



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Arkansas, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
<b>Cleanings</b>	Yes	2 x year	
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x lifetime	1st & 2nd permanent molars only
<b>Space maintainers</b>	Yes - only with prior authorization		

## Summary of Benefits for Arkansas, MEDICAID

### Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
<b>Oral health screening or assessment</b>				
	Yes	1 x 6 months		
<b>Dental examinations</b>				
	Yes			
<b>Assessment of risk for tooth decay</b>				
	Yes	1 x 6 months		
<b>X-Rays</b>				
Bitewing	Yes - only with prior authorization	1 x every 5 years		
Full Mouth	Yes - only with prior authorization	2 x year		
Panoramic	Yes - only with prior authorization	1 x every 5 years		

## Summary of Benefits for Arkansas, MEDICAID

### Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Anti-microbial treatments that stop decay from spreading</b>				
	No			
<b>Fillings</b>				
Silver amalgam	Yes			
Tooth colored composite	Yes		four or more surface requires PA	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		permanent teeth require PA with exception of first molars	
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization			
Porcelain (only) crowns	No			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization			
Root canals on permanent teeth	Yes - only with prior authorization			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Gum (periodontal) therapy</b>				
	Yes - only with prior authorization			
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization			
Complete dentures	Yes - only with prior authorization			
Bridges	No			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		limited	
Braces	Yes - only with prior authorization			
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization			
Care of abscesses	Yes - only with prior authorization			
Cleft palate treatment	No			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	Yes - only with prior authorization			
<b>Treatment of jaw joint problems (TMJ)</b>				
	No			
<b>Emergency room services provided by a dentist</b>				
	Yes - only with prior authorization			
<b>Inpatient Hospital Services</b>				
	Yes - only with prior authorization			
<b>Anesthesia</b>				
General anesthesia	Yes - only with prior authorization			
Intravenous conscious sedation	No			
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?).