



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Hawaii, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	2 x year	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	BIRTH THROUGH AGE 20
Sealants (list any tooth-specific limits)	Yes	1 x every 5 years	1ST AND 2ND MOLARS; AGES 5 THROUGH 20
Space maintainers	Yes		

Summary of Benefits for Hawaii, MEDICAID

Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
Oral health screening or assessment				
	No			
Dental examinations				
	Yes	2 x year		AGE 1
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	2 x year		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 2 years		

Summary of Benefits for Hawaii, MEDICAID

Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading				
	No			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes		IF PERMANENT TOOTH, PRIOR AUTHORIZATION REQUIRED	
Metal (only) crowns	Yes - only with prior authorization		TEETH 2 THRU 15 AND 18 THRU 31	
Metal/porcelain crowns	Yes - only with prior authorization		TEETH 2 THRU 15 AND 18 THRU 31	
Porcelain (only) crowns	No			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		ONLY PRIMARY TEETH	
Root canals on permanent teeth	Yes		TEETH 2 THRU 15 AND 18 THRU 31	

Summary of Benefits for Hawaii, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Gum (periodontal) therapy				
	Yes - only with prior authorization			
Dentures				
Partial dentures	Yes - only with prior authorization			
Complete dentures	Yes - only with prior authorization			
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			CLEFT PALATE OR OTHER SEVERE FACIAL BIRTH DEFECTS OR INJURY FOR WHICH SPEECH, SWALLOWING OR CHEWING IS RESTORED

Summary of Benefits for Hawaii, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)				
	No			
Emergency room services provided by a dentist				
	Yes			

Summary of Benefits for Hawaii, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Inpatient Hospital Services				
	Yes		PRIOR AUTHORIZATION AS REQUIRED BY THE SPECIFIC PROCEDURE BEING PERFORMED	ONLY SERVICES COVERED BY THE PLAN AND PERFORMED BY A DENTIST
Anesthesia				
General anesthesia	No			
Intravenous conscious sedation	Yes			PROCEDURE CANNOT SAFELY BE PERFORMED W/O SEDATION
Non-intravenous conscious sedation	No			
Analgesia (nitrous oxide)	Yes		UNDER AGE 13	

* 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?).