

# Summary of Benefits Report for New Jersey, 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	2 x year	Children with Special Health Care Needs - Four (4) times a year	
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	Fluoride varnish and treatments for all general population through age 20 - Two (2) times per year. Fluoride treatments including varnish for Children with Special Health Care Needs - Four (4) times per year.	
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x every 3 years	Through 16 years old, except Primary teeth and anterior permanent teeth.	
<b>Space maintainers</b>	Yes	1 x lifetime	Replacement allowed with PA to monitor reason for replacement.	
<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	2 x year	Through 18 years old.	
<b>Dental examinations</b>	Yes	2 x year	Children with Special Health Care Needs - Four (4) times a year.	Soon after eruption of the 1st tooth or by 12 months.
<b>Assessment of risk for tooth decay</b>	Yes	1 x year	Must be provided at time of oral evaluation.	
<b>X-Rays</b>				
Bitewing	Yes			
Full Mouth	Yes	1 x every 3 years	Complete film series every three (3) years when done by same provider, exceptions may be considered with Prior Authorization. With bite wings maybe considered full mouth series with limits as noted as full mouth series, exceptions may apply. Complete film series every three (3) years when done by same provider, exceptions may be considered with Prior Authorization.	
Panoramic	Yes	1 x every 3 years		
<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		2 x per year - Increased frequency allowed with prior authorization	
<b>Fillings</b>				
Silver amalgam	Yes			
Tooth colored composite	Yes			
<b>Crowns/tooth caps</b>				

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Stainless steel crowns	Yes			
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	Yes - only with prior authorization			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes - only with prior authorization			
<b>Gum (periodontal) therapy</b>				
	Yes - only with prior authorization			
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		Every 7.5 years. Maybe approved for extenuating circumstances in less than 7.5 years.	
Complete dentures	Yes - only with prior authorization		Every 7.5 years. Maybe approved for extenuating circumstances in less than 7.5 years.	
Bridges	Yes - only with prior authorization		Direct replacement of preexisting failed/defective bridges with no other missing teeth and 8 posterior teeth incontact. Also considered for members with special health care needs that cannot function with removable denture.	
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		Through age 20.	
Braces	Yes - only with prior authorization		Criteria for braces coverage: Medical exception criteria tool HLD (NJ-Mod3) or medical necessity.	
<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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Biopsies	Yes		Prior authorization may be needed for increased frequency. If treatment is by report, can be post treatment request.	
<b>Treatment of jaw joint problems (TMJ)</b>	Yes - only with prior authorization		Criteria for coverage: Clinical documentation of condition treatment plan and diagnosis to substantiate request	Medical Necessity
<b>Emergency room services provided by a dentist</b>	Yes		To treat lacerations, trauma, and fractures. Contingent upon Plan may not require approval, can be post treatment request	Medical Necessity
<b>Inpatient Hospital Services</b>	Yes		Criteria of coverage: Documentation of medical necessity.	Medical Necessity
<b>Anesthesia</b>				
General anesthesia	Yes		May require authorization. Criteria for coverage: Documentation of medical necessity.	Medical Necessity
Intravenous conscious sedation	Yes		May require authorization. Criteria for coverage: Documentation of medical necessity.	Medical Necessity
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?).