Summary of Benefits Report for Iowa, Medicaid InsureKidsNow.gov

Fluoride treatments (including fluoride varnishes) Sealants (list any tooth-specific limits) Space maintainers Yes 1 x every 3 years Space maintainers Yes 2 x year Limited to children 14 years of age and younger. Diagnostic Services Is the service Covered? Oral health scerening or assessment of risk for tooth decay X-Rays Bitewing Full Mouth Yes 1 x year Yes 1 x year 1 x year Screening or sessessment of risk for tooth decay X-Rays Bitewing Full Mouth Yes 1 x every 5 years Is the service Covered? Frequency Screening allowed by dental hygenists in public health settings. Treatment Services Is the service Covered? Frequency Screening allowed by dental hygenists in public health settings. I or within 6 months of first tooth eruption first tooth eruption for tooth decay X-Rays Bitewing Yes 1 x year Full Mouth Yes 1 x every 5 years Panoramic Treatment Services Is the service Covered? Frequency Screening or specific limitations Yes 1 x every 5 years Treatment Services Is the service covered? Frequency Screening or specific limitations Yes 1 x every 5 years Treatment Services Is the service covered? Frequency Screening or specific limitations Yes 1 x every 5 years Treatment Services Is the service for overage specific limitations Yes Is the service for overage specific limitations Yes Is a service overage specific limitations Yes Is a service overage specific limitations Yes Is a service overage specific limitations Oriteria for coverage specific limitations Approval granted when at least one year has elapsed since periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months. Fillings Stainless steel Trowns/footh caps Stainless steel Trowns/footh caps Limited to primary anterior teeth and anterior resin window for primary anterior teeth and anterior resin window for primary anterior teeth.			dicitiasitow.	90.	
Covered? Yes 2 x year Additional cleanings allowed when medically necessary and prior auth is obtained. Fluoride treatments (including fluoride varinishes) Sealants (list any service proved? Space maintainers Yes 1 x every 3 years Primary 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 Is the service Frequency Frequency Frequency Screenings allowed by dental hygienists in public health settings. The service provide to the service of first visit? The service of first visit? The service of first visit on the ruption of first tooth eruption of first tooth e	Preventive Servic	es			
Including fluoride treatments (including fluoride authins obtained. Yes Up to 4 x year Allowed four times per year without prior authins authi			Frequency	List any service - s	specific limitations
Authorized continuation Authorized conti	Cleanings	Yes	2 x year	Additional cleanings allowed when medically necessary and prior auth is obtained.	
Diagnostic Services Stainless Yes 2 x year Limited to children 14 years of age and younger.	Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	Allowed four times per year without prior	
Diagnostic Services Is the service Covered? Specific limitations Screening or assessment Yes 1 x year Screening sallowed by dental hygienists in public health settings.	Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Primary second and first and second molar permanent teeth.	
Is the service Frequency Specific limitations Recommended age of first visit ?	Space maintainers	Yes	2 x year		
Is the service Frequency Specific limitations Recommended age of first visit ?	Diagnostic Service	es			
Screening or assessment Sy dental hygienists in public health settings.		Is the service	Frequency		Recommended age of first visit ?
Assessment of risk for tooth decay X-Rays Bitewing Yes 1 x year Panoramic Yes 1 x every 5 years Panoramic Yes 1 x every 5 years Treatment Services Is the service Frequency List any service specific limitations Approval granted when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months. Fillings Silver amalgam Yes Tooth colored composite Criteria for coverage Criteria for coverage when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months. Fillings Silver amalgam Yes Tooth colored yes composite Crowns/tooth caps Stainless steel crowns Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	Oral health screening or assessment	Yes	1 x year	by dental hygienists in	
Arrays	Dental examinations	Yes	2 x year		1 or within 6 months of first tooth eruption.
Bitewing	Assessment of risk for tooth decay	Yes	1 x year		
Full Mouth Panoramic Yes 1 x every 5 years Treatment Services Is the service Covered? Anti-microbial treatments that stop decay from spreading Yes - only with prior authorization Approval granted when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months. Fillings Silver amalgam Yes Tooth colored composite Crowns/tooth caps Stainless steel Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	X-Rays			1	
Panoramic Yes 1 x every 5 years Treatment Services Is the service Covered? Specific limitations	Bitewing	Yes	1 x year		
Treatment Services Is the service Covered? Anti-microbial treatments that stop decay from spreading Yes - only with prior authorization Anti-microbial treatments that stop decay from spreading Yes - only with prior authorization Approval granted when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months. Fillings Fillings Fillings Silver amalgam Yes Tooth colored composite Crowns/tooth caps Stainless steel crowns Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	Full Mouth	Yes	1 x every 5 years		
Is the service Covered? Frequency List any service - specific limitations Approval granted when at least one decay from spreading Yes - only with prior authorization Approval granted when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months. Fillings Silver amalgam Yes Tooth colored composite Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	Panoramic	Yes	1 x every 5 years		
Covered? Anti-microbial treatments that stop decay from spreading Yes - only with prior authorization Yes - only with prior authorization Yes - only with prior authorization Approval granted when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months. Fillings Silver amalgam Yes Tooth colored Yes composite Crowns/tooth caps Stainless steel crowns Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	Treatment Service	es			
authorization when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per site every 12 months. Fillings Silver amalgam Yes Tooth colored Yes composite Crowns/tooth caps Stainless steel crowns Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.			Frequency		Criteria for coverage
Silver amalgam Yes Tooth colored Yes Crowns/tooth caps Stainless steel crowns Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	Anti-microbial treatments that stop decay from spreading			when at least one year has elapsed since periodontal scaling and root planing was completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth with bleeding on probing. Authorization is limited to once per	
Tooth colored composite Crowns/tooth caps Stainless steel crowns Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	Fillings			T	Ι
Crowns/tooth caps Stainless steel crowns Yes Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	Silver amalgam				
Stainless steel crowns Limited to primary and permanent posterior teeth and anterior resin window for primary anterior teeth.	Tooth colored composite	Yes			
crowns and permanent posterior teeth and anterior resin window for primary anterior teeth.	_			1	Ι
Metal (only) crowns No	Stainless steel crowns	Yes		and permanent posterior teeth and anterior resin window for primary anterior	
	Metal (only) crowns	No			

Page 1 of 3 Data as of: 08/03/2020 Print date: 03/25/2024

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Treatment Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
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 (endodo	ntics)		1	
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes - only with prior authorization			
Dentures				
Partial dentures	Yes - only with prior authorization		covered once every 5 years	
Complete dentures	Yes		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 lowa 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	No			
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization			
Emergency room services provided by a dentist	No			
Inpatient Hospital Services	No			

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Treatment Services							
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage			
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				
Analgesia (nitrous oxide)	Yes						

Page 3 of 3 Data as of: 08/03/2020 Print date: 03/25/2024

^{*} 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?).