

Summary of Benefits Report for Pennsylvania, Medicaid

InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes		Topical varnish application limited to 6 per calendar year.
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	1st and 2nd permanent premolars and molars.
Space maintainers	Yes		D1510 - 1 per quad; 4 per lifetime, D1516 and D1517 - 1 per arch; 1 per lifetime; D1553 and D1556 – 1/quad, 4 units/per day.

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes		D0120 – 1 oral eval/180 days/patient, D0140- 4/calendar year, D0145 – 1 oral eval/180 days/patient (under 3 years of age only), D0150 - 1 per patient per dentist per lifetime.	
Dental examinations	Yes	1 x 6 months		By first birthday or at eruption of first tooth
Assessment of risk for tooth decay	No			

X-Rays

Bitewing	Yes		Maximum allowance for any combination of dental radiographs per patient per dentist per calendar year is \$69.00. 1 image/pair/set per day.	
Full Mouth	Yes	1 x every 5 years	Maximum allowance for any combination of dental radiographs per patient per dentist per calendar year is \$69.00.	
Panoramic	Yes	1 x every 5 years	Maximum allowance for any combination of dental radiographs per patient per dentist per calendar year is \$69.00.	

Treatment Services

	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			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Crowns/tooth caps				
Stainless steel crowns	Yes			
Metal (only) crowns	Yes			
Metal/porcelain crowns	Yes			
Porcelain (only) crowns	Yes			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes		Limits imposed: D4355 - 1 treatment per 365 days, D4341 - no more than 2 quads per date of service and no more than 4 different quads within 24 months, D4342 - no more than 4 quadrants per date of service and no more than 4 different quads withing 24 months, D4346 - 1 procedure per 180 days, D4210 - no more than 4 different quads within 24 months, D4910 - 1 procedure per 90 days.	
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		Prior Auth is required for removal of an impacted tooth.	
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			

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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			Not Covered by Fee For Service (FFS)
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes			

* 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?).