

Summary of Benefits Report for South Dakota, Medicaid

InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	2 x year	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	
Sealants (list any tooth-specific limits)	Yes	1 x every 2 years	Dental sealants covered on non-cavitated, unrestored permanent bicuspid and molars and primary molars.
Space maintainers	Yes	1 x lifetime	Space maintainers are a benefit for children under the age of 15 only when necessary to maintain occlusion.

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	2 x year		Recommend visiting the dentist by age 1 or when first tooth erupts.
Assessment of risk for tooth decay	Yes	1 x year		

X-Rays

Bitewing	Yes	2 x year		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 5 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		Frequency limitations apply.	
Fillings				
Silver amalgam	Yes		Payment for the same tooth surface once in a 12-month period.	
Tooth colored composite	Yes		Payment for the same tooth surface once in a 12-month period.	
Crowns/tooth caps				
Stainless steel crowns	Yes		Replacement covered once in a 24-month period.	
Metal (only) crowns	Yes		Permanent crowns are only covered on anterior and first bicuspid (teeth 5-12 and 21-28) for children from the age of 12 to the age of 21.	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Metal/porcelain crowns	Yes		Permanent crowns are only covered on anterior and first bicuspid (teeth 5-12 and 21-28) for children from the age of 12 to the age of 21.	
Porcelain (only) crowns	Yes		Permanent crowns are only covered on anterior and first bicuspid (teeth 5-12 and 21-28) for children from the age of 12 to the age of 21.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		Covered once per permanent tooth.	
Gum (periodontal) therapy	Yes		Prior-authorization is encouraged. Root planing and scaling covered once in a 24-month period.	
Dentures				
Partial dentures	Yes		Prior-authorization is encouraged. Covered for age 16 and older if less than 8 teeth in posterior occlusion. 5-year frequency.	
Complete dentures	Yes		Prior-authorization is encouraged. Covered for age 16 and older. 5-year frequency.	
Bridges	Yes		Very limited coverage for age 16 and older. Prior-authorization is encouraged.	
Orthodontics*				
Retainers (orthodontic)	Yes		Limited coverage only for patients who meet medical necessity. Prior authorization required.	
Braces	Yes		Limited coverage only for patients who meet medical necessity. Prior authorization required. Once per lifetime.	https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Dental/Orthodontic_Coverage_for_Children.pdf
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
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	Yes			
Analgesia (nitrous oxide)	Yes		Covered once per date of service.	

* 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?).