

Summary of Benefits Report for Oregon, Medicaid InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year	<p>Children under 19 years of age limited to twice every 12 months</p> <p>More frequent dental cleanings may be required or certain higher risk populations</p>	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	<p>Topical fluoride varnish may be applied by a licensed medical practitioner during a medical visit up to four times per 12 months</p> <p>Additional fluoride treatments may be available, up to a total of four treatments per client within a 12-month period, when high-risk conditions or oral health factors are clearly documented in chart notes.</p>	
Sealants (list any tooth-specific limits)	Yes	1 x every 5 years	<p>Limited to permanent molars, with one sealant treatment per molar every five years, except for visible evidence of clinical failure</p>	
Space maintainers	Yes			
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	<p>Caries risk assessment and documentation are not to be billed separately. They are to be included in the exam.</p> <p>For children under six years of age, oral health risk assessment in medical setting is covered as an enhanced oral health service, but must include caries risk assessment, counseling, and referral to a dental home.</p> <p>Medical providers must successfully complete an approved training program, such as Smiles for Life or First Tooth before performing oral health screenings.</p> <p>An assessment does not take the place of need for oral evaluation /exam</p>	

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Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Dental examinations	Yes	2 x year	Oral exams are only covered when performed by an oral surgeon	On eruption of first tooth and no later than 12 months of age
Assessment of risk for tooth decay	Yes		As needed Caries risk assessment and documentation are not to be billed separately. They are to be included in the exam	
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 5 years	1. Minimum six years of age. 2. Clients ages 6-11 series must include a minimum of ten periapicals and two bitewings for a total of 12 films. 3. Clients ages 12 and older must include a minimum ten periapicals and four bitewings for a total of 14 films	
Panoramic	Yes	1 x every 5 years	Panoramic and full mouth x-rays may not be performed within the same 5-year period	
Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		Limited to silver diamine fluoride Billed two applications per year Requires tooth numbers included on claim Silver diamine must be used for treatment (rather than prevention) of caries	
Fillings				
Silver amalgam	No			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Tooth colored composite	Yes		Resin-based composite crowns on anterior teeth covered for under 21 years or who are pregnant only Replacement of posterior composites once every five years	
Crowns/tooth caps				
Stainless steel crowns	Yes		Only allowed for anterior primary teeth and posterior permanent or primary teeth	
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization		Limited to four in a seven-year period. Limited to teeth numbers 6-11, 22, and 27 if dentally appropriate. Only for clients at least 16 years of age. Limited until rampant progression of caries is arrested and a period of adequate oral hygiene and periodontal stability is demonstrated	
Porcelain (only) crowns	Yes		Limited to four in a seven-year period. Limited to teeth numbers 6-11, 22, and 27 if dentally appropriate. Only for clients at least 16 years of age. Limited until rampant progression of caries is arrested and a period of adequate oral hygiene and periodontal stability is demonstrated	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		Not covered for third molars	
Root canals on permanent teeth	Yes			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Gum (periodontal) therapy	Yes		Basic periodontic coverage only for the treatment of severe drug-induced hyperplasia Payable only when there are pockets of 5 mm or greater	
Dentures				
Partial dentures	Yes - only with prior authorization		Ages 16 years and older once every 5 years Clients through age 20 must have one or more anterior teeth missing or four or more posterior teeth missing	
Complete dentures	Yes - only with prior authorization		Ages 16 years and older once every 10 years	
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		By review	
Braces	Yes - only with prior authorization		By review	Covered only when associated with cleft palate, cleft lip or cleft palate with lip cleft or handicapping malocclusion
Oral surgery				
Simple extractions	Yes		Extraction of impacted wisdom teeth is covered only when there is evidence of pathology or two more episodes of pericoronitis, or severe pain directly related to the impacted tooth that does not respond to conservative treatment	
Surgical extractions	Yes		Includes local anesthesia and routine post-operative care. Coverage limited to surgical removal of impacted teeth or residual roots for acute infection or abscess	

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Care of abscesses	Yes		Includes local anesthesia and routine post-operative care.	
Cleft palate treatment	Yes		Orthodontics associated with cleft palate treatment are covered for clients under 21 years of age	
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	No			
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	No			
Inpatient Hospital Services	Yes - only with prior authorization		<p>Clients through age 3 with extensive dental needs.</p> <p>Clients 4 – 18 who have unsuccessfully attempted treatment in the office setting</p> <p>Clients 18 or younger who have acute situational anxiety, extreme uncooperative behavior, mental disability</p>	<p>No PA required for life threatening emergencies</p> <p>Payment limited when non-covered dental services are performed during same visit</p>
Anesthesia				
General anesthesia	Yes - only with prior authorization		Hospital dentistry only used for clients with concurrent needs: age, physical, medical or mental status; or degree or difficulty of procedure	<p>Each 15-minute period represents a quantify of one.</p> <p>Limited to three and a half hours on the same day of service</p>
Intravenous conscious sedation	Yes		Hospital dentistry only used for clients with concurrent needs: age, physical, medical or mental status; or degree or difficulty of procedure	<p>Each 15-minute period represents a quantify of one.</p> <p>Limited to three and a half hours on the same day of service</p>
Non-intravenous conscious sedation	Yes		<p>Four times per year, max</p> <p>Limited to clients under 13 years of age.</p>	<p>Includes payment for monitoring and Nitrous Oxide</p> <p>Requires use of multiple agents to receive payment</p>
Analgesia (nitrous oxide)	Yes			Reimbursed per day of service and not by time

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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?).