

Summary of Benefits Report for Oklahoma, Medicaid

InsureKidsNow.gov

Preventive Services

	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	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Permanent molars only
Space maintainers	Yes	1 x year	

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes		Only in a school setting	
Dental examinations	Yes	1 x 6 months		age two, earlier if possible
Assessment of risk for tooth decay	Yes	1 x year		

X-Rays

Bitewing	Yes	1 x year		
Full Mouth	Yes - only with prior authorization	1 x every 3 years		
Panoramic	Yes	1 x every 3 years	Age six and up	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes - only with prior authorization			

Fillings

Silver amalgam	Yes		Once every 24 months	
Tooth colored composite	Yes		Once every 24 months	

Crowns/tooth caps

Stainless steel crowns	Yes		Once every 2 years	
Metal (only) crowns	Yes - only with prior authorization		Once every 5 years	
Metal/porcelain crowns	Yes - only with prior authorization		Once every 5 years	
Porcelain (only) crowns	Yes - only with prior authorization		Once every 5 years	

Root Canals (endodontics)

Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes - only with prior authorization		Once per lifetime	
Gum (periodontal) therapy	Yes - only with prior authorization			

Dentures

Partial dentures	Yes - only with prior authorization			
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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Complete dentures	Yes - only with prior authorization			
Bridges	Yes - only with prior authorization			
Orthodontics*				
Retainers (orthodontic)	Yes		covered when included with comprehensive orthodontic therapy (not included separately but bundled with comprehensive orthodontic therapy); only one retainer is covered, if a second is needed it is not covered.	
Braces	Yes - only with prior authorization		Once per lifetime	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes		Medical necessity must be established and documented	
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization		Medical necessity must be established and documented	
Cancer treatment	Yes - only with prior authorization			
Treatment of fractures	Yes			
Biopsies	Yes		Require prior authorization	
Treatment of jaw joint problems (TMJ)	Yes		Medical necessity must be established and documented	
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes		Medical necessity must be established and documented	
Intravenous conscious sedation	Yes		Medical necessity must be established and documented	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Non-intravenous conscious sedation	Yes		Medical necessity must be established and documented	
Analgesia (nitrous oxide)	Yes		Medical necessity must be established and documented	

* 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?).