

Summary of Benefits Report for Wyoming, 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	Ages 0-14 years
Sealants (list any tooth-specific limits)	Yes	1 x every 2 years	Once per tooth every 18 months
Space maintainers	Yes		<p>Ages 0-20</p> <ul style="list-style-type: none"> • D1510, D1516, D1517 and D1575: Space maintainers must be billed using a quadrant in box 25 (area of oral cavity) of the claim form. Use UA, UR, UL, LA, LR or LL to indicate which area of the oral cavity the space maintainer was placed. • D1551: Re-cementation of bilateral space maintainer, maxillary, is covered as needed • D1552: Re-cementation of bilateral space maintainer, mandibular, is covered as needed • D1553: Re-cementation of unilateral space maintainer, per quadrant, is covered as needed

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	6 months-3 years	
Dental examinations	Yes			3 years and up
Assessment of risk for tooth decay	Yes			
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years	Ages 6 and older	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		Allowed once per tooth every 18 months	
Fillings				
Silver amalgam	Yes		Allowed once per tooth, per surface, every 18 months	
Tooth colored composite	Yes		Allowed once per tooth, per surface, every 18 months	
Crowns/tooth caps				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Stainless steel crowns	Yes		For Members under the age of 14, a prior authorization request may be submitted prior to the treatment, if the tooth has not been treated with a root canal therapy and the dentist substantiates the need for a permanent crown prior to the age of 14 to preserve the integrity of the tooth structure.	
Metal (only) crowns	Yes		For Members under the age of 14, a prior authorization request may be submitted prior to the treatment, if the tooth has not been treated with a root canal therapy and the dentist substantiates the need for a permanent crown prior to the age of 14 to preserve the integrity of the tooth structure.	
Metal/porcelain crowns	Yes		For Members under the age of 14, a prior authorization request may be submitted prior to the treatment, if the tooth has not been treated with a root canal therapy and the dentist substantiates the need for a permanent crown prior to the age of 14 to preserve the integrity of the tooth structure.	
Porcelain (only) crowns	Yes		For Members under the age of 14, a prior authorization request may be submitted prior to the treatment, if the tooth has not been treated with a root canal therapy and the dentist substantiates the need for a permanent crown prior to the age of 14 to preserve the integrity of the tooth structure.	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		A pulpotomy is not to be billed in conjunction with root canal therapy when performed on the same date or as an emergency endodontic procedure. Additionally, a Provider may not bill for a pulpotomy and a root canal therapy on the same tooth. The Provider may only bill for the pulpotomy or the root canal therapy	
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes		Once every 24 months	
Dentures				
Partial dentures	Yes			
Complete dentures	Yes			
Bridges	Yes - only with prior authorization		Ages 17-20 years	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Orthodontic Retention and Removal, this may be authorized for Members who have moved here from another state and are unable to or do not plan to continue treatment. Otherwise the retainer is considered to be included in the Severe Malocclusion Program.	
Braces	Yes - only with prior authorization		Allowed for clients aged 18 and under. Requests for clients under the age of 12 would require the SMP Under 12 Form also be submitted with prior authorization.	
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes			
Cancer treatment	Yes			
Treatment of fractures	Yes			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization			
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes		Sedation and general anesthesia shall not be billed routinely, but limited to those patients requiring dental care who would not be expected to tolerate treatment or become unmanageable in the usual office setting due to medical, emotional, or developmental limitations, and/or extent of treatments needs that are documented.	
Intravenous conscious sedation	Yes		The administration of intravenous (IV) or intramuscular (IM) sedation is subject to the same requirements as general anesthesia.	
Non-intravenous conscious sedation	Yes		The administration of intravenous (IV) or intramuscular (IM) sedation is subject to the same requirements as general anesthesia.	
Analgesia (nitrous oxide)	Yes			Supporting documentation of why the Member required the use of nitrous must be part of the patient's record and be available upon request.

* 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?).