Summary of Benefits Report for Nebraska, Medicaid InsureKidsNow.gov

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Preventive Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year		
Sealants (list any tooth-specific limits)	Yes	1 x every 2 years		
Space maintainers	Yes	2 x year		
Diagnostic Servic	es		_	
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	up to 4 x year		
Assessment of risk for tooth decay	No			
X-Rays				1
Bitewing	Yes	up to 4 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		
Treatment Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				1
Stainless steel crowns	Yes			
Metal (only) crowns	Yes			
Metal/porcelain crowns	Yes - only with prior authorization		only on molars that have been endodontically treated	
Porcelain (only) crowns	Yes - only with prior authorization		only on molars that have been endodontically treated	
Root Canals (endodo	ntics)			
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		Not covered for 3rd molars	
Gum (periodontal) therapy	Yes - only with prior authorization			
Dentures				I
Partial dentures	Yes - only with prior authorization			

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Complete dentures	Yes - only with prior authorization					
Bridges	No					
Orthodontics*						
Retainers (orthodontic)	Yes - only with prior authorization					
Braces	Yes - only with prior authorization		Covered for clients age 20 and younger only			
Oral surgery						
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					
Cleft palate treatment	No					
Cancer treatment	No					
Treatment of fractures	No					
Biopsies	Yes - only with prior authorization					
Treatment of jaw joint problems (TMJ)	No					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes - only with prior authorization					
Anesthesia				_		
General anesthesia	Yes - only with prior authorization					
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?).