

Summary of Benefits Form

CMS-10291

Program Type: MEDICAID

State:

As a convenience for state users, summary of benefits information entered on this form is pre-populated based on the most recent submission. Also, please note that in order to ensure the information on the public website remains current and relevant, the information on these forms will be cleared if no update has been submitted in more than two years.

Children’s Dental Service	Is the Service Covered (Yes)	Is the Service Covered (Only with Prior Authorization)	Is the Service Covered (No)	Frequency (Specify Periodicity) Please choose from the following:	List Any Service-Specific Limitations (e.g., age limits, tooth-specific limits, or a cost or dollar threshold over which prior authorization is required)	Criteria for Coverage
I. Preventive Services						
A. Cleanings				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years		

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				1 x every 5 years 1 x lifetime		
. Fluoride treatments (including fluoride varnishes)				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years 1 x lifetime		
C. Sealants (list any tooth-specific limits)				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years 1 x lifetime		

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D. Space maintainers				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years 1 x lifetime		
II. Diagnostic Services						
A. Oral health screening or assessment				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years		

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				1 x lifetime		
B. Dental examinations				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years 1 x lifetime	List Recommended age of visit?	
C. Assessment of risk for tooth decay				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years 1 x lifetime		

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D. X-Rays						
i. Bitewing				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years 1 x lifetime		
ii. Full Mouth				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years 1 x lifetime		

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iii. Panoramic				1 x 2 months 1 x 3 months 1 x 5 months 1 x 6 months 1 x year 2 x year 3 x year Up to 4 x year 1 x every 2 years 1 x every 3 years 1 x every 4 years 1 x every 5 years 1 x lifetime		
III. Treatment Services						
A. Anti-microbial treatments that stop decay from spreading						
B. Fillings						
i. Silver amalgam						
ii. Tooth colored composite						
C. Crowns/tooth caps						
i. Stainless steel crowns						
ii. Metal (only) crowns						

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iii. Metal/porcelain crowns						
iv. Porcelain (only) crowns						
D. Root Canals (endodontics)						
i. Root canals on baby teeth (pulpotomies)						
ii. Root canals on permanent teeth						
E. Gum (periodontal) therapy						
F. Dentures						
i. Partial dentures						
ii. Complete dentures						
iii. Bridges						
G. Orthodontics*						
i. Retainers (orthodontic)						
ii. Braces						
H. Oral surgery						
i. Simple extractions						
ii. Surgical extractions						

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iii. Care of abscesses						
iv. Cleft palate treatment						
v. Cancer treatment						
vi. Treatment of fractures						
vii. Biopsies						
I. Treatment of jaw joint problems (TMJ)						
J. Emergency room services provided by a dentist						
K. Inpatient Hospital Services						
L. Anesthesia						
i. General anesthesia						
ii. Intravenous conscious sedation						
iii. Non-intravenous conscious sedation						

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iv. Analgesia (nitrous oxide)						

* 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.

PRA Disclosure Statement:

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) sections 501(f)(1) and (2), require that state-specific information on Medicaid and CHIP dental providers and benefits be posted on the Insure Kids Now (IKN) website, and that States update the information on the dental providers quarterly and the information on their benefit package annually thereafter. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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 (Expires: 6/30/2021). The time required to complete this information collection of dental benefits information is estimated to average 25 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.