Summary of Benefits Report for Georgia, Medicaid InsureKidsNow.gov

Preventive Servic	es		_		
	Is the service Covered?	Frequency	List any service - specific limitations		
Cleanings	Yes	2 x year	Under 21		
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	Under 21		
Sealants (list any tooth-specific limits)	Yes		Under 21		
Space maintainers	Yes		Under 21		
Diagnostic Servic	es		F		
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?	
Oral health screening or assessment	No				
Dental examinations	Yes		Under 21	3	
Assessment of risk for tooth decay	No				
X-Rays				1	
Bitewing	Yes		Under 21		
Full Mouth	Yes	1 x every 3 years	Under 21		
Panoramic	Yes	1 x every 3 years	Under 21		
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		Under 21		
Fillings					
Silver amalgam	Yes		Under 21		
Tooth colored composite	No				
Crowns/tooth caps				1	
Stainless steel crowns	Yes		Under 21		
Metal (only) crowns	Yes		Under 21		
Metal/porcelain crowns	Yes - only with prior authorization		Under 21		
Porcelain (only) crowns	Yes		Under 21		
Root Canals (endodo	ntics)			1	
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		Under 21		
Root canals on permanent teeth	Yes - only with prior authorization		Under 21		
Gum (periodontal) therapy	Yes - only with prior authorization		Under 21		
Dentures			1	1	
Partial dentures	Yes - only with prior authorization		Under 21		
Complete dentures	Yes - only with prior authorization		Under 21		

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Bridges	Yes - only with prior authorization		Under 21			
Orthodontics*						
Retainers (orthodontic)	No					
Braces	Yes - only with prior authorization		Under 21			
Oral surgery						
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					
Cleft palate treatment	Yes - only with prior authorization		Under Medical coverage			
Cancer treatment	No					
Treatment of fractures	Yes - only with prior authorization					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	No					
Emergency room services provided by a dentist	Yes - only with prior authorization		Post Authorization	Must meet emergency and/or criterialife threatening accident		
Inpatient Hospital Services	Yes - only with prior authorization			Medically necessary		
Anesthesia						
General anesthesia	Yes - only with prior authorization					
Intravenous conscious sedation	Yes - only with prior authorization			Medically necessary		
Non-intravenous conscious sedation	Yes - only with prior authorization			Medically necessary		
Analgesia (nitrous oxide)	Yes - only with prior authorization			Medically necessary		

* 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?).