		sarcitiasitem.	9 - 1	
Preventive Service	es			
	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 2 years	Available once every 18 months. Tooth specific 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32, A, J, K and T	
Space maintainers	Yes		As needed.	
Diagnostic Service	es			
_	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	1 x 6 months		3 years and up
Assessment of risk for tooth decay	Yes	1 x 6 months		
X-Rays				1
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years	Ages 5 and older	
Treatment Service	es es			
	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		Once per tooth, per surface, every 18 months	
Tooth colored composite	Yes		Once per tooth, per surface, every 18 months	
Crowns/tooth caps				
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.	

Page 1 of 5 Data as of: 07/20/2022 Print date: 03/25/2024

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
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 Root Canals (endodo	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.	

Page 2 of 5 Data as of: 07/20/2022 Print date: 03/25/2024

Treatment Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
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			1	
Partial dentures	Yes			
Complete dentures	Yes			
Bridges	Yes		Ages 17-20 years	
Orthodontics*			1	
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		Enrolled orthodontists who have obtained a Prior Authorization (PA) for treatment in the Wyoming Severe Malocclusion Program (SMP) prior to treatment.	
Oral surgery			1	
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes			
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			

Page 3 of 5 Data as of: 07/20/2022 Print date: 03/25/2024

Treatment Services					
Treatment Gerviol	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage	
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		Reimbursed in conjunction with extractions or restorative procedures. Supporting documentation of why the Member required the use of nitrous must be part of the patient's record and be available upon request.		

Page 4 of 5 Data as of: 07/20/2022 Print date: 03/25/2024

^{*} 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?).

Page 5 of 5 Data as of: 07/20/2022 Print date: 03/25/2024