

Insure Kids Now Children's Dental Benefits Survey – Electronic Form - 2014

State: Alaska

State: Alaska

Name of Program: MEDICAID

Program Package: Medicaid

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| Save | Reset |
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| 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Please select: <input type="text"/> | | |
| B. Fluoride treatments (including fluoride varnishes) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Please select: <input type="text"/> | | |
| C. Sealants (list any tooth-specific limits) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Please select: <input type="text"/> | | |
| D. Space maintainers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Please select: <input type="text"/> | | |
| II. Diagnostic Services | | | | | | |
| A. Dental examinations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Please select: <input type="text"/> | | Recommended age of visit? <input type="text"/> |
| B. X-Rays | | | | | | |
| i. Bitewing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Please select: <input type="text"/> | | |
| ii. Full Mouth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Please select: <input type="text"/> | | |
| iii. Panoramic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Please select: <input type="text"/> | | |
| III. Treatment Services | | | | | | |
| A. Fillings | | | | | | |
| i. Silver amalgam | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> | |
| ii. Tooth colored composite | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> | |

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|--|-----------------------|-----------------------|-----------------------|--|----------------------|
| B. Crowns/tooth caps | | | | | |
| i. Stainless steel crowns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| ii. Metal (only) crowns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| iii. Metal/porcelain crowns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| iv. Porcelain (only) crowns | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| C. Root Canals (endodontics) | | | | | |
| i. Root canals on baby teeth (pulpotomies) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| ii. Root canals on permanent teeth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| D. Gum (periodontal) therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| E. Dentures | | | | | |
| i. Partial dentures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| ii. Complete dentures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| iii. Bridges | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| F. Orthodontics* | | | | | |
| i. Retainers (orthodontic) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| ii. Braces | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| G. Oral surgery | | | | | |
| i. Simple extractions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| ii. Surgical extractions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| iii. Care of abscesses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| iv. Cleft palate treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| v. Cancer treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |
| vi. Treatment of fractures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="text"/> |

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| vii. Biopsies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| H. Treatment of jaw joint problems (TMJ) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| I. Emergency room services provided by a dentist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| J. Inpatient Hospital Services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| K. Anesthesia | | | | | | |
| i. General anesthesia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| ii. Intravenous conscious sedation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| iii. Non-intravenous conscious sedation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| iv. Analgesia (nitrous oxide) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |

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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.

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