Summary of Benefits Report for Texas, Medicaid InsureKidsNow.gov

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|---|-------------------------------------|-------------------|--|----------------------------------|
| Preventive Service | es | | _ | |
| | Is the service Covered? | Frequency | List any service - s | 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 3 years | Sealants and replacement sealants are limited to once per lifetime per tooth by any provider. | |
| Space maintainers | Yes | | Limited to 1 space maintainer per TID per client. | |
| 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 | On average. In medical office for children under age 3 years. | |
| Dental examinations | Yes | 2 x year | | 6 months of age |
| Assessment of risk for tooth decay | Yes | | This service is included in each dental exam. | |
| X-Rays | | | | |
| Bitewing | Yes | | Limited to 1 service per day, any provider. | |
| Full Mouth | Yes | 1 x every 3 years | Limited to 1 service per day, any provider and to 1 service every 3 years by the same provider. | |
| Panoramic | Yes | 1 x every 3 years | Limited to 1 service per day, any provider, and to 1 service every 3 years by the same provider. | |
| Treatment Service | | | | |
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Anti-microbial treatments that stop decay from spreading | Yes | | Silver diamine fluoride for 0 through 6 years of age once per tooth per lifetime. | |
| Fillings | | | | |
| Silver amalgam | Yes | | 1 x every 12 months. | |
| Tooth colored composite | Yes | | 1 x every 12 months. | |
| Crowns/tooth caps | ı | | | Γ |
| Stainless steel crowns | Yes | | Limited to once per lifetime for primary teeth. | |
| Metal (only) crowns | Yes - only with prior authorization | | | |
| Metal/porcelain crowns | Yes - only with prior authorization | | | |
| Porcelain (only) crowns | Yes | | Limited to anterior and premolars only. | |
| Root Canals (endodo | ntics) | | | |

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| Treatment Services | | | | | | |
|---|-------------------------------------|-----------|--|-----------------------|--|--|
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage | | |
| Root canals on baby teeth (pulpotomies) | Yes | | All pulpotomies are limited to one per tooth per lifetime. | | | |
| Root canals on permanent teeth | Yes | | All pulpotomies are limited to one per tooth per lifetime. | | | |
| Gum (periodontal) therapy | Yes | | Some services may require prior authorization. | | | |
| Dentures | | | | | | |
| Partial dentures | Yes | | | | | |
| Complete dentures | Yes | | | | | |
| Bridges | Yes - only with prior authorization | | | | | |
| Orthodontics* | | | | | | |
| Retainers (orthodontic) | Yes - only with prior authorization | | Limited to only one retainer per arch per lifetime. | | | |
| Braces | Yes - only with prior authorization | | | | | |
| Oral surgery | | | | | | |
| Simple extractions | Yes | | | | | |
| Surgical extractions | Yes | | | | | |
| Care of abscesses | Yes | | | | | |
| Cleft palate treatment | Yes - only with prior authorization | | Orthodontic services (limited to pre- and postsurgical). | | | |
| Cancer treatment | No | | Covered under Medical program. | | | |
| Treatment of fractures | Yes | | | | | |
| Biopsies | Yes | | | | | |
| Treatment of jaw joint problems (TMJ) | Yes | | Limited to non- surgical reduction of TMJ dislocation. | | | |
| Emergency room services provided by a dentist | Yes - only with prior authorization | | | | | |
| Inpatient Hospital Services | Yes | | Limits may apply. | | | |
| Anesthesia | | | | | | |
| General anesthesia | Yes - only with prior authorization | | Limited to three hours per day. | | | |
| Intravenous conscious sedation | Yes | | Limited to one and one-half hours per day. | | | |
| Non-intravenous conscious sedation | Yes | | May be submitted twice within a 12-month period. | | | |
| Analgesia (nitrous oxide) | Yes | | May not be submitted more than one per client, per day. | | | |

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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?).

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