

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

<b>Preventive Services</b>				
	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	
<b>Cleanings</b>	Yes	2 x year	No payment is made for prophylaxis performed in conjunction with gingivectomy, gingivoplasty, or scaling and root planing.	
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	Coverage is limited to patients younger than 21.	
<b>Sealants (list any tooth-specific limits)</b>	Yes		Coverage is limited to patients younger than 21. Pit and fissure sealant may be applied to previously unrestored areas of permanent first and second molars.	
<b>Space maintainers</b>	Yes		Coverage is limited to patients younger than 21. Payment may be made only for a passive type of space maintainer.	
<b>Diagnostic Services</b>				
	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	<b>Recommended age of first visit ?</b>
<b>Oral health screening or assessment</b>	Yes	1 x every 5 years		
<b>Dental examinations</b>	Yes	1 x 6 months	No payment is made for a comprehensive oral evaluation performed in conjunction with a periodic oral evaluation.	
<b>Assessment of risk for tooth decay</b>	Yes - only with prior authorization			
<b>X-Rays</b>				
<b>Bitewing</b>	Yes	1 x 6 months	Payment may be made only if permanent second molars have erupted. No payment is made for multiple bitewing images taken in conjunction with a panoramic image or complete series of images.	
<b>Full Mouth</b>	Yes - only with prior authorization	1 x every 5 years		
<b>Panoramic</b>	Yes	1 x every 5 years	No payment is made for a panoramic image taken in conjunction with a complete series of images nor within 5 years after a complete series of images.	
<b>Treatment Services</b>				
	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	<b>Criteria for coverage</b>
<b>Anti-microbial treatments that stop decay from</b>	Yes			

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<b>spreading</b>				
<b>Fillings</b>				
Silver amalgam	Yes - only with prior authorization			
Tooth colored composite	Yes		Payment includes any necessary acid etching. Resin-based composite is permitted for all restorations of anterior teeth and for class I, II, or V restoration of posterior teeth. Single-surface restoration must involve repair of decay that extends into the dentin. If a tooth has decay on three surfaces on which separate restoration can be performed, then separate payment may be made for each restoration performed in accordance with accepted standards of dental practice unless otherwise specified. Preventive restoration is not covered.	
<b>Crowns/tooth caps</b>				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Stainless steel crowns	Yes		<p>A prefabricated porcelain/ceramic, primary tooth is reimbursed at different maximum fees for primary anterior and posterior teeth.</p> <p>A prefabricated porcelain/ceramic, permanent tooth is reimbursed at different maximum fees for permanent anterior and posterior teeth.</p> <p>An anterior resin-based composite crown may be covered only for a patient younger than 21.</p> <p>An anterior resin-based composite crown or a stainless steel crown with resin window may be covered for anterior teeth only.</p> <p>Payment for a crown with resin window includes any necessary restoration.</p>	
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization		<p>A fused porcelain or porcelain/ceramic substrate crown may be covered for permanent anterior teeth only.</p> <p>A periapical image of the involved tooth must be submitted with each PA request.</p> <p>Yes</p> <p>Re-cement/re-bond crown 1 per 5 years per tooth Permanent tooth</p>	

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Porcelain (only) crowns	Yes - only with prior authorization		<p>A prefabricated porcelain/ceramic, primary tooth is reimbursed at different maximum fees for primary anterior and posterior teeth.</p> <p>A prefabricated porcelain/ceramic, permanent tooth is reimbursed at different maximum fees for permanent anterior and posterior teeth.</p> <p>An anterior resin-based composite crown may be covered only for a patient younger than 21.</p> <p>An anterior resin-based composite crown or a stainless steel crown with resin window may be covered for anterior teeth only.</p> <p>Payment for a crown with resin window includes any necessary restoration.</p>	
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization			
Root canals on permanent teeth	Yes		<p>Coverage is limited to patients younger than 21.</p> <p>No separate payment is made when these procedures are performed in conjunction with root canal therapy.</p> <p>Separate payment may be made for restoration</p>	
<b>Gum (periodontal) therapy</b>	Yes - only with prior authorization			
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization			

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Complete dentures	Yes - only with prior authorization		Complete extractions must be deferred until authorization to construct the denture has been given, except in an emergency. The immediate provision of partial dentures will not be authorized except in very unusual circumstances. If the patient still has natural teeth, then a panoramic image or complete series of images, properly mounted, labeled, and readable, must be submitted with each PA request. No pre-treatment image is necessary if the patient had no natural teeth before the first visit with the treating dentist.	
Bridges	Yes - only with prior authorization			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		Coverage is limited to patients younger than 21. Retention service may be covered after active treatment has been completed.	
Braces	Yes - only with prior authorization		Coverage is limited to patients younger than 21. Six items must be submitted with each PA request: (1) Lateral and frontal photographs of the patient with lips together. (2) Cephalometric film with lips together, including a tracing. (3) A complete series of intraoral images. (4) At least one diagnostic model. (5) A treatment plan, including the projected length and cost of treatment. (6) A completed evaluation and referral form,	
<b>Oral surgery</b>				

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	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	<b>Criteria for coverage</b>
Simple extractions	Yes		No separate payment is made for multiple roots.	
Surgical extractions	Yes			
Care of abscesses	Yes		Images of the area, if applicable, and a detailed explanation of the findings and treatment must be maintained in the patient's clinical record.	
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	Yes		Images of the area and a detailed explanation of the findings and treatment must be maintained in the patient's clinical record.	
Treatment of fractures	Yes		Images of the area, if applicable, and a detailed explanation of the findings and treatment must be maintained in the patient's clinical record.	
Biopsies	Yes		Images of the area and a detailed explanation of the findings and treatment must be maintained in the patient's clinical record.	
<b>Treatment of jaw joint problems (TMJ)</b>	Yes		Panoramic images, diagnostic casts, and a report of the clinical findings and symptoms must be submitted with each PA request. Payment includes follow-up adjustments for six months.	
<b>Emergency room services provided by a dentist</b>	Yes			
<b>Inpatient Hospital Services</b>	Yes - only with prior authorization			
<b>Anesthesia</b>				

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General anesthesia	Yes		Anesthesia is generally covered for surgical or restorative procedures. Payment may also be made when a patient would be unable to undergo a nonsurgical procedure without sedation. Payment for intravenous conscious sedation/analgesia services is limited to one unit of the first 15 minutes and up to four units of subsequent 15 minute increments per date of service. Payment for deep sedation/general anesthesia services is limited to one unit of the first 15 minutes and up to four units of subsequent 15 minute increments per date of service.	
Intravenous conscious sedation	Yes		Anesthesia is generally covered for surgical or restorative procedures. Payment may also be made when a patient would be unable to undergo a nonsurgical procedure without sedation. Payment for intravenous conscious sedation/analgesia services is limited to one unit of the first 15 minutes and up to four units of subsequent 15 minute increments per date of service. Payment for deep sedation/general anesthesia services is limited to one unit of the first 15 minutes and up to four units of subsequent 15 minute increments per date of service.	
Non-intravenous conscious sedation	Yes - only with prior authorization			
Analgesia (nitrous oxide)	Yes			

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\* 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?).