## Summary of Benefits Report for Indiana, Medicaid InsureKidsNow.gov

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<b>Preventive Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year	Must be medically necessary if member is under 1 year of age	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year		
Sealants (list any tooth-specific limits)	Yes			
Space maintainers	Yes			
<b>Diagnostic Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes			
Dental examinations	Yes	2 x year		1yr
Assessment of risk for tooth decay	Yes			
X-Rays				1
Bitewing	Yes	1 x year	Bitewing radiographs are limited to one set every twelve months	
Full Mouth	Yes	1 x every 3 years	One set every three years.	
Panoramic	Yes	1 x every 3 years	One set every three years.	
<b>Treatment Service</b>	es			
	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			1	I
Stainless steel crowns	Yes			
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	Yes - only with prior authorization			
Root Canals (endodo			1	I
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes		Four units every two years	
Dentures				

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Partial dentures	Yes - only with prior authorization		Medically necessary			
Complete dentures	Yes - only with prior authorization		Medically necessary			
Bridges	No					
Orthodontics*				_		
Retainers (orthodontic)	No					
Braces	Yes - only with prior authorization			For craniofacial conditions only		
Oral surgery						
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					
Cleft palate treatment	Yes - only with prior authorization					
Cancer treatment	Yes					
Treatment of fractures	Yes					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	No					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes					
Anesthesia						
General anesthesia	Yes			documentation explaining why individual cannot receive necessary dental service without		
Intravenous conscious sedation	Yes			oral surgery services only		
Non-intravenous conscious sedation	Yes					
Analgesia (nitrous oxide)	Yes					

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<sup>\*</sup> 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?).