Service	es						
	Is the service Covered?	Frequency	List any service - specific limitations				
Cleanings	Yes	2 x year	1 every 181 days				
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	1 every 90 days per recipient under the age of 6 years old. once every 180 days per recipient 6 years and older. Non varnish - once per 181 days per recipient.				
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	1 x every 3 years per tooth; permanent molar only				
Space maintainers	Yes		under the age of 21 years old				
Diagnostic Services							
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?			
Oral health screening or assessment	Yes	2 x year	1 every 181 days per recipient under 21 years of age				
Dental examinations	Yes	2 x year	Periodic exams are covered 2 times a year up to age 21. Comprehensive exams are covered 1 every 3 years up to age 21. Comprehensive 21 years and over for denture evaluations and problem focused services. Limited evaluations, as medically necessary.	1			
Assessment of risk for tooth decay	Yes		as medically necessary				
X-Rays							
Bitewing	Yes	2 x year	Under 21, 1 every 181 days				
Full Mouth	Yes	1 x every 3 years					
Panoramic	Yes	1 x every 3 years					
Treatment Service	S						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage			
Anti-microbial treatments that stop decay from spreading	Yes		as medically necessary				
Fillings							
Silver amalgam	Yes		as medically necessary				
Tooth colored composite	Yes		as medically necessary				
Crowns/tooth caps		1					
Stainless steel crowns	Yes		Under 21				
Metal (only) crowns	Yes		Under 21				
Metal/porcelain crowns	Yes		Under 21				
Porcelain (only) crowns	Yes		Under 21				

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Treatment Service	reatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage			
Root Canals (endodo	ntics)						
Root canals on baby teeth (pulpotomies)	Yes		Under 21				
Root canals on permanent teeth	Yes		Under 21, as medically necessary				
Gum (periodontal) therapy	Yes		Under 21				
Dentures							
Partial dentures	Yes - only with prior authorization		One upper, lower, or complete set of full or removable partial dentrues per recipient, Prior Authorization is determine by the dental contract entities.				
Complete dentures	Yes - only with prior authorization		One upper, lower, or complete set of full or removable partial dentrues per recipient, Prior Authorization is determine by the dental contract entities.				
Bridges	Yes - only with prior authorization		Prior Authorization is determine by the dental contract entities.				
Orthodontics*							
Retainers (orthodontic)	Yes - only with prior authorization		Under 21; one replacement retainer, per arch, per lifetime				
Braces	Yes - only with prior authorization		Under 21 with handicapping malocclusions				
Oral surgery							
Simple extractions	Yes		as medically necessary				
Surgical extractions	Yes		as medically necessary				
Care of abscesses	Yes		as medically necessary				
Cleft palate treatment	Yes		These services may also fall under medical services.				
Cancer treatment	Yes		These services may also fall under medical services.				
Treatment of fractures	Yes		These services may also fall under medical services.				
Biopsies	Yes		These services may also fall under medical services.				

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Treatment of jaw joint problems (TMJ)	Yes		Orthotic occlusal applicance (by report) for the treatment of TMJ.			
Emergency room services provided by a dentist	Yes		These services may also fall under medical services and is covered through the separate medical services contracts depending on the nature of the injury and services needed.			
Inpatient Hospital Services	Yes		These services may also fall under medical services and is covered through the separate medical services contracts depending on the nature of the injury and services needed.			
Anesthesia						
General anesthesia	Yes					
Intravenous conscious sedation	Yes					
Non-intravenous conscious sedation	Yes					
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?).