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

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<b>Preventive Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year		
Fluoride treatments (including fluoride varnishes)	Yes	2 x year		
Sealants (list any tooth-specific limits)	Yes	1 x 6 months		
Space maintainers	Yes			
<b>Diagnostic Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	2 x year		
Dental examinations	Yes	2 x year		6 months and older
Assessment of risk for tooth decay	Yes	1 x 6 months		
X-Rays				I
Bitewing	Yes	1 x 6 months		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		
<b>Treatment Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes - only with prior authorization		Root planing and Scaling covered by the dental plan, prescriptions covered by the medical plan.	
Fillings			1	
Silver amalgam	Yes			
Tooth colored composite	Yes		Resin based.	
Crowns/tooth caps				
Stainless steel crowns	Yes		0-18, 19-20 if still eligible for Medicaid	
Metal (only) crowns	Yes		0-18, 19-20 if still eligible for Medicaid	
Metal/porcelain crowns	Yes		0-18, 19-20 if still eligible for Medicaid	
Porcelain (only) crowns	Yes		0-18, 19-20 if still eligible for Medicaid	
Root Canals (endodo	ntics)			ı
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		0-18, 19-20 if still eligible for Medicaid	
Root canals on permanent teeth	Yes - only with prior authorization		Performed as D3330 and D3320, Endodontic Therapy, excluding final restoration. 0-18, 19-20 if still eligible for Medicaid	
Gum (periodontal) therapy	Yes - only with prior authorization		D4910 Periodontal Maintenance	

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Dentures						
Partial dentures	Yes					
Complete dentures	Yes					
Bridges	No					
Orthodontics*						
Retainers (orthodontic)	Yes - only with prior authorization					
Braces	Yes - only with prior authorization					
Oral surgery	-					
Simple extractions	Yes					
Surgical extractions	Yes - only with prior authorization					
Care of abscesses	Yes					
Cleft palate treatment	Yes - only with prior authorization					
Cancer treatment	No		Covered under Medical, not Dental Plan			
Treatment of fractures	No		Covered under Medical, not Dental Plan			
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	No		Covered under Medical, not Dental			
Anesthesia						
General anesthesia	Yes - only with prior authorization					
Intravenous conscious sedation	Yes - only with prior authorization					
Non-intravenous conscious sedation	Yes - only with prior authorization					
Analgesia (nitrous oxide)	Yes - only with prior authorization					

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<sup>\*</sup> 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?).