

# Summary of Benefits Report for Hawaii, Medicaid

## InsureKidsNow.gov

<b>Preventive Services</b>				
	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	
<b>Cleanings</b>	Yes	2 x year		
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	BIRTH THROUGH AGE 20	
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x every 5 years	1ST AND 2ND MOLARS; AGES 5 THROUGH 20	
<b>Space maintainers</b>	Yes		UNILATERAL-PER QUADRANT (LIMITED TO 4 PER 2 YEAR SERVICE) MISSING TOOTH# A-T, 2-15, 18-31  BILATERAL, MAXILLARY (LIMITED TO 2 PER 2 SERVICE YEARS) MISSING TOOTH# A-J, 2-15  BILATERAL, MANDIBULAR (LIMITED TO 2 PER 2 SERVICE YEARS) MISSING TOOTH# K-T, 18-31	
<b>Diagnostic Services</b>				
	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	<b>Recommended age of first visit ?</b>
<b>Oral health screening or assessment</b>	No			
<b>Dental examinations</b>	Yes	2 x year		AGE 1
<b>Assessment of risk for tooth decay</b>	No			
<b>X-Rays</b>				
Bitewing	Yes	2 x year		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 2 years		
<b>Treatment Services</b>				
	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service - specific limitations</b>	<b>Criteria for coverage</b>
<b>Anti-microbial treatments that stop decay from spreading</b>	No			
<b>Fillings</b>				
Silver amalgam	Yes		1 X EVERY 2 YEARS; PER SURFACE PER TOOTH	
Tooth colored composite	Yes		1 X EVERY 2 YEARS; PER SURFACE PER TOOTH	
<b>Crowns/tooth caps</b>				

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<b>Treatment Services</b>				
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Stainless steel crowns	Yes		1 X YEAR PER TOOTH  IF PERMANENT TOOTH, PRIOR AUTHORIZATION REQUIRED  IF PERMANENT TOOTH, LIMITED TO ENDO CASES, LOSS OF MAJOR CUSP OR 40% OR MORE OF CLINICAL CROWN	
Metal (only) crowns	Yes - only with prior authorization		1 X EVERY 5 YEARS PER TOOTH  TEETH 2 THRU 15 AND 18 THRU 31  LIMITED TO ENDO CASES, LOSS OF MAJOR CUSP OR 40% OR MORE OF CLINICAL CROWN	
Metal/porcelain crowns	Yes - only with prior authorization		1 X EVERY 5 YEARS PER TOOTH  TEETH 2 THRU 15 AND 18 THRU 31  LIMITED TO ENDO CASES, LOSS OF MAJOR CUSP OR 40% OR MORE OF CLINICAL CROWN	
Porcelain (only) crowns	No			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes		1 X LIFETIME  ONLY PRIMARY TEETH	
Root canals on permanent teeth	Yes		1 X LIFETIME  TEETH 2 THRU 15 AND 18 THRU 31	
<b>Gum (periodontal) therapy</b>	Yes - only with prior authorization		1 X 2 YEARS  4MM POCKET DEPTH	
<b>Dentures</b>				

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Partial dentures	Yes - only with prior authorization		1 X 5 YEARS  ANY MISSING ANTERIOR PERMANENT TOOTH; 2 MISSING PERMANENT MOLARS IN AN ARCH; 3 MISSING POSTERIOR PERMANENT TEETH IN AN ARCH; OR 2 ADJACENT MISSING POSTERIOR PERMANENT TEETH IN AN ARCH	
Complete dentures	Yes - only with prior authorization		1 X 5 YEARS  ALL NATURAL TEETH IN AN ARCH ARE MISSING	
Bridges	No			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		CLEFT PALATE OR OTHER SEVERE FACIAL BIRTH DEFECTS OR INJURY FOR WHICH SPEECH, SWALLOWING OR CHEWING IS RESTORED	
Braces	Yes - only with prior authorization		CLEFT PALATE OR OTHER SEVERE FACIAL BIRTH DEFECTS OR INJURY FOR WHICH SPEECH, SWALLOWING OR CHEWING IS RESTORED	
<b>Oral surgery</b>				
Simple extractions	Yes		1 X LIFETIME	
Surgical extractions	Yes		1 X LIFETIME	
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	Yes			
<b>Treatment of jaw joint problems (TMJ)</b>	No			
<b>Emergency room services provided by a dentist</b>	Yes		ONLY SERVICES COVERED BY THE PLAN;	

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<b>Inpatient Hospital Services</b>	Yes		PRIOR AUTHORIZATION AS REQUIRED BY THE SPECIFIC PROCEDURE BEING PERFORMED	ONLY SERVICES COVERED BY THE PLAN AND PERFORMED BY A DENTIST
<b>Anesthesia</b>				
General anesthesia	No			
Intravenous conscious sedation	Yes			PROCEDURE CANNOT SAFELY BE PERFORMED W/O SEDATION
Non-intravenous conscious sedation	No			
Analgesia (nitrous oxide)	Yes		UNDER AGE 13	

\* 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?).