



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Utah, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
<b>Cleanings</b>	Yes	up to 4 x year	Children and pregnant women only
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	up to 4 x year	For children only
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x every 2 years	For children 18 and under, occlusal sealants on the permanent molars and pre-molars (bicuspid) are covered.
<b>Space maintainers</b>	Yes		Covered for EPSDT children

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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	up to 4 x year		
<b>Dental examinations</b>				
	Yes	up to 4 x year	Only one evaluation (D0140, D0120, or D0150) is reimbursed per Member per day, even if more than one provider is involved from the same office or clinic. Two per calendar year per provider, or one per calendar year per provider in addition to a comprehensive oral evaluation	Age 6 months for first visit.
<b>Assessment of risk for tooth decay</b>				
	Yes	up to 4 x year		
<b>X-Rays</b>				
Bitewing	Yes	2 x year		
Full Mouth	Yes	1 x every 2 years	Panoramic x-rays and full series x-rays shall not be taken more often than one every two years unless	

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	<b>Is the service Covered?</b>	<b>Frequency</b>	<b>List any service-specific limitations</b>	<b>Recommended age of first visit?</b>
Panoramic	Yes	1 x every 2 years	Panoramic x-rays and full series x-rays shall not be taken more often than one every two years unless	

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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		Routine amalgam fillings on posterior teeth and composite resin fillings on anterior teeth are covered.	
Tooth colored composite	Yes		Routine amalgam fillings on posterior teeth and composite resin fillings on anterior teeth are covered.	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes			
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization		On permanent anterior Teeth for children only.	
Porcelain (only) crowns	No			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes		Therapeutic pulpotomy is covered for primary teeth only	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Root canals on permanent teeth	Yes		Excluding third molars.	
<b>Gum (periodontal) therapy</b>				
	Yes - only with prior authorization		A gingivectomy for patients who use anticonvulsant medication is a covered service which requires written prior authorization. A "Full mouth debridement", code D4355, is available one time per year if subgingival calculus is present and may be billed in conjunction with a prophylaxis on the same date of service. Periodontal scaling/root planing may be done once a year per quadrant.	
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		There must be an anterior tooth missing or the partial denture must restore mastication ability. If mastication ability is present on one side, approval will not be given for a partial denture. Medicaid considers an individual to have mastication ability if he or she has two maxillary and two mandibular posterior teeth on the same side in occlusion.	
Complete dentures	Yes - only with prior authorization			
Bridges	No			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		Send pre-treatment models, panoramic x-rays, and requested codes on a completed prior authorization form. Medicaid only covers comprehensive treatment. Patients must score 30 or more using the Salzmann's Index. The Salzmann's Index means the "Handicapping Malocclusion Assessment Record" by J. A. Salzmann, used for assessment of handicapping malocclusion, as adopted by the board of directors of the American Association of Orthodontists and the Council on Dental Health of the American Dental Association.	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Braces	Yes - only with prior authorization		1. Medicaid only covers comprehensive treatment. Patients must score 30 or more using the Salzmans Index. The Salzmans Index means the "Handicapping Malocclusion Assessment Record" by J. A. Salzmans, used for assessment of handicapping malocclusion, as adopted by the board of directors of the American Association of Orthodontists and the Council on Dental Health of the American Dental Association. 2. Medicaid provides orthodontia services for children who have a handicapping malocclusion due to birth defects, accidents, or abnormal growth patterns of such severity that it renders them unable to masticate, digest, or benefit from their diet.	
<b>Oral surgery</b>				
Simple extractions	Yes		Extractions are a covered service. Extractions include simple, surgical, soft tissue impactions, partial bony impactions, and full bony impactions.	

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Surgical extractions	Yes - only with prior authorization		General dentists may be reimbursed for extractions, incision and drainage, and frenulectomies. Some oral surgery codes are only payable to an oral surgeon. Surgery for emergency treatment of traumatic injury requires prior authorization within three working days following the incident.	
Care of abscesses	Yes		Requires narrative of medical necessity	
Cleft palate treatment	Yes		EPSDT only	
Cancer treatment	No			
Treatment of fractures	Yes		Requires narrative of medical necessity	
Biopsies	Yes		Biopsy of oral tissue requires narrative of medical necessity	
<b>Treatment of jaw joint problems (TMJ)</b>				
	No			
<b>Emergency room services provided by a dentist</b>				
	Yes			
<b>Inpatient Hospital Services</b>				
	No			

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Anesthesia				
General anesthesia	Yes - only with prior			<p>For Member 4 years of age or younger, prior approval is not required. 2. Patient is at least 5 years of age with a physical or mental disability requires documentation of the physical or mental disability which justifies the use of general anesthesia. 3. Patient is 5 - 8 years of age and without physical or mental disability, the Member must have a documented condition such as a failure and</p>

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	authorization			inability to treat when using a premedication. 4. Patient is at least 9 years of age and without physical or mental disability, the Member must have a documented condition such as such as a failure and inability to treat when using a pre-medication which justifies the use of general anesthesia, OR in conjunction with the extraction of a partial or full boney impacted third molar.
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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Intravenous conscious sedation	Yes - only with prior authorization			Requires documentation of the physical or mental disability or other condition which necessitates use of I.V. sedation due to physical, intellectual or medically compromised conditions; such as mental retardation, cerebral palsy, epilepsy, cardiac conditions and hyperactivity. Anxiety does not qualify as a medical condition.

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Non-intravenous conscious sedation	Yes - only with prior authorization		The code is covered for intramuscular and non-intravenous conscious sedation only and includes the sedative drug.	Medicaid covers intramuscular and intra oral injections for sedation only under code D9248, non-intravenous conscious sedation, which includes the sedative drug.
Analgesia (nitrous oxide)	No			

\* 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?).