

Summary of Benefits Report for Vermont, 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 5 years	Deciduous anterior teeth are not covered.
Space maintainers	Yes	1 x every 2 years	

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	1 x 6 months	For under age 3; 1 per 3 years for age 3 and older.	
Dental examinations	Yes	1 x every 3 years	Periodic exam: 1 x 6 months Comprehensive exam: 1 x 3 years	6 months or eruption of 1st tooth.
Assessment of risk for tooth decay	No			

X-Rays

Bitewing	Yes	1 x 6 months		
Full Mouth	Yes	1 x 6 months		
Panoramic	Yes	1 x 6 months		

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		2 per lifetime per tooth. Applications must be at least 14 days apart.	
Fillings				
Silver amalgam	Yes		1 identical restoration per tooth per year.	
Tooth colored composite	Yes		1 identical restoration per tooth per year.	
Crowns/tooth caps				
Stainless steel crowns	Yes		1 per tooth every 2 years.	
Metal (only) crowns	Yes		Crowns are limited to 1 per tooth every 5 years.	
Metal/porcelain crowns	Yes		Crowns are limited to 1 per tooth every 5 years.	
Porcelain (only) crowns	Yes		Crowns are limited to 1 per tooth every 5 years.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		1 per tooth per lifetime.	
Root canals on permanent teeth	Yes		1 per tooth per lifetime.	

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Treatment Services				
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Gum (periodontal) therapy	Yes		Limited to 4 identical procedures per patient per lifetime.	
Dentures				
Partial dentures	Yes - only with prior authorization		1 denture per Arch every 5 years.	
Complete dentures	Yes - only with prior authorization		1 denture per Arch every 5 years.	
Bridges	Yes		One per tooth per 5 years.	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		see criteria for braces coverage	
Braces	Yes - only with prior authorization			Need to meet 1 major criteria or 2 minor diagnostic criteria. Major criteria are: cleft palate, 2 impacted cuspids, posterior crossbite of 3 or more teeth, or severe cranio-facial syndrome (treacher-Collins syndrome, Marfan syndrome, Pierre Robin syndrome, etc). Minor criteria are: 1 impacted cuspid, 2 blocked cuspids, 3 congenital missing teeth, open bite of 4 or more teeth, crowding, anterior cross bite of 3 or more teeth, traumatic deep bite impinging on palate, or overjet of 8mm.
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes		Covered under medical	
Cancer treatment	Yes			
Treatment of fractures	Yes		Covered under medical	
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes		For occlusal orthotic appliances only. There is sugical coverage under medical services.	
Emergency room services provided by a dentist	Yes		Services provided in an emergency room would be reimbursed.	

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Inpatient Hospital Services	Yes			
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?).