Summary of Benefits Report for Michigan, CHIP InsureKidsNow.gov

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Preventive Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	4 per year under age 3	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	permanent first and second molars	
Space maintainers	Yes	1 x every 2 years	per quadrant/arch	
Diagnostic Service	es		_	
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	1 x 6 months	D0190 and D0191	
Dental examinations	Yes	1 x 6 months	comprehensive, periodic, and problem focused	age one or when the first tooth erupts
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 5 years		
Treatment Service	es es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		D1354 - up to 5 teeth per visit; 6 applications per lifetime	
Fillings				
Silver amalgam	Yes		1 per 2 years; per tooth/surface	
Tooth colored composite	Yes		1 per 2 years; per tooth/surface	
Crowns/tooth caps				
Stainless steel crowns	Yes		1 per 2 years; per tooth	
Metal (only) crowns	Yes		CSHCS only; PA required; 1 per 5 years	
Metal/porcelain crowns	Yes		CSHCS only; PA required; 1 per 5 years	
Porcelain (only) crowns	Yes		CSHCS only; PA required; 1 per 5 years	
Root Canals (endodo	ntics)			
Root canals on baby teeth (pulpotomies)	Yes		under age 13	
Root canals on permanent teeth	Yes		under age 21	
Gum (periodontal) therapy	No			

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Dentures						
Partial dentures	Yes		PA required; 1 per 5 years			
Complete dentures	Yes		PA required; 1 per 5 years			
Bridges	Yes		CSHCS only; PA required; 1 per 5 years			
Orthodontics*						
Retainers (orthodontic)	Yes		CSHCS only; PA required			
Braces	Yes		CSHCS only; PA required	qualifying diagnosis		
Oral surgery						
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					
Cleft palate treatment	Yes					
Cancer treatment	Yes					
Treatment of fractures	Yes					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	Yes					
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes					
Anesthesia						
General anesthesia	Yes					
Intravenous conscious sedation	Yes					
Non-intravenous conscious sedation	Yes		under age 6			
Analgesia (nitrous oxide)	No					

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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?).