

# Summary of Benefits Report for Wyoming, Medicaid

## InsureKidsNow.gov

| <b>Preventive Services</b>                                |                                |                   |   |
|---|--------------------------------|-------------------|---|
|   | <b>Is the service Covered?</b> | <b>Frequency</b>  | <b>List any service - specific limitations</b>  |
| <b>Cleanings</b>  | Yes                            | 1 x 6 months      |   |
| <b>Fluoride treatments (including fluoride varnishes)</b> | Yes                            | 1 x 6 months      | Ages 0-14 years   |
| <b>Sealants (list any tooth-specific limits)</b>          | Yes                            | 1 x every 2 years | Once per tooth every 18 months  |
| <b>Space maintainers</b>                                  | Yes                            |                   | Ages 0-20<br>• D1510, D1516, D1517 and D1575: Space maintainers must be billed using a quadrant in box 25 (area of oral cavity) of the claim form. Use UA, UR, UL, LA, LR or LL to indicate which area of the oral cavity the space maintainer was placed.<br>• D1551: Re-cementation of bilateral space maintainer, maxillary, is covered as needed<br>• D1552: Re-cementation of bilateral space maintainer, mandibular, is covered as needed<br>• D1553: Re-cementation of unilateral space maintainer, per quadrant, is covered as needed |

| <b>Diagnostic Services</b>                 |                                |                   |  |   |
|--|--------------------------------|-------------------|--|---|
|  | <b>Is the service Covered?</b> | <b>Frequency</b>  | <b>List any service - specific limitations</b> | <b>Recommended age of first visit ?</b> |
| <b>Oral health screening or assessment</b> | Yes                            | 1 x 6 months      | 6 months-3 years                               |   |
| <b>Dental examinations</b>                 | Yes                            |                   |  | 3 years and up                          |
| <b>Assessment of risk for tooth decay</b>  | Yes                            |                   |  |   |
| <b>X-Rays</b>                              |                                |                   |  |   |
| Bitewing                                   | Yes                            | 1 x year          |  |   |
| Full Mouth                                 | Yes                            | 1 x every 3 years |  |   |
| Panoramic                                  | Yes                            | 1 x every 3 years | Ages 6 and older                               |   |

| <b>Treatment Services</b>                                       |                                |                  |  |                              |
|---|--------------------------------|------------------|--|------------------------------|
|   | <b>Is the service Covered?</b> | <b>Frequency</b> | <b>List any service - specific limitations</b>       | <b>Criteria for coverage</b> |
| <b>Anti-microbial treatments that stop decay from spreading</b> | Yes                            |                  | Allowed once per tooth every 18 months               |                              |
| <b>Fillings</b>   |                                |                  |  |                              |
| Silver amalgam  | Yes                            |                  | Allowed once per tooth, per surface, every 18 months |                              |
| Tooth colored composite   | Yes                            |                  | Allowed once per tooth, per surface, every 18 months |                              |
| <b>Crowns/tooth caps</b>  |                                |                  |  |                              |

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|-------------------------|-------------------------|-----------|---|-----------------------|
|                         | Is the service Covered? | Frequency | List any service - specific limitations   | Criteria for coverage |
| Stainless steel crowns  | Yes                     |           | For Members under the age of 14, a prior authorization request may be submitted prior to the treatment, if the tooth has not been treated with a root canal therapy and the dentist substantiates the need for a permanent crown prior to the age of 14 to preserve the integrity of the tooth structure. |                       |
| Metal (only) crowns     | Yes                     |           | For Members under the age of 14, a prior authorization request may be submitted prior to the treatment, if the tooth has not been treated with a root canal therapy and the dentist substantiates the need for a permanent crown prior to the age of 14 to preserve the integrity of the tooth structure. |                       |
| Metal/porcelain crowns  | Yes                     |           | For Members under the age of 14, a prior authorization request may be submitted prior to the treatment, if the tooth has not been treated with a root canal therapy and the dentist substantiates the need for a permanent crown prior to the age of 14 to preserve the integrity of the tooth structure. |                       |
| Porcelain (only) crowns | Yes                     |           | For Members under the age of 14, a prior authorization request may be submitted prior to the treatment, if the tooth has not been treated with a root canal therapy and the dentist substantiates the need for a permanent crown prior to the age of 14 to preserve the integrity of the tooth structure. |                       |

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|---|-------------------------------------|-----------|--|-----------------------|
|   | Is the service Covered?             | Frequency | List any service - specific limitations  | Criteria for coverage |
| <b>Root Canals (endodontics)</b>        |                                     |           |  |                       |
| Root canals on baby teeth (pulpotomies) | Yes                                 |           | A pulpotomy is not to be billed in conjunction with root canal therapy when performed on the same date or as an emergency endodontic procedure. Additionally, a Provider may not bill for a pulpotomy and a root canal therapy on the same tooth. The Provider may only bill for the pulpotomy or the root canal therapy |                       |
| Root canals on permanent teeth          | Yes                                 |           |  |                       |
| <b>Gum (periodontal) therapy</b>        | Yes                                 |           | Once every 24 months   |                       |
| <b>Dentures</b>                         |                                     |           |  |                       |
| Partial dentures                        | Yes                                 |           |  |                       |
| Complete dentures                       | Yes                                 |           |  |                       |
| Bridges                                 | Yes - only with prior authorization |           | Ages 17-20 years   |                       |
| <b>Orthodontics*</b>                    |                                     |           |  |                       |
| Retainers (orthodontic)                 | Yes - only with prior authorization |           | Orthodontic Retention and Removal, this may be authorized for Members who have moved here from another state and are unable to or do not plan to continue treatment. Otherwise the retainer is considered to be included in the Severe Malocclusion Program.   |                       |
| Braces                                  | Yes - only with prior authorization |           | Allowed for clients aged 18 and under. Requests for clients under the age of 12 would require the SMP Under 12 Form also be submitted with prior authorization.  |                       |
| <b>Oral surgery</b>                     |                                     |           |  |                       |
| Simple extractions                      | Yes                                 |           |  |                       |
| Surgical extractions                    | Yes                                 |           |  |                       |
| Care of abscesses                       | Yes                                 |           |  |                       |
| Cleft palate treatment                  | Yes                                 |           |  |                       |
| Cancer treatment                        | Yes                                 |           |  |                       |
| Treatment of fractures                  | Yes                                 |           |  |                       |

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|--|-------------------------------------|-----------|---|--|
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| Biopsies   | Yes                                 |           |   |  |
| <b>Treatment of jaw joint problems (TMJ)</b>         | Yes - only with prior authorization |           |   |  |
| <b>Emergency room services provided by a dentist</b> | Yes                                 |           |   |  |
| <b>Inpatient Hospital Services</b>                   | Yes                                 |           |   |  |
| Anesthesia   |                                     |           |   |  |
| General anesthesia                                   | Yes                                 |           | Sedation and general anesthesia shall not be billed routinely, but limited to those patients requiring dental care who would not be expected to tolerate treatment or become unmanageable in the usual office setting due to medical, emotional, or developmental limitations, and/or extent of treatments needs that are documented. |  |
| Intravenous conscious sedation                       | Yes                                 |           | The administration of intravenous (IV) or intramuscular (IM) sedation is subject to the same requirements as general anesthesia.  |  |
| Non-intravenous conscious sedation                   | Yes                                 |           | The administration of intravenous (IV) or intramuscular (IM) sedation is subject to the same requirements as general anesthesia.  |  |
| Analgesia (nitrous oxide)                            | Yes                                 |           |   | Supporting documentation of why the Member required the use of nitrous must be part of the patient's record and be available upon request. |

\* 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?).