

# Summary of Benefits Report for Delaware, CHIP

## InsureKidsNow.gov

### Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
<b>Cleanings</b>	Yes	2 x year	More than 2 per year requires prior auth
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	More than 2 per year requires prior auth
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x every 5 years	Posterior teeth only
<b>Space maintainers</b>	Yes	1 x lifetime	Replacement prior auth

### 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		Code is limited to division of public health	
<b>Dental examinations</b>	Yes			
<b>Assessment of risk for tooth decay</b>	Yes		No limits. Has to be billed with every exam	
<b>X-Rays</b>				
Bitewing	Yes			
Full Mouth	Yes			
Panoramic	Yes			

### 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>	Yes		One time in six months per tooth	
<b>Fillings</b>				
Silver amalgam	Yes		narrative if replaced in less than two years	
Tooth colored composite	Yes		narrative if replaced in less than two years	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		one time in 5 years per tooth	
Metal (only) crowns	Yes - only with prior authorization		one time in 5 years per tooth	
Metal/porcelain crowns	Yes - only with prior authorization		one time in 5 years per tooth	
Porcelain (only) crowns	Yes - only with prior authorization		one time in 5 years per tooth	
<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			
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		one time in 5 years per arch	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Complete dentures	Yes - only with prior authorization		one time in 5 years per arch	
Bridges	Yes - only with prior authorization		one time in 5 years per tooth	
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization		handicapping malocclusion with index score of 26 and above	
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	No			
<b>Treatment of jaw joint problems (TMJ)</b>	Yes - only with prior authorization			
<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			
Non-intravenous conscious sedation	Yes			
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?).