

Summary of Benefits Report for Pennsylvania, 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		Topical varnish application limited to 6 per calendar year.	
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	1st and 2nd permanent premolars and molars	
Space maintainers	Yes		D1510 - 1 per lifetime, D1516 and D1517 - 1 per lifetime; D1553 and D1556 – 1 per 365 days	
Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes		D0120 – 1 oral eval/180 days, D0140- 1/day (must be initiated by patient for POS 02 and 10), D0145 – 1 oral eval/180 days, D0150 - 1 per provider per lifetime, D0190 - 1/365 days, D0191 - 1/365 days	
Dental examinations	Yes	1 x 6 months		By first birthday or at eruption of first tooth
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes		1 per day, maximum allowance for any combination of dental radiographs per patient per provider per calendar year is \$69.00	
Full Mouth	Yes	1 x every 5 years	1 per day, maximum allowance for any combination of dental radiographs per patient per provider per calendar year is \$69.00	
Panoramic	Yes	1 x every 5 years	1 per 5 years, maximum allowance for any combination of dental radiographs per patient per provider per calendar year is \$69.00	
Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization			
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	Yes - only with prior authorization			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes		Limits imposed: D4355 - 1 treatment per 365 days, D4341 - 1 per 2 years - maximum of 2 quads per day, D4342 - 1 per 2 years - maximum of 4 quads per day, D4346 - 1 per 180 days, D4210 - 1 per 2 years.	
Dentures				
Partial dentures	Yes			
Complete dentures	Yes			
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization		Prior Auth is required for removal of an impacted tooth.	
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			Not Covered by Fee For Service (FFS)
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	Yes			
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?).