



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Illinois, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	1 x year	
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	Teeth 2, 3, 14, 15, 18, 19, 30, 31
Space maintainers	Yes	1 x lifetime	D1510, 1520 - Per Quadrant 10, 20, 30, 40, LL, LR, UL, UR D1515, 1525 - Per Arch 01, 02, LA, UA

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Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations				
	Yes	1 x lifetime	Completion of a mandated school exam form is considered part of the oral examination.	2
X-Rays				
Bitewing	Yes	1 x year	Maximum reimbursement for a single date of service for radiographs limited to fee for complete series. D0270, ages 0-20; D0272, ages 2-20; D0274, ages 10-20.	
Full Mouth	Yes	1 x every 3 years	Maximum reimbursement for a single date of service for radiographs limited to fee for complete series.	
Panoramic	Yes	1 x every 3 years	Maximum reimbursement for a single date of service for radiographs limited to fee for complete series. D0270, ages 0-20; D0272, ages 2-20; D0274, ages 10-20. D0330, ages 10-20	

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Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Fillings				
Silver amalgam	Yes		Teeth 1-32, A-T	
Tooth colored composite	Yes		D2335 - Teeth 6-11, 22-27, C-H, M-R. D2391, D2392, D2393, D2394 - Teeth 1-5, 12-21, 28-32, A,B, I-L, S, T.	
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization		D2930 - Teeth A-T D2931 Teeth 1-32 Authorization required for 3 or more crowns. Not compensated with construction of permanent crown.	
Metal (only) crowns	Yes - only with prior authorization		Teeth 1-32 Requires pre-operative X-rays.	
Metal/porcelain crowns	Yes - only with prior authorization		Teeth 1-32 Requires pre-operative X-rays.	
Porcelain (only) crowns	Yes - only with prior authorization		Teeth 1-32 Requires pre-operative X-rays.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		Teeth 1-32 Requires pre-operative X-rays.	

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Gum (periodontal) therapy				
	No			
Dentures				
Partial dentures	Yes		Narr of med necessity, pre-operative X-rays, prior placement dates.	
Complete dentures	Yes - only with prior authorization		D5110, D5130, D5120, D5140 - Narr of med necessity, pre-operative X-rays, prior placement dates. D 5130, D5140 - full mouth X-rays.	
Bridges	Yes - only with prior authorization		Covered for permanent anterior teeth (6 - 27). One of D6210, D6211, D6212, D6240, D6241, D6242, D6251, D6721, D6750, D6751, D6752, D6791, D6792, D6972) per 60 months, per patient per tooth. Prior authorization requires pre-operative x-rays and prior pla	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		One of D8680 per lifetime per patient. Date of Debanding must be included with the claim form.	
				Patient must have a full erupted set of

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Braces	Yes - only with prior authorization		All orthodontia cases must be pre-authorized. Submission of Pre-orthodontia photographs, plaster models or OrthoCAD models are required for prior authorization requests.	permanent teeth. Patients are evaluated using a tool that measures medical necessity as a first level of review. If the requested orthodontia treatment meets one of the listed criteria, the orthodontia service is approved. If the request does not meet any of the criteria, the case is evaluated using the Salzmann Malocclusion Severity Assessment. A score of 42 or higher on the Salzmann malocclusion
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				Severity Assessment qualifies for coverage.
Oral surgery				
Simple extractions	Yes		Teeth covered: 1 - 32; A - T	
Surgical extractions	Yes - only with prior authorization		Pre-authorization not required for D7210. All other surgical extraction services require submission of pre-operative X-rays for prior authorization.	
Care of abscesses	Yes - only with prior authorization		Pre-authorization requires narrative of medical necessity and pre-operative X-rays.	
Cleft palate treatment	Yes		All Cleft Palate cases are referred to the Division for Specialized Care of Children at 1-800-322-3722	
Cancer treatment	Yes - only with prior authorization		Services are pre-authorized with a pathology report.	
Treatment of fractures	Yes - only with prior authorization		Pre-authorization requires narrative of medical necessity and pre-operative X-rays.	
Biopsies	No			
Treatment of jaw joint problems (TMJ)				
	No			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Emergency room services provided by a dentist				
	Yes		Services are billed as they would be in the office setting	
Inpatient Hospital Services				
	Yes		Services are billed as they would be in the office setting	
Anesthesia				

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General anesthesia	Yes - only with prior authorization		Provider must have Sedation Permit B. Narrative of medical necessity required.	Patients must have physical and/or mental health problems of such severity that treatment cannot be reasonably attempted without the use of sedation or general anesthesia. Patient's condition must be included in the request for prior authorization.

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Intravenous conscious sedation	Yes - only with prior authorization		Provider must have Sedation Permit A or B. Narrative of medical necessity required.	Patients must have physical and/or mental health problems of such severity that treatment cannot be reasonably attempted without the use of sedation or general anesthesia. Patient's condition must be included in the request for prior authorization.

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Non-intravenous conscious sedation	Yes - only with prior authorization		Provider must have Sedation Permit A or B. Narrative of medical necessity required.	Limited to patients who are extremely apprehensive, mentally or physically handicapped, or those having extensive treatment in a single appointment.
Analgesia (nitrous oxide)	Yes			

* 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?).