

## Summary of Benefits Report for Virginia, 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		
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	With the eruption of primary teeth	
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x lifetime	Secondary mandibular and maxillary molars only with EPST	
<b>Space maintainers</b>	Yes		One per quadrant every 24 months (fixed unilateral) Fixed bilateral one every 24 months Space maintainer removable unilateral one per quadrant per 24 months	
<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>	No			
<b>Dental examinations</b>	Yes	2 x year		1
<b>Assessment of risk for tooth decay</b>	Yes		as part of exam 2 x year	
<b>X-Rays</b>				
Bitewing	Yes	2 x year	Periapical film as needed per diagnosis	
Full Mouth	Yes	1 x every 5 years	Per provider per location. Frequency of service or age deviation must be supported by medical necessity	
Panoramic	Yes	1 x every 5 years	Per provider or location. Frequency of service or age deviation must be supported by medical necessity	
<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		per lifetime per tooth - once per lifetime on 1st and 2nd molars or a sealant	
<b>Fillings</b>				
Silver amalgam	Yes		A needed per diagnosis of pathology	
Tooth colored composite	Yes		As needed per diagnosis of pathology	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		Dictated by pathology	
Metal (only) crowns	Yes		High noble metal one every 60 months	
Metal/porcelain crowns	Yes		One every 60 months	

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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>
Porcelain (only) crowns	Yes		One every 60 months	
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		Once per lifetime	
<b>Gum (periodontal) therapy</b>	Yes		Once every 60 months	
<b>Dentures</b>				
Partial dentures	Yes			
Complete dentures	Yes			
Bridges	Yes			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		Included with full treatment of orthodontics, replacement requires narrative of medical necessity	
Braces	Yes - only with prior authorization			Must meet minimum of Salzmann Index or meet medical criteria
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			
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>	No			
<b>Anesthesia</b>				
General anesthesia	Yes			Medical necessity must be demonstrated
Intravenous conscious sedation	Yes			Medical necessity must be demonstrated
Non-intravenous conscious sedation	Yes			Must be documented as medically necessary in the patient record
Analgesia (nitrous oxide)	Yes			Must be documented as medically necessary in the patient record

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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?).