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Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	2 x year	Two of (D1110, D1120, D4346, D4910) per 1 Year(s) Per patient. Not reimbursed when billed on the same date of service as any periodontal procedure code.
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	Two of (D1206) per 1 Year(s) Per patient ages 0 to 4. Three of (D1206) per 1 Year(s) Per patient ages 5 to 7. Three of (D1206, D1208) per 1 Year(s) Per patient ages 6 and above. Patients ages 6 through 20, three of (D1206, D1208) per year. Only acceptable topical fluoride treatment for patients age 5 and under.
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	Two of (D1351, D1352, D1353) per 1 Lifetime Per patient per tooth. Reimbursable sealants are limited to permanent molars and unrestored occlusal surfaces only.
Space maintainers	Yes	1 x lifetime	Two of (D1510, D1516, D1517, D1526, D1527, D1520, D1575) per 1 Lifetime Per patient per quadrant. Indicate missing tooth numbers and arch/quadrant on claim. Includes maintenance & repair.

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	2 x year	Two of (D0190) per 1 Year(s) Per patient ages 3 to 4. Three of (D0190) per 1 Year(s) Per patient ages 5 to 20. Not payable on same date of service as (D0120, D0140, D0145, D0150, D0160, D0170, D0180).	
Dental examinations	Yes	2 x year	Two of (D0120, D0145, D0150, D0160, D0170, D0180) per 1 Year(s) Per Provider OR Location.	
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x year	One of (D0270, D0272, D0273, D0274) per 1 Year(s) Per Provider OR Location. One set is equal to 2 to 4 films.	

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Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Full Mouth	Yes	1 x every 5 years	One of (D0210, D0277, D0330) per 5 Year(s) Per Provider OR Location. Minimum of 10 (periapical or posterior) bitewing images required. Radiographic survey counts as one set of bitewings per year.	
Panoramic	Yes	1 x every 3 years	One of (D0210, D0277, D0330) per 3 Year(s) Per Provider OR Location. With or without bitewing(s). Counts as a full mouth series.	

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. Not to exceed 4 times per lifetime. Cannot be billed on the same day as D3110 or D3120 or any D2000 series code (D2140-D2999).	
Fillings				
Silver amalgam	Yes		One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 36 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 36 Month(s) Per patient per tooth, per surface.	
Crowns/tooth caps				

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Stainless steel crowns	Yes		One of (D2929, D2930, D2931, D2932, D2933, D2934) per 36 Month(s) Per patient per tooth for Primary Teeth.	
Metal (only) crowns	Yes		One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 Month(s) Per patient per tooth.	
Metal/porcelain crowns	Yes		One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 Month(s) Per patient per tooth.	
Porcelain (only) crowns	Yes		One of (D2710, D2712, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 84 Month(s) Per patient per tooth.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		One of (D3220) per 1 Lifetime Per patient per tooth. Not reimbursable as the first state of root canal or for apexogenesis. Not reimbursable if the original treatment was previously reimbursed to the same provider by the CO Medicaid Dental Program.	
Root canals on permanent teeth	Yes		One of (D3310, D3320, D3330) per 1 Lifetime Per patient per tooth.	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Gum (periodontal) therapy	Yes		One of (D4341, D4342) per 3 Year(s) Per patient per quadrant. A minimum of four (4) teeth in the affected quadrant. Maximum of two quadrants per date of service in a non-hospital setting. Prophylaxis (D1110 and D1120) are not benefits when provided on the same date of service as D4341.	
Dentures				
Partial dentures	Yes		One of (D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224 D5225, D5226) per 5 Year(s) Per patient. Replacement of a partial prosthesis is eligible for payment if the existing prosthesis cannot be modified or altered to meet the patient's needs.	
Complete dentures	Yes		One of (D5110, D5120, D5130, D5140) per 5 Year(s) Per patient. Includes initial 6 months of relines. Replacement of a removable prosthesis is allowed one time only.	
Bridges	Yes		One of (D6060, D6063, D6070, D6073, D6082, D6086, D6098, D6121) per 84 Month(s) Per patient.	
Orthodontics*				
Retainers (orthodontic)	No			
Braces	Yes		One of (D8070, D8080, D8090) per 1 Lifetime Per patient. DOCUMENTATION REQUIRED: 2012 or later ADA Claim Form, CO Ortho Criteria Index - Comprehensive D8080 Form, photos, narrative Tx. Plan.	

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Oral surgery				
Simple extractions	Yes		One of (D7140) per 1 Lifetime Per patient per tooth. Removal of asymptomatic teeth are not covered except when member has been approved for orthodontic treatment.	
Surgical extractions	Yes		One of (D7210, D7220, D7230, D7240, D7241) per 1 Lifetime Per patient per tooth. Includes cutting of soft tissue and bone, removal of tooth structure and closure. Removal of asymptomatic teeth are not covered except when member has been approved for orthodontic treatment.	
Care of abscesses	Yes		One of (D7510, D7511, D7520, D7521) per 1 Day(s) Per Location. Will not be reimbursed in same surgical area on same date of service as any other definitive treatment codes.	
Cleft palate treatment	Yes		On a case-by-case basis.	
Cancer treatment	Yes		Pathology Report required.	
Treatment of fractures	Yes		On a case-by-case basis.	
Biopsies	Yes		Only covered if there is a suspicious lesion.	
Treatment of jaw joint problems (TMJ)	Yes		On a case-by-case basis.	
Emergency room services provided by a dentist	Yes		On a case-by-case basis.	
Inpatient Hospital Services	No			
Anesthesia				

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
General anesthesia	Yes		One of (D9222) per 1 Day(s) Per patient. Nine of (D9223) per 1 Day(s) Per patient. Not reimbursable with (D9223, D9230, D9243, D9248). Where multiple levels of anesthesia are provided on the same day, only the highest level of anesthesia administered will be reimbursed.	
Intravenous conscious sedation	Yes		One of (D9239) per 1 Day(s) Per patient. Thirteen of (D9243) per 1 Day(s) Per patient. Not reimbursable with (D9223, D9230, D9243, D9248). Where multiple levels of anesthesia are provided on the same day, only the highest level of anesthesia administered will be reimbursed.	
Non-intravenous conscious sedation	Yes		One of (D9248) per 1 Day(s) Per patient. Not reimbursable with (D9223, D9230, D9243, D9248). Where multiple levels of anesthesia are provided on the same day, only the highest level of anesthesia administered will be reimbursed.	
Analgesia (nitrous oxide)	Yes		Not reimbursable with (D9223, D9230, D9243, D9248). Where multiple levels of anesthesia are provided on the same day, only the highest level of anesthesia administered will be reimbursed.	

* 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?).