Summary of Benefits Report for Tennessee, Medicaid InsureKidsNow.gov

| Preventive Servic | es | | | |
|---|--|-------------------|---|-------------------------------------|
| | Is the service Covered? | Frequency | List any service - specific limitations | |
| Cleanings | Yes | 1 x 6 months | D1120 age limitation 13-20, D1110 age limitation 0-12 | |
| Fluoride treatments (including fluoride varnishes) | Yes | 1 x 6 months | D1206 age limitation 1-20, D1208 age limitation 4-20 | |
| Sealants (list any tooth-specific limits) | Yes | 1 x lifetime | Age limitation 5-15, teeth covered 2, 3, 14,15, 18, 19,30 & 31 | |
| Space maintainers | Yes | 1 x lifetime | Age limitation 2-20 | |
| Diagnostic Servic | es | | | |
| | 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 | Age limitation 0-20 | |
| Assessment of risk for tooth decay | No | | | |
| X-Rays | | | | 1 |
| Bitewing | Yes | 1 x 6 months | Age limitation 2-20 | |
| Full Mouth | Yes | 1 x every 3 years | Age limitation 6-20 | |
| Panoramic | Yes | 1 x every 3 years | Age limitation 6-20 | |
| 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 | | 1 x every 3 years | |
| Tooth colored composite | Yes | | 1 x every 3 years | |
| Crowns/tooth caps | | | 1 | I |
| Stainless steel crowns | Yes | | 1 x every 3 years; age limitations | |
| Metal (only) crowns | Yes - only with prior authorization | | 1 x every 5 years; Authorization Required; age limitation depending on tooth number | |
| Metal/porcelain crowns | Yes - only with prior authorization | | 1 x every 5 years; Authorization Required; age limitation depending on tooth number | |
| Porcelain (only) crowns | Yes - only with prior authorization | | 1 x every 5 years; Authorization Required;age limitation depending on tooth number | |
| Root Canals (endodo | ntics) | | | |
| Root canals on baby teeth (pulpotomies) | Yes | | 1 x lifetime | |

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| Treatment Services | | | | | | |
|---|--|-----------|--|-----------------------|--|--|
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage | | |
| Root canals on permanent teeth | Yes - only with prior authorization | | 1 x lifetime; age limitation 6-20; Authorization Required | | | |
| Gum (periodontal) therapy | Yes - only with prior authorization | | Authorization Required | | | |
| Dentures | | | | | | |
| Partial dentures | Yes - only with prior authorization | | 1 x 5 years; Authorization Required; age limitations 18-20 | | | |
| Complete dentures | Yes - only with prior authorization | | 1 x 5 years; Authorization Required; age limitations 18-20 | | | |
| Bridges | Yes - only with prior authorization | | 1 x 5 years; Authorization Required; age limitations depending on tooth number | | | |
| Orthodontics* | | | _ | | | |
| Retainers (orthodontic) | Yes - only with prior authorization | | Authorization Required; age limitation 12-20 | | | |
| Braces | Yes - only with prior authorization | | Authorization Required; age limitations 6-20 | | | |
| Oral surgery | | | | | | |
| Simple extractions | Yes | | | | | |
| Surgical extractions | Yes - only with prior authorization | | Authorization Required; age limitations 6-20 | | | |
| Care of abscesses | Yes | | | | | |
| Cleft palate treatment | Yes | | | | | |
| Cancer treatment | Yes | | | | | |
| Treatment of fractures | Yes | | | | | |
| Biopsies | Yes | | | | | |
| Treatment of jaw joint problems (TMJ) | Yes | | | | | |
| Emergency room services provided by a dentist | Yes | | | | | |
| Inpatient Hospital Services | Yes - only with prior authorization | | | | | |
| Anesthesia | | | | | | |
| General anesthesia | Yes - only with prior authorization | | | | | |
| Intravenous conscious sedation | Yes - only with prior authorization | | | | | |
| Non-intravenous conscious sedation | Yes - only with prior authorization | | | | | |
| Analgesia (nitrous oxide) | Yes | | | | | |

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* 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?).