

Summary of Benefits Report for Florida, Medicaid

InsureKidsNow.gov

| Preventive Services | | | | |
|---|--------------------------------|-------------------|--|---|
| | Is the service Covered? | Frequency | List any service - specific limitations | |
| Cleanings | Yes | 2 x year | 1 every 181 days | |
| Fluoride treatments (including fluoride varnishes) | Yes | 2 x year | 1 every 90 days per recipient under the age of 6 years old. once every 180 days per recipient 6 years and older. Non varnish - once per 181 days per recipient. | |
| Sealants (list any tooth-specific limits) | Yes | 1 x every 3 years | 1 x every 3 years per tooth; permanent molar only | |
| Space maintainers | Yes | | under the age of 21 years old | |
| Diagnostic Services | | | | |
| | Is the service Covered? | Frequency | List any service - specific limitations | Recommended age of first visit ? |
| Oral health screening or assessment | Yes | 2 x year | 1 every 181 days per recipient under 21 years of age | |
| Dental examinations | Yes | 2 x year | Periodic exams are covered 2 times a year up to age 21. Comprehensive exams are covered 1 every 3 years up to age 21. Comprehensive 21 years and over for denture evaluations and problem focused services. Limited evaluations, as medically necessary. | 1 |
| Assessment of risk for tooth decay | Yes | | as medically necessary | |
| X-Rays | | | | |
| Bitewing | Yes | 2 x year | Under 21, 1 every 181 days | |
| Full Mouth | Yes | 1 x every 3 years | | |
| Panoramic | Yes | 1 x every 3 years | | |
| Treatment Services | | | | |
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Anti-microbial treatments that stop decay from spreading | Yes | | as medically necessary | |
| Fillings | | | | |
| Silver amalgam | Yes | | as medically necessary | |
| Tooth colored composite | Yes | | as medically necessary | |
| Crowns/tooth caps | | | | |
| Stainless steel crowns | Yes | | Under 21 | |
| Metal (only) crowns | Yes | | Under 21 | |
| Metal/porcelain crowns | Yes | | Under 21 | |
| Porcelain (only) crowns | Yes | | Under 21 | |

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|---|-------------------------------------|------------------|--|------------------------------|
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Root Canals (endodontics) | | | | |
| Root canals on baby teeth (pulpotomies) | Yes | | Under 21 | |
| Root canals on permanent teeth | Yes | | Under 21, as medically necessary | |
| Gum (periodontal) therapy | Yes | | Under 21 | |
| Dentures | | | | |
| Partial dentures | Yes - only with prior authorization | | One upper, lower, or complete set of full or removable partial dentures per recipient, Prior Authorization is determine by the dental contract entities. | |
| Complete dentures | Yes - only with prior authorization | | One upper, lower, or complete set of full or removable partial dentures per recipient, Prior Authorization is determine by the dental contract entities. | |
| Bridges | Yes - only with prior authorization | | Prior Authorization is determine by the dental contract entities. | |
| Orthodontics* | | | | |
| Retainers (orthodontic) | Yes - only with prior authorization | | Under 21; one replacement retainer, per arch, per lifetime | |
| Braces | Yes - only with prior authorization | | Under 21 with handicapping malocclusions | |
| Oral surgery | | | | |
| Simple extractions | Yes | | as medically necessary | |
| Surgical extractions | Yes | | as medically necessary | |
| Care of abscesses | Yes | | as medically necessary | |
| Cleft palate treatment | Yes | | These services may also fall under medical services. | |
| Cancer treatment | Yes | | These services may also fall under medical services. | |
| Treatment of fractures | Yes | | These services may also fall under medical services. | |
| Biopsies | Yes | | These services may also fall under medical services. | |

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|--|--------------------------------|------------------|---|------------------------------|
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| Treatment of jaw joint problems (TMJ) | Yes | | Orthotic occlusal appliance (by report) for the treatment of TMJ. | |
| Emergency room services provided by a dentist | Yes | | These services may also fall under medical services and is covered through the separate medical services contracts depending on the nature of the injury and services needed. | |
| Inpatient Hospital Services | Yes | | These services may also fall under medical services and is covered through the separate medical services contracts depending on the nature of the injury and services needed. | |
| Anesthesia | | | | |
| General anesthesia | Yes | | | |
| Intravenous conscious sedation | Yes | | | |
| 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?).