Summary of Benefits Report for Nevada, 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	Ages 0 - 20	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	Ages 0 - 20	
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	Ages 0 - 20	
Space maintainers	Yes	2 x year	Ages 0 - 20	
Diagnostic Servic	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	Ages 0 - 20	
Dental examinations	Yes	1 x year	Ages 0 - 20	Eruption of the first tooth and no later than 12 months
Assessment of risk for tooth decay	Yes - only with prior authorization	2 x year	Ages 0 - 20	
X-Rays				
Bitewing	Yes	1 x 6 months	Ages 0 - 20	
Full Mouth	Yes	1 x year	Ages 0 - 20	
Panoramic	Yes	1 x every 3 years	Ages 0 - 20	
Treatment Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		1 X year Ages 0 - 20	
Fillings			'	
Silver amalgam	Yes		1 x every 3 years Ages 0 - 20	
Tooth colored composite	Yes		1 x every 3 years Ages 0 - 20	
Crowns/tooth caps				
Stainless steel crowns	Yes		1 x every 3 years for primary teeth Ages 0 - 20 1 x lifetime permanent teeth Ages 0 - 20	
Metal (only) crowns	Yes		1 x lifetime Ages 0 - 20	
Metal/porcelain crowns	Yes		1 x lifetime Ages 0 - 20	
Porcelain (only) crowns	No			
Root Canals (endodo	ntics)			
Root canals on baby teeth (pulpotomies)	Yes		1 x lifetime Ages 0 - 20	
Root canals on permanent teeth	Yes		1 x lifetime Ages 0 - 20	
Gum (periodontal) therapy	Yes		1 x year Ages 0 - 20	

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Dentures						
Partial dentures	Yes		1 x every 5 years			
Complete dentures	Yes		1 x every 5 years			
Bridges	No					
Orthodontics*						
Retainers (orthodontic)	Yes - only with prior authorization		1 x lifetime Ages 0 - 20			
Braces	Yes - only with prior authorization		1 x lifetime Ages 0 - 20	Must meet medical necessity requirements		
Oral surgery						
Simple extractions	Yes		1 x lifetime per tooth			
Surgical extractions	Yes		1 x lifetime per tooth			
Care of abscesses	Yes		1 x lifetime per tooth			
Cleft palate treatment	Yes		1 x lifetime per tooth			
Cancer treatment	Yes		1 x lifetime per tooth			
Treatment of fractures	Yes - only with prior authorization					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	Yes					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes - only with prior authorization					
Anesthesia						
General anesthesia	Yes		5 units/day			
Intravenous conscious sedation	Yes		5 units/day			
Non-intravenous conscious sedation	Yes		6 units per 12 rolling months			
Analgesia (nitrous oxide)	Yes		6 units per 12 rolling months			

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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?).