Summary of Benefits Report for Arkansas, Medicaid InsureKidsNow.gov

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Preventive Servic	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year		
Fluoride treatments (including fluoride varnishes)	Yes	2 x year		
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	1st & 2nd permanent molars only	
Space maintainers	Yes - only with prior authorization			
Diagnostic Servic	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		
Dental examinations	Yes			
Assessment of risk for tooth decay	Yes	1 x 6 months		
X-Rays	ı		1	T
Bitewing	Yes - only with prior authorization	1 x every 5 years		
Full Mouth	Yes - only with prior authorization	2 x year		
Panoramic	Yes - only with prior authorization	1 x every 5 years		
Treatment Service	es		_	
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes		four or more surface requires PA	
Crowns/tooth caps				
Stainless steel crowns	Yes		permanent teeth require PA with exception of first molars	
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	No			
Root Canals (endodo	ntics)			1
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization			
Root canals on permanent teeth	Yes - only with prior authorization			
Gum (periodontal) therapy	Yes - only with prior authorization			

Page 1 of 2 Data as of: 04/19/2019 Print date: 09/26/2022

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Dentures						
Partial dentures	Yes - only with prior authorization					
Complete dentures	Yes - only with prior authorization					
Bridges	No					
Orthodontics*						
Retainers (orthodontic)	Yes - only with prior authorization		limited			
Braces	Yes - only with prior authorization					
Oral surgery	<u> </u>					
Simple extractions	Yes					
Surgical extractions	Yes - only with prior authorization					
Care of abscesses	Yes - only with prior authorization					
Cleft palate treatment	No					
Cancer treatment	No					
Treatment of fractures	No					
Biopsies	Yes - only with prior authorization					
Treatment of jaw joint problems (TMJ)	No					
Emergency room services provided by a dentist	Yes - only with prior authorization					
Inpatient Hospital Services	Yes - only with prior authorization					
Anesthesia						
General anesthesia	Yes - only with prior authorization					
Intravenous conscious sedation	No					
Non-intravenous conscious sedation	Yes - only with prior authorization					
Analgesia (nitrous oxide)	Yes					

Page 2 of 2 Data as of: 04/19/2019 Print date: 09/26/2022

^{*} 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?).