

Summary of Benefits Report for Utah, Medicaid InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year	Two per calendar year per provider, or one per calendar year per provider in addition to a comprehensive oral evaluation	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	EPSDT ONLY	
Sealants (list any tooth-specific limits)	Yes	1 x every 2 years	1st and 2nd permanent molars or premolars (bicuspid), caries free, without restoration. Once every 2 years. EPSDT ONLY	
Space maintainers	Yes		EPSDT ONLY	
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		
Dental examinations	Yes	1 x year	One time only per provider.	
Assessment of risk for tooth decay	Yes			
X-Rays				
Bitewing	Yes			
Full Mouth	Yes	1 x year	1) More than 12 periapicals taken during a single visit will be considered a full mouth series. 2) Any periapical x-rays billed additionally with D0210 will be rebundled and considered part of the full mouth series. 3) X-rays billed as part of a root canal procedure will be rebundled as part of the global root canal fee.	
Panoramic	Yes	1 x every 2 years	1) May be billed with bitewings. 2) A panoramic x-ray with more than bitewings, 2 or 4 films, plus 2 periapicals will rebundle to D0210. 3) Panoramic x-rays and full series x-rays shall not be taken more often than one every two years unless there is specific dental diagnostic need documented in the patient's records.	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		Silver diamine fluoride (SDF) is covered. It's limited to once per tooth every 6 months.	
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes		Anterior only	
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization			
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	Yes - only with prior authorization			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		Primary teeth only. This procedure does not require preauthorization. Submission of x-rays, photographs or written documentation demonstrating medical necessity is not required for payment. Requires a tooth code. A benefit for primary teeth only, limited to once per tooth. Not a benefit for a tooth near exfoliation, a tooth with a necrotic pulp or a periapical lesion, or for a tooth that is non restorable. This procedure is for the surgical removal of the entire portion of the pulp coronal to the dentinocemental junction with the aim of maintaining the vitality of the remaining radicular portion by means of an adequate dressing.	

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Root canals on permanent teeth	Yes		Permanent teeth. Requires a tooth code. A benefit once per tooth for initial root canal therapy. The fee for this procedure includes all treatment and post treatment x-rays, any temporary restoration and/or occlusal seal. Post-operative x-rays required with claim. EPSDT Only	
Gum (periodontal) therapy	Yes		Only limited gingivectomy or gingivoplasty services are covered.	
Dentures				
Partial dentures	Yes - only with prior authorization			
Complete dentures	Yes - only with prior authorization			
Bridges	Yes - only with prior authorization			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization		Carved out of managed care dental plans. Services are covered through Utah's FFS Medicaid program.	
Cancer treatment	No		Cancer treatment is covered by the medical plan. Problems involving the teeth that are a result of cancer treatment are covered.	
Treatment of fractures	No		Medical plan covered benefit	
Biopsies	No		Medical plan covered benefit	
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes			

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Inpatient Hospital Services	No		Medical plan covered benefit	
Anesthesia				
General anesthesia	Yes		1. For patient 4 years of age or younger, prior approval is not required. 2. Patient is at least 5 years of age with a physical or mental disability. Document the physical or mental disability which justifies the use of general anesthesia. 3. Patient is 5 - 8 years of age and without physical or mental disability, the patient must have a documented condition such as a failure and inability to treat when using a premedication which justifies the use of general anesthesia. 4. Patient is at least 9 years of age and without physical or mental disability, the patient must have a documented condition such as such as a failure and inability to treat when using a pre-medication which justifies the use of general anesthesia, OR in conjunction with the extraction of a partial or full boney impacted third molar.	
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	Yes		The code is covered for intramuscular and non-intravenous conscious sedation only and includes the sedative drug.	
Analgesia (nitrous oxide)	No			

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic

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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?).