

Summary of Benefits Report for Illinois, Medicaid InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	3 x year	Limited to one every 6 months per patient in an office setting and one per school year in a school setting	
Fluoride treatments (including fluoride varnishes)	Yes	3 x year	Topical Application of Fluoride (ages 0-20) - limited to one every 6 months per patient in an office setting and one per school year in a school setting Fluoride Varnish (ages 0-2) - limited to three per 12 months per patient ages 0-2 years in an office setting	
Sealants (list any tooth-specific limits)	Yes	1 x every 2 years	Sealants (ages 0-20) - limited to one per two years per tooth regardless of place of service	
Space maintainers	Yes	1 x lifetime	Space Maintenance (ages 0-20) – limited to one per lifetime per quadrant	
Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	3 x year	For ages 0-20 – Limited to two every 12 months per patient in an office setting and one per school year in a school setting	Ages 0 to 20
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x year		
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	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization			
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	Yes - only with prior authorization			

Summary of Benefits Report for Illinois, Medicaid InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Root Canals (endodontics)				
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			
Complete dentures	Yes - only with prior authorization			
Bridges	Yes - only with prior authorization			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization			
Care of abscesses	Yes - only with prior authorization			
Cleft palate treatment	Yes			
Cancer treatment	Yes - only with prior authorization			
Treatment of fractures	Yes - only with prior authorization			
Biopsies	No			
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes - only with prior authorization			
Intravenous conscious sedation	Yes - only with prior authorization			
Non-intravenous conscious sedation	Yes - only with prior authorization			
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

Summary of Benefits Report for Illinois, Medicaid InsureKidsNow.gov

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?).