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Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	2 x year	Members are allowed two cleanings per calendar year. These may be performed every six months. If a comprehensive oral evaluation is performed, one cleaning may be billed in addition to that exam during the same calendar year.
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	Fluoride treatments are allowed up to four times per calendar year. For children under age 5, these treatments can be applied by a doctor during a well-child exam or by a dentist. For members age 5 and older, the treatment must be performed in a dental office to be covered.
Sealants (list any tooth-specific limits)	Yes	1 x every 2 years	Sealants are protective coatings for the back teeth (first and second permanent molars and premolars). They are covered once every two years per tooth, provided the tooth has no existing decay or fillings.
Space maintainers	Yes	1 x every 3 years	Space maintainers are covered for children who lose a baby tooth too early. They help keep the gap open so the permanent tooth can grow in correctly. These are limited to once per side of the mouth per lifetime and are not covered for front teeth or to replace lost permanent teeth.

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	up to 4 x year	Children are allowed up to four oral health evaluations per calendar year. This typically includes one comprehensive (in-depth) exam and three periodic (routine) check-ups. These visits help monitor dental development and catch potential issues early.	
Dental examinations	Yes	up to 4 x year	Children are allowed up to four dental exams or oral health assessments per calendar year. This typically consists of one comprehensive (full) exam and three periodic (routine) check-ups. These visits are used to track a child's dental growth and are included as part of their regular oral health monitoring.	The recommended age for a child's first dental visit is by age 1.

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Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Assessment of risk for tooth decay	No		An assessment of the risk for tooth decay is included as part of a child's regular dental exam. There is no separate charge or additional limit for this service, as it is performed by the dentist during the comprehensive or periodic oral evaluation to help determine the need for preventive treatments like fluoride or sealants.	
X-Rays				
Bitewing	Yes	2 x year	Bitewing x-rays are allowed twice per calendar year. However, if they are taken on the same day as a full series of x-rays or a panoramic x-ray combination, they are included in that limit and cannot be billed separately.	
Full Mouth	Yes	1 x every 2 years	A full set of mouth x-rays is allowed once every two years. This limit includes a single complete series or any combination of x-rays taken on the same day that makes up a full set (such as a panoramic x-ray taken with bitewings). When a full set is billed, no additional individual x-rays will be covered for that visit.	

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Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Panoramic	Yes	1 x every 2 years	A panoramic x-ray is allowed once every two years. It can be taken with smaller bitewing x-rays. However, if a panoramic x-ray is taken with bitewings and two or more individual x-rays (periapicals) on the same day, it is considered a full mouth series and is subject to the two-year limit. These x-rays are not allowed more than once every two years unless your dentist documents a specific diagnostic need in your records.	

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 a liquid treatment used to stop cavities from spreading. It is covered for children with baby teeth and can be applied once every six months per tooth. This is a non-invasive alternative to traditional fillings for treating tooth decay.	
Fillings				
Silver amalgam	Yes		Silver (metal) fillings are allowed once every two years for each surface of a tooth. If a filling needs to be replaced on the same surface of that tooth within two years, it is generally not covered unless there is a specific medical reason.	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Tooth colored composite	Yes		Tooth-colored fillings are covered for front teeth. For back teeth, coverage depends on the member's plan and eligibility. In many cases, silver (amalgam) fillings are the standard choice for back teeth unless a tooth-colored filling is medically necessary or specifically allowed by your plan. These fillings are subject to the same two-year limit per tooth surface.	
Crowns/tooth caps				
Stainless steel crowns	Yes		Stainless steel crowns (silver caps) are allowed once every two years per tooth. These are covered for children to protect teeth with large cavities or after a nerve treatment (pulpotomy).	
Metal (only) crowns	Yes - only with prior authorization		Metal (only) and Metal/porcelain crowns are covered for permanent teeth only and require prior authorization to prove medical necessity. These are limited to once every five years per tooth.	
Metal/porcelain crowns	Yes		Metal (only) and Metal/porcelain crowns are covered for permanent teeth only and require prior authorization to prove medical necessity. These are limited to once every five years per tooth.	
Porcelain (only) crowns	Yes - only with prior authorization		Porcelain (only) crowns are covered for permanent teeth only and require prior authorization to prove medical necessity. These are limited to once every five years per tooth.	
Root Canals (endodontics)				

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Root canals on baby teeth (pulpotomies)	Yes		A pulpotomy (a "mini" root canal for baby teeth) is covered for infected baby teeth and does not require prior authorization. This service is limited to once per tooth. It is not covered for teeth that are already loose and about to fall out or teeth that are too damaged to be repaired with a filling or crown.	
Root canals on permanent teeth	Yes		Root canals on permanent teeth do not require prior authorization. These are covered when medically necessary to save a tooth, though third molars (wisdom teeth) are generally not covered. X-rays taken as part of the root canal process are included in the global fee for the procedure.	
Gum (periodontal) therapy	Yes - only with prior authorization		Periodontal scaling and root planing (SRP) is limited to one (1) per quadrant per rolling year and requires prior authorization (PA). Periodontal maintenance is available for members previously treated for periodontal disease with SRP; however, this service cannot be performed within six (6) months of any other prophylaxis procedure. Periodontal maintenance is limited to once every six (6) months and requires a PA. Limited gingivectomy or gingivoplasty services are covered without a prior authorization requirement.	
Dentures				

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Partial dentures	Yes - only with prior authorization		Complete and partial dentures are limited to one upper and one lower denture every five years. These services require prior authorization to prove medical necessity and to ensure the teeth can support a denture.	
Complete dentures	Yes - only with prior authorization		Complete and partial dentures are limited to one upper and one lower denture every five years. These services require prior authorization to prove medical necessity and to ensure the teeth can support a denture.	
Bridges	No		Utah Medicaid generally does not cover fixed dental bridges. In most cases, missing teeth are replaced with partial dentures. A bridge is only considered a benefit if a provider proves it is medically necessary through the medical exception process. Coverage for a bridge is rare and depends on the member's specific plan and medical eligibility.	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Orthodontic retainers are covered once per lifetime at the end of a child's comprehensive orthodontic treatment. This includes the initial set of retainers used to keep teeth in their new position. Replacements for lost or broken retainers are generally not covered.	

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Braces	Yes - only with prior authorization		Orthodontic treatment is limited to once per lifetime. Age limits for treatment are determined by the type of dentition: transitional dentition is covered from ages 10 up to 14, adolescent dentition from ages 10 up to 21, and adult dentition from ages 14 up to 21. Prior authorization is required and is based on medical necessity using the Utah Index of Orthodontic Treatment Need (IOTN).	Utah Medicaid requires prior authorization for all orthodontic treatment. To determine medical necessity for orthodontic care (MNOC), the state uses the Utah Medicaid Index of Orthodontic Treatment Need (IOTN) Medical Necessity Score Sheet. The IOTN is an auto-qualified tool developed by Utah Medicaid and is the only form accepted for MNOC determination. To qualify for coverage, a member must meet at least one "Automatic Qualifying Condition" or at least two "Other Qualifying Conditions" as listed and validated on the IOTN form.
Oral surgery				
Simple extractions	Yes		Simple extractions do not require prior authorization. This service includes the routine removal of a tooth, the numbing of the area (local anesthesia), and any necessary stitches. Extractions are covered when a tooth cannot be saved by a filling or root canal.	

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Surgical extractions	Yes		Surgical extractions do not require prior authorization. This service is covered when a tooth cannot be removed easily and requires a more complex procedure, such as removing bone or sectioning the tooth. The service includes local anesthesia and any necessary stitches. Wisdom tooth removal is covered if the teeth are impacted or causing pain, but third molars that are not causing problems are generally not covered.	
Care of abscesses	Yes		Emergency treatment for an abscess or acute infection does not require prior authorization. This includes services such as an emergency exam, diagnostic x-rays, and the incision and drainage of the abscess to relieve pain and infection.	
Cleft palate treatment	Yes - only with prior authorization		Treatment for cleft lip, cleft palate, or other severe craniofacial anomalies is a covered benefit. This includes necessary surgeries, dental restorations, and comprehensive orthodontic treatment (braces). These services require prior authorization. For orthodontics, a cleft palate diagnosis is an automatic qualifying condition on the Utah Medicaid Medical Necessity Score Sheet (IOTN).	
Cancer treatment	No		Cancer treatment is covered by the medical plan. Problems involving the teeth that are a result of cancer treatment are covered.	

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Treatment of fractures	No		The medical plan covers the treatment of fractures.	
Biopsies	No		The medical plan covers the procedure for the biopsy of oral tissue. Any subsequent laboratory testing or pathology to examine the tissue is also covered under the medical plan.	
Treatment of jaw joint problems (TMJ)	No		Treatment for temporomandibular joint (TMJ) syndrome, including therapy and occlusal appliances (night guards for TMJ), are non-covered dental services. However, the dental plan does cover the treatment of temporomandibular joint fractures.	
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	No		The medical plan covers the hospital-related costs (such as the facility fee and room) for dental procedures performed in an inpatient setting.	
Anesthesia				
General anesthesia	Yes		General anesthesia and intravenous (IV) conscious sedation are covered when medically necessary for children who cannot be treated safely under local anesthesia due to physical or mental disability, or other complex medical conditions. Documentation must be maintained in the patient's record to justify the need for these services.	

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Intravenous conscious sedation	Yes		General anesthesia and intravenous (IV) conscious sedation are covered when medically necessary for children who cannot be treated safely under local anesthesia due to physical or mental disability, or other complex medical conditions. Documentation must be maintained in the patient's record to justify the need for these services.	
Non-intravenous conscious sedation	Yes		Medicaid covers intramuscular and intraoral injections for sedation only. Behavior management is not covered. Orally administered medications for sedation are covered under the Medicaid pharmacy program by prescription only.	
Analgesia (nitrous oxide)	No		Nitrous oxide analgesia (laughing gas) is a non-covered service under the dental plan. While it may be used by a dentist to help a patient relax, it is not a separately reimbursable benefit, and the cost is not covered by Medicaid.	

* 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?).