



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Alabama, 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	0-18, PROVISION BY HYGEINEST MUST BE UNDER SUPERVISION OF DENTIST
<b>Sealants (list any tooth-specific limits)</b>	Yes		AGE 5 TO AGE 13 - COVERED ONLY FOR TEETH (02,03,14,15,18,19,30,31) LIMIT ONE PER TOOTH PER LIFETIME
<b>Space maintainers</b>	Yes	1 x lifetime	

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### 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			
<b>Dental examinations</b>				
	Yes	2 x year		1
<b>Assessment of risk for tooth decay</b>				
	Yes			
<b>X-Rays</b>				
Bitewing	Yes	2 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 2 years		

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### 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	No			
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes			
Metal (only) crowns	Yes			
Metal/porcelain crowns	Yes			
Porcelain (only) crowns	No			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
<b>Gum (periodontal) therapy</b>				
	Yes		ONLY COVER D4341 AND D4910 POCKET DEPTHS GREATER THAN 4MM	

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<b>Dentures</b>				
Partial dentures	No			
Complete dentures	No			
Bridges	No			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		Note: Orthodontics coverage with CRS evaluation. List of criteria on page 8 of Chapter 13 in the Medicaid Provider Manual.	
Braces	Yes - only with prior authorization		Note: Orthodontics coverage with CRS evaluation. List of criteria on page 8 of Chapter 13 in the Medicaid Provider Manual.	
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	No			
Treatment of fractures	Yes			

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Biopsies	Yes			
<b>Treatment of jaw joint problems (TMJ)</b>				
	Yes - only with prior authorization			
<b>Emergency room services provided by a dentist</b>				
	Yes - only with prior authorization		TREATMENT OF NATURAL TEETH	ACCIDENTAL INJURY; ILLNESS
<b>Inpatient Hospital Services</b>				
	Yes - only with prior authorization			
<b>Anesthesia</b>				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	No			
Analgesia (nitrous oxide)	Yes			DOCUMENTATI ON OF MEDICAL NECESSITY

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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?).