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Preventive Servic	es		_	
	Is the service Covered?	Frequency	List any service - s	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 pati an office setting	ent ages 0-2 years in
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 Servic	es		-	
	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 Service	es			-
	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			

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Root Canals (endodo	ntics)		_			
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

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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?).