

Summary of Benefits Report for Montana, Medicaid InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months	Limits on medically necessary services (e.g., exams, prophylaxis, x-rays) do not apply to members aged 20 and under.	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	Limits on medically necessary services (e.g., exams, prophylaxis, x-rays) do not apply to members aged 20 and under.	
Sealants (list any tooth-specific limits)	Yes		Covered on first and second molars on the primary arch and permanent arch for ALL ages on tooth letters A, B, I, J, K, L, S, and T, and tooth numbers 2, 3, 14, 15, 18, 19, 30, and 31	
Space maintainers	Yes		Aged 20 and under only.	
Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes			
Dental examinations	Yes	up to 4 x year		By age one if not sooner. After eruption of first tooth.
Assessment of risk for tooth decay	Yes		Aged 20 and under only.	
X-Rays				
Bitewing	Yes	up to 4 x year	Limits on medically necessary services (e.g., exams, prophylaxis, x-rays) do not apply to members aged 20 and under.	
Full Mouth	Yes		Members aged 21 and over are limited to one every three years.	
Panoramic	Yes		Members aged 21 and over are limited to one every three 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			
Metal (only) crowns	Yes		Anterior Only (6-11 and 22-27)	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Metal/porcelain crowns	Yes		Anterior Only (6-11 and 22-27)	
Porcelain (only) crowns	Yes		Anterior Only (6-11 and 22-27)	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes			
Dentures				
Partial dentures	Yes		Once every five years.	
Complete dentures	Yes		Once every ten years.	
Bridges	Yes		Limited to Anterior teeth (6-11 and 22-27)	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			
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)	Yes			
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes		Members aged 17 and under.	

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic

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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?).