**State: Alaska**

State: Alaska

Name of Program: MEDICAID

Program Package: Medicaid



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Children's Dental Services | Is The Service Covered? | | | Frequency (Specify periodicity) | List Any Service-specific Limitations (eg. age limits, tooth-specific limits,  or a cost or dollar threshold above which prior authorization is required) | Criteria for Coverage |
| Yes | Only With Prior Authorization | No |
| I. Preventive Services | | | | | | |
| A. Cleanings |  |  |  |  |  |  |
| B. Fluoride treatments (including fluoride varnishes) |  |  |  |  |  |  |
| C. Sealants (list any tooth-specific limits) |  |  |  |  |  |  |
| D. Space maintainers |  |  |  |  |  |  |
| II. Diagnostic Services | | | | | | |
| A. Dental examinations |  |  |  |  |  | Recommended age  of visit? |
| B. X-Rays |  | | | | | |
| i. Bitewing |  |  |  |  |  |  |
| ii. Full Mouth |  |  |  |  |  |  |
| iii. Panoramic |  |  |  |  |  |  |
| III. Treatment Services | | | | | | |
| A. Fillings |  | | | | | |
| i. Silver amalgam |  |  |  |  |  |  |
| ii. Tooth colored composite |  |  |  |  |  |  |
| B. Crowns/tooth caps |  | | | | | |
| i. Stainless steel crowns |  |  |  |  |  |  |
| ii. Metal (only) crowns |  |  |  |  |  |  |
| iii. Metal/porcelain crowns |  |  |  |  |  |  |
| iv. Porcelain (only) crowns |  |  |  |  |  |  |
| C. Root Canals (endodontics) |  | | | | | |
| i. Root canals on baby teeth (pulpotomies) |  |  |  |  |  |  |
| ii. Root canals on permanent teeth |  |  |  |  |  |  |
| D. Gum (periodontal) therapy |  |  |  |  |  |  |
| E. Dentures |  | | | | | |
| i. Partial dentures |  |  |  |  |  |  |
| ii. Complete dentures |  |  |  |  |  |  |
| iii. Bridges |  |  |  |  |  |  |
| F. Orthodontics\* |  | | | | | |
| i. Retainers (orthodontic) |  |  |  |  |  |  |
| ii. Braces |  |  |  |  |  |  |
| G. Oral surgery |  | | | | | |
| i. Simple extractions |  |  |  |  |  |  |
| ii. Surgical extractions |  |  |  |  |  |  |
| iii. Care of abscesses |  |  |  |  |  |  |
| iv. Cleft palate treatment |  |  |  |  |  |  |
| v. Cancer treatment |  |  |  |  |  |  |
| vi. Treatment of fractures |  |  |  |  |  |  |
| vii. Biopsies |  |  |  |  |  |  |
| H. Treatment of jaw joint problems (TMJ) |  |  |  |  |  |  |
| I. Emergency room services provided by a dentist |  |  |  |  |  |  |
| J. Inpatient Hospital Services |  |  |  |  |  |  |
| K. Anesthesia |  | | | | | |
| i. General anesthesia |  |  |  |  |  |  |
| ii. Intravenous conscious sedation |  |  |  |  |  |  |
| iii. Non-intravenous conscious sedation |  |  |  |  |  |  |
| iv. Analgesia (nitrous oxide) |  |  |  |  |  |  |





Is Form Completed? 

\* 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?).

If applicable, please provide the amount of the annual cost or funding level above which prior authorization is required. If the State requires that certain services only be provided with prior authorization, please list the categories of services to which this would apply.

Please verify that the information on your State's cost sharing requirements are correct as posted on the Insure Kids Now! website www.insurekidsnow.gov. If the information is not correct, please correct it at this time.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1065. The time required to complete this information collection is estimated to average 40 quarterly hours and 30 hours annually per response, including the time to review instructions, search existing data resources, gather the data needed, and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn” PRA Reports Clearance Officer, Mails Stop C4-26-05, Baltimore, Maryland 21244-1850.