

Summary of Benefits Report for Iowa, CHIP

InsureKidsNow.gov

Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	2 x year	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Limited to first and second molars. Not reimbursable for primary teeth, wisdom teeth, or teeth that have already been restored.
Space maintainers	Yes	1 x every 3 years	One space maintainer allowed per quadrant per lifetime.

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		By the age of one or within 6 months of the first tooth erupting.
Assessment of risk for tooth decay	Yes	1 x year		

X-Rays

Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 5 years	If full-mouth series has not been taken within 5 years of the last panoramic x-ray.	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes - only with prior authorization			

Fillings

Silver amalgam	Yes			
Tooth colored composite	Yes		Not covered for posterior teeth	

Crowns/tooth caps

Stainless steel crowns	Yes			
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization		Once every 5 years	
Porcelain (only) crowns	Yes - only with prior authorization		Once every 5 years	

Root Canals (endodontics)

Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes - only with prior authorization			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Dentures				
Partial dentures	Yes - only with prior authorization		Once every 5 years	
Complete dentures	Yes		Once every 5 years	
Bridges	Yes - only with prior authorization		Once every 5 years	
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			Salzmann Index score of 26
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes			
Cancer treatment	No			
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization			
Emergency room services provided by a dentist	No			
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes		If billed with approved oral surgery procedure	
Intravenous conscious sedation	Yes		If billed with approved oral surgery procedure	
Non-intravenous conscious sedation	Yes		If billed with approved oral surgery procedure	
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?).