

# Summary of Benefits Report for Oregon, 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	More times per year allowable with high-risk conditions	
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	Up to 4 x year with high-risk conditions	
<b>Sealants (list any tooth-specific limits)</b>	Yes		Permanent molars, one treatment per molar every five years, except for visible evidence of clinical failure	
<b>Space maintainers</b>	Yes		Permanent molars, one treatment per molar every five years, except for visible evidence of clinical failure	
<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 2 months	Not billable on the same day of service as	
<b>Dental examinations</b>	Yes	1 x year	Once per year when same provider; twice per year when different providers	First tooth, or by first birthday
<b>Assessment of risk for tooth decay</b>	Yes	up to 4 x year	For patient record documentation and/or performance measure tracking. Not for provider reimbursement.	
<b>X-Rays</b>				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 5 years	Unless member received Panoramic within the five- year period.	
Panoramic	Yes	1 x every 5 years	Unless member received Full Mouth X-Rays within the five-year period.	
<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 spreading</b>	Yes		2 x every 12 months Silver diamine fluoride applications are used for treatment (rather than prevention) of decay.	
<b>Fillings</b>				
Silver amalgam	Yes		Anterior: Primary Posterior: Primary & Permanent	
Tooth colored composite	Yes		Anterior: No limitations. Posterior limitation: Once every 5 years per tooth.	
<b>Crowns/tooth caps</b>				

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<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>
Stainless steel crowns	Yes		Primary teeth: Allowed for anterior. Permanent teeth: Allowed for anterior and posterior.	
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization		Limited to 4 in a 7-year period. Limited to teeth numbers 6-11, 22 and 27.	
Porcelain (only) crowns	Yes - only with prior authorization		Limited to 4 in a 7-year period. Limited to teeth numbers 6-11, 22 and 27.	
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes		The crown-to-root ratio must be 50:50 or better and the tooth must be restorable without other surgical procedures. Covered for all primary (baby) teeth.	
Root canals on permanent teeth	Yes		The crown-to-root ratio must be 50:50 or better and the tooth must be restorable without other surgical procedures. Covered only for the following teeth: Anterior, Premolars, and First & Second molars.	
<b>Gum (periodontal) therapy</b>	Yes		2 x year	
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		Requires Prior Authorization. 1 x in 5 years	
Complete dentures	Yes - only with prior authorization		Requires Prior Authorization. 1 x in 10 years	
Bridges	No			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization			

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Braces	Yes - only with prior authorization		Requires Prior Authorization. Coverage for members with cleft lip and/or cleft palate, or Handicapping Malocclusion (HLD score at least 26 or automatic qualifiers).	6-20 (over 20 years only if EPSDT)
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	Yes - only with prior authorization		The medical/surgical program is responsible for all dental health procedures performed due to an underlying medical condition.	
Treatment of fractures	Yes - only with prior authorization		The medical/surgical program is responsible for all dental health procedures performed due to an underlying medical condition. (Examples: procedures on or in preparation for treatment of the jaw, tongue, roof of mouth.)	
Biopsies	Yes			
<b>Treatment of jaw joint problems (TMJ)</b>	No			
<b>Emergency room services provided by a dentist</b>	No			
<b>Inpatient Hospital Services</b>	Yes - only with prior authorization			
<b>Anesthesia</b>				
General anesthesia	Yes		Requires prior authorization when used in a hospital or Ambulatory Surgery Centers (ASC)	
Intravenous conscious sedation	Yes		Requires prior authorization when used in a hospital or Ambulatory Surgery Centers (ASC)	
Non-intravenous conscious sedation	Yes		Requires prior authorization when used in a hospital or Ambulatory Surgery Centers (ASC)	4 x per year Under age 13

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Analgesia (nitrous oxide)	Yes		Requires prior authorization when used in a hospital or Ambulatory Surgery Centers (ASC)	

\* 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?).