## Summary of Benefits Report for Delaware, Medicaid InsureKidsNow.gov

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<b>Preventive Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year	more than two per year require prior auth	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	more than two per year require prior auth	
Sealants (list any tooth-specific limits)	Yes	1 x every 5 years	posterior teeth only	
Space maintainers	Yes	1 x lifetime	replacement prior auth	
<b>Diagnostic Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes		code is limited to Division of public health	
Dental examinations	Yes	2 x year		1
Assessment of risk for tooth decay	Yes		codes must be billed with exams	
X-Rays			1	I
Bitewing	Yes			
Full Mouth	Yes	1 x every 3 years	prior auth for need one before 3 years	
Panoramic	Yes	1 x every 3 years	prior auth for need one before 3 years	
<b>Treatment Service</b>	s			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		one time in six months per tooth	
Fillings				
Silver amalgam	Yes		narrative if replaced in less than two years	
Tooth colored composite	Yes		narrative if replaced in less than two years	
Crowns/tooth caps				
Stainless steel crowns	Yes		one time in 5 years per tooth	
Metal (only) crowns	Yes		Yes - only with prior authorization. one time in 5 years per tooth	
Metal/porcelain crowns	Yes		Yes - only with prior authorization.one time in 5 years per tooth	
Porcelain (only) crowns	Yes		Yes - only with prior authorization. one time in 5 years per tooth	
Root Canals (endodo	ntics)			
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Gum (periodontal) therapy	Yes		only with prior authorization			
Dentures						
Partial dentures	Yes		Yes - only with prior authorization.one time in 5 years per arch			
Complete dentures	Yes		Yes - only with prior authorization.one time in 5 years per arch			
Bridges	Yes		Yes - only with prior authorization.one time in 5 years per tooth			
Orthodontics*						
Retainers (orthodontic)	Yes		Yes - only with prior authorization.			
Braces	Yes		Yes - only with prior authorization. handicapping malocclusion with index score of 26 and above			
Oral surgery						
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					
Cleft palate treatment	Yes - only with prior authorization					
Cancer treatment	Yes - only with prior authorization					
Treatment of fractures	Yes - only with prior authorization					
Biopsies	Yes - only with prior authorization					
Treatment of jaw joint problems (TMJ)	Yes		Yes - only with prior authorization			
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes					
Anesthesia						
General anesthesia	Yes					
Intravenous conscious sedation	Yes					
Non-intravenous conscious sedation	Yes					
Analgesia (nitrous oxide)	Yes					

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<sup>\*</sup> 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?).

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