Summary of Benefits Report for Indiana, CHIP InsureKidsNow.gov

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Preventive Servic	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year	Must be medically necessary if member is under 1 year of age	
Fluoride treatments (including fluoride varnishes)	Yes	2 x year		
Sealants (list any tooth-specific limits)	Yes		Currently limited to one tooth per lifetime unless medically necessary. Limited to permanent molars and premolars.	
Space maintainers	Yes			
Diagnostic Servic	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes			
Dental examinations	Yes	2 x year		1 year
Assessment of risk for tooth decay	Yes			
X-Rays			T	
Bitewing	Yes	1 x year	Bitewing radiographs are limtied to one set every twelve months	
Full Mouth	Yes	1 x 3 months		
Panoramic	Yes	1 x every 3 years		
Treatment Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				T
Stainless steel crowns	Yes			
Metal (only) crowns	No			
Metal/porcelain crowns	No			
Porcelain (only) crowns	No			
Root Canals (endodo	•			T
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	Yes		Four units every two years	
Dentures				I
Partial dentures	Yes - only with prior authorization		Medically necessary	

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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		Medically necessary			
Bridges	No					
Orthodontics*	· · · · · · · · · · · · · · · · · · ·			_		
Retainers (orthodontic)	No					
Braces	Yes - only with prior authorization			For craniofacial conditions only		
Oral surgery	1			1		
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					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	No					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes					
Anesthesia						
General anesthesia	Yes			Documentation explaining why individual cannot receive necessary dental servies without		
Intravenous conscious sedation	Yes			oral surgery services only		
Non-intravenous conscious sedation	Yes					
Analgesia (nitrous oxide)	Yes					

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^{*} 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?).