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Preventive Servic	es				
	Is the service Covered?	Frequency	List any service - s	List any service - specific limitations	
Cleanings	Yes	1 x 6 months	May PA additional treatments if medically necessary.		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	May PA additional treatments if medically necessary.		
Sealants (list any tooth-specific limits)	Yes	1 x 6 months	May PA additional treatments if medically necessary.		
Space maintainers	Yes		For posterior teeth segments only.		
Diagnostic Servic	es				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?	
Oral health screening or assessment	Yes	1 x 6 months			
Dental examinations	Yes	1 x 6 months	May PA additional treatments if medically necessary.	When the first tooth erupts (approximately 6 months)	
Assessment of risk for tooth decay	Yes				
X-Rays			1		
Bitewing	Yes	1 x year	May PA additional treatments if medically necessary.		
Full Mouth	Yes	1 x every 3 years	May PA additional treatments if medically necessary		
Panoramic	Yes	1 x every 3 years	May PA additional treatments if medically necessary.		
Treatment Service	es				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage	
Anti-microbial treatments that stop decay from spreading	Yes		Children up to 6 years of age; special needs populations after age 6.		
Fillings					
Silver amalgam	Yes				
Tooth colored composite	Yes				
Crowns/tooth caps			1		
Stainless steel crowns	Yes - only with prior authorization		If indicated (medically necessary).		
Metal (only) crowns	Yes - only with prior authorization		If indicated (medically necessary).		
Metal/porcelain crowns	Yes - only with prior authorization		If indicated (medically necessary).		
Porcelain (only) crowns	Yes - only with prior authorization		If indicated (medically necessary).		
Root Canals (endodo	ntics)				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		If indicated (medically necessary).		
Root canals on permanent teeth	Yes - only with prior authorization		If indicated (medically necessary).		

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Treatment Service		F	1	0-24
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Gum (periodontal) therapy	Yes - only with prior authorization		If indicated (medically necessary).	
Dentures				
Partial dentures	Yes - only with prior authorization		For permanant teeth.	
Complete dentures	Yes			
Bridges	Yes - only with prior authorization		If medically necessary, anterior teeth.	
Orthodontics*	<u>.</u>			
Retainers (orthodontic)	Yes		1 replacement per arch per lifetime.	
Braces	Yes - only with prior authorization		26 points on Salzmann Indiex	Under the age of 21.
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization		Requires post - procedure review for approval of a surgical extraction.	
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization		Some services require PA and use a multi-disciplinary approach.	
Cancer treatment	Yes		Some services may require PA - multidisciplinary approach.	
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes		Advanced joint surgeries (Silastic Implants, condylar replacements) require prior authorization.	
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes - only with prior authorization		Office must have license and passed certification.	
Intravenous conscious sedation	Yes - only with prior authorization		Office must have license and passed certification.	
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes - only with prior authorization		Up to age 9 for general care. Ages 9 and older require PA.	

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* 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?).

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