Summary of Benefits Report for South Carolina, 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	age 0-20
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	age 5-14, only permanent molars
Space maintainers	Yes	1 x lifetime	age 0 -20

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	1 x 6 months	0-20	at the eruption of first tooth or by the first birthday
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x 6 months	age 2+	
Full Mouth	Yes	1 x every 3 years	age 2+	
Panoramic	Yes	1 x every 3 years	age 6+	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		1 x 6 month per tooth. maximum of 4 applications per lifetime per tooth	
Fillings				
Silver amalgam	Yes		0-20	
Tooth colored composite	Yes		0-20	
Crowns/tooth caps				
Stainless steel crowns	Yes		0-20	
Metal (only) crowns	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	
Metal/porcelain crowns	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	
Porcelain (only) crowns	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		0-20	
Root canals on permanent teeth	Yes		5-20	
Gum (periodontal) therapy	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	

Data as of: 03/10/2022   Print date: 06/30/2022

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Treatment Services				
	Is the service Covered?	**Frequency**	**List any service - specific limitations**	**Criteria for coverage**
Dentures				
Partial dentures	Yes		age 14-20	
Complete dentures	Yes		age 14-20	
Bridges	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	
Braces	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	Service is allowed for Medicaid beneficiaries under 21 years that are eligible for DHEC's CRS program
Oral surgery				
Simple extractions	Yes		0-20	
Surgical extractions	Yes		0-20	
Care of abscesses	Yes		0-20	
Cleft palate treatment	Yes		0-20	
Cancer treatment	Yes		0-20	
Treatment of fractures	Yes		0-20	
Biopsies	Yes		0-20	
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	When medically necessary under the EPSDT benefit
Emergency room services provided by a dentist	Yes		0-20	
Inpatient Hospital Services	Yes - only with prior authorization		0-20	
Anesthesia				
General anesthesia	Yes		0-20	
Intravenous conscious sedation	Yes		0-20	
Non-intravenous conscious sedation	Yes		0-20	
Analgesia (nitrous oxide)	Yes		0-20	

* 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?).

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