

Summary of Benefits Report for New York, Medicaid InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months	An additional prophylaxis may be considered within a twelve-month period for those individuals identified with a recipient exception code of RE 81 ("TBI Eligible") or RE 95 ("OPWDD/Managed Care Exemption").	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 3 months	A covered benefit for ages 6 years and younger. For individuals 7 years of age and older D1206 is only approvable for those individuals identified with a recipient exception code of RE 81 ("TBI Eligible") or RE 95 ("OPWDD/Managed Care Exemption"), or, in cases where salivary gland function has been compromised through surgery, radiation, or disease.	
Sealants (list any tooth-specific limits)	Yes - only with prior authorization	1 x every 5 years	A covered benefit for ages 5 through 15 (inclusive). Limited to permanent first and second molars.	
Space maintainers	Yes	1 x year	A covered benefit for ages 10 years and younger. Only fixed appliances are reimbursable.	
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	1 x 6 months		
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x 6 months		
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	Yes		Covered two (2) times per tooth within a 12-month period with a total of four (4) times per lifetime of the tooth. Limited to Silver Diamine Fluoride. Benefit covers 0-20 years of age inclusive. For individuals 21 years of age and older "D1354" is only approvable for those individuals identified with a recipient exception code of "RE 81" ("TBI Eligible") or "RE 95" (OPWDD/Managed	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
			Care Exemption")	
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes		Covered one (1) time per tooth within a 2 year period for primary teeth, and one (1) time per tooth within a 5 year period for permanent teeth.	
Metal (only) crowns	Yes - only with prior authorization		Covered one (1) time per tooth within a 5 year period.	
Metal/porcelain crowns	Yes - only with prior authorization		Covered one (1) time per tooth within a 5 year period.	
Porcelain (only) crowns	Yes - only with prior authorization		Covered one (1) time per tooth within a 5 year period.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		Endodontic therapy on primary teeth with succedaneous teeth and placement of resorbable filling. This includes pulpectomy, cleaning, and filling of canals with resorbable material.	
Root canals on permanent teeth	Yes - only with prior authorization			
Gum (periodontal) therapy	Yes		D4210 and D4211 are reimbursable solely for the correction of severe hyperplasia or hypertrophy associated with drug therapy, hormonal disturbances or congenital defects. D4341/D4342 is reimbursable per quadrant, limited to once every two (2) years.	
Dentures				
Partial dentures	Yes - only with prior authorization		Covered one (1) time per denture within an 8 year period.	
Complete dentures	Yes - only with prior authorization		Covered one (1) time per denture within an 8 year period.	
Bridges	Yes - only with prior authorization		Covered one (1) time per bridge denture within a 5 year period.	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Requests must be approved prior to the removal of appliances. Replacement once per lifetime.	
Braces	Yes - only with prior authorization		Limited to members under 21 years of age and who exhibit a severe physically handicapping malocclusion.	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization			
Care of abscesses	Yes			
Cleft palate treatment	Yes			
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	No			
Analgesia (nitrous oxide)	Yes		Considered incidental to treatment provided.	

* 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?).