

Summary of Benefits Report for Iowa, Medicaid

InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year	Additional cleanings allowed when medically necessary and prior auth is obtained.	
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	Allowed four times per year without prior auth.	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Primary first and second and first and second molar permanent teeth.	
Space maintainers	Yes	2 x year	Limited to children 14 years of age and younger.	
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	r Screenings allowed by dental hygienists in public health settings.	
Dental examinations	Yes	1 x year		1 or within 6 months of first tooth eruption.
Assessment of risk for tooth decay	Yes	2 x year		
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 5 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			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes		Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization		Only allow D2751 & D2791 unless a metal allergy is indicated.	
Porcelain (only) crowns	Yes - only with prior authorization		Only allow D2740	
Root Canals (endodontics)				
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 - only with prior authorization		covered once every 5 years	
Complete dentures	Yes - only with prior authorization		covered once every 5 years	
Bridges	Yes - only with prior authorization		covered once every 5 years	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Post orthodontic retainers are inclusive of the cost of orthodontia treatment. Replacement of one maxillary and one mandibular retainer are a payable one time benefit. Replacement retainers are not payable when orthodontic procedures have not been paid for through the state of Iowa Medicaid program.	
Braces	Yes - only with prior authorization			Salzmann Index Score of 26
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			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization			
Emergency room services provided by a dentist	Yes - only with prior authorization			
Inpatient Hospital Services	Yes - only with prior authorization			
Anesthesia				
General anesthesia	Yes		If billed with an approved oral surgery procedure	
Intravenous conscious sedation	Yes		If billed with an approved oral surgery procedure	
Non-intravenous conscious sedation	Yes		If billed with an approved oral surgery procedure	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
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?).