

Summary of Benefits Report for Colorado, CHIP InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year	Two of (D1110, D1120, D4910) per 12 Month(s) Per patient.	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	Two of (D1206, D1208) per 12 Month(s) Per patient.	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	One of (D1351, D1352, D1353) per 36 Month(s) Per patient per tooth. On unrestored occlusal surfaces of permanent molar teeth.	
Space maintainers	Yes	1 x lifetime	One per Lifetime Per patient per quadrant/arch. Ages 0-13 only.	
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	Two of (D0120, D0140, D0145, D0150, D0160) per 12 Month(s) Per patient.	
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	2 x year	Two of (D0270, D0272, D0273, D0274, D0277) per 12 Month(s) Per patient. Bitewings processed as part of an intraoral-complete series, a separate benefit for bitewings will not be allowed if the full mouth time limitation has been met within the benefit period.	
Full Mouth	Yes	1 x every 5 years	One of (D0210, D0330) per 60 Month(s) Per patient.	
Panoramic	Yes	1 x every 5 years	One of (D0210, D0330) per 60 Month(s) Per patient.	
Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		Two of (D1354) per 12 Month(s) Per patient per tooth.	
Fillings				

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Treatment Services				
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Silver amalgam	Yes		One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 24 Month(s) Per patient per tooth, per surface.	
Tooth colored composite	Yes		One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 24 Month(s) Per patient per tooth, per surface.	
Crowns/tooth caps				
Stainless steel crowns	Yes		One of (D2929, D2930, D2931, D2932, D2933, D2934) per 24 Month(s) Per patient per tooth.	
Metal (only) crowns	No			
Metal/porcelain crowns	No			
Porcelain (only) crowns	No			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		One of (D3220) per 1 Lifetime Per patient per tooth.	
Root canals on permanent teeth	Yes		One of (D3310, D3320, D3330) per 1 Lifetime Per patient per applicable tooth.	
Gum (periodontal) therapy	Yes		One of (D4341, D4342) per 3 Year(s) Per patient per quadrant. A minimum of four teeth in the affected quadrant. Maximum of two quadrants per date of service in a non-hospital setting. (D1110 and D1120) are not benefits when provided on the same date of service as a D4341.	
Dentures				

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Treatment Services				
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Partial dentures	Yes		One of (D5211, D5212, D5820, D5821) per 60 Month(s) Per patient per arch. Subject to Pre-payment review.	
Complete dentures	No			
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	No			
Braces	Yes		One of (D8070, D8080, D8090) per 1 Lifetime Per patient. Additional required documentation: HLD Index Form. \$1500 maximum per lifetime.	
Oral surgery				
Simple extractions	Yes		One of (D7111, D7140) per 1 Lifetime Per patient per tooth.	
Surgical extractions	Yes		One of (D7210, D7220, D7230, D7240, D7241) per 1 Lifetime Per patient per tooth.	
Care of abscesses	No			
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	No			
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	No			
Inpatient Hospital Services	No			
Anesthesia				
General anesthesia	No			
Intravenous conscious sedation	No			
Non-intravenous conscious sedation	No			
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

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case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).