Summary of Benefits Report for North Carolina, Medicaid InsureKidsNow.gov

Preventive Service	S			
	Is the service Covered?	Frequency	List any service -	specific limitations
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	Limited to under age 21	
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	Limited to permanent first and second molars under age 16. Primary molars are limited to beneficiaries under age 8.	
Space maintainers	Yes		Limited to under age 21 for the replacement of primary molars, canines, and permanent first molars	
Diagnostic Service	s			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months		age 1 or older
Assessment of risk for tooth decay	No			
X-Rays		1		
Bitewing	Yes	1 x year	Three and four bitewings are limited to beneficiaries 13 years and older.	
Full Mouth	Yes	1 x every 5 years	Limited to beneficiaries 6 years and older	
Panoramic	Yes	1 x every 5 years	Limited to beneficiaries 6 years and older	
Treatment Service	s			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		Limited to beneficiaries ages 1 to 5 once every six month interval per tooth with a total of four applications prior to age 6.	
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps		1		1
Stainless steel crowns	Yes		Limited to under age 21	
Metal (only) crowns	No			
Metal/porcelain crowns	No			
Porcelain (only) crowns	No			
Root Canals (endodon	itics)			

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Treatment Service	Treatment Services					
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Root canals on baby teeth (pulpotomies)	Yes					
Root canals on permanent teeth	Yes		Anterior teeth are allowed for beneficiaries of all ages. Limited to beneficiaries under age 21 for bicuspids, permanent first molars and permanent second molars.			
Gum (periodontal) therapy	Yes - only with prior authorization		Gingivectomy and gingival flap procedures allowed once per lifetime and requires an underlying medical condition. Periodontal scaling and root planing allowed at 24 month intervals. Full mouth debridement allowed once per 12 month interval.			
Dentures						
Partial dentures	Yes - only with prior authorization		Acrylic partial dentures are allowed once every eight years.			
Complete dentures	Yes - only with prior authorization		Allowed once every ten years.			
Bridges	No					
Orthodontics*						
Retainers (orthodontic)	No					
Braces	Yes - only with prior authorization		Limited to beneficiaries under age 21.	Must meet the functionally impairing criteria		
Oral surgery						
Simple extractions	Yes		Once per lifetime			
Surgical extractions	Yes		Once per lifetime			
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 - only with prior authorization					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes					

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Treatment Services					
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage	
Anesthesia					
General anesthesia	Yes				
Intravenous conscious sedation	Yes				
Non-intravenous conscious sedation	No				
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 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?).