



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Wisconsin, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
<b>Cleanings</b>	Yes	1 x 6 months	cover up to 4x/12 months for permanently disabled members.
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	cover up to 4x/year for members with oral hygiene impairing disabilities or for members with high caries risk.
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x every 3 years	primary and premolar teeth
<b>Space maintainers</b>	Yes		

## Summary of Benefits for Wisconsin, 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>				
	No			
<b>Dental examinations</b>				
	Yes	1 x 6 months		First exam at the eruption of the first tooth and no later than 12 months.
<b>Assessment of risk for tooth decay</b>				
	No			
<b>X-Rays</b>				
Bitewing	Yes	1 x 6 months		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes			

## Summary of Benefits for Wisconsin, 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			
<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 with prior authorization		special medical criteria and healthcheck referral applies	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		special medical circumstances apply	
Complete dentures	Yes - only with prior authorization		special medical circumstances apply	
Bridges	Yes - only with prior authorization		special medical criteria applies	
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		special healthcheck referral applies	
Braces	No			
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	Yes			
Treatment of fractures	Yes			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Biopsies	Yes			
<b>Treatment of jaw joint problems (TMJ)</b>				
	Yes - only with prior authorization		surgical only	
<b>Emergency room services provided by a dentist</b>				
	Yes			
<b>Inpatient Hospital Services</b>				
	Yes			
<b>Anesthesia</b>				
General anesthesia	Yes			
Intravenous conscious sedation	Yes - only with prior authorization		Limitations apply	
Non-intravenous conscious sedation	Yes - only with prior authorization		Limitations apply	
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?).