

Summary of Benefits Report for Utah, CHIP

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Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	up to 4 x year	Limited to ages 0 through 19
Sealants (list any tooth-specific limits)	Yes	1 x every 2 years	1st and 2nd permanent molars or premolars (bicuspid), caries free, without restoration. Once every 2 years. EPSDT ONLY
Space maintainers	Yes		EPSDT ONLY

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		
Dental examinations	Yes	2 x year		
Assessment of risk for tooth decay	Yes	2 x year		

X-Rays

Bitewing	Yes	2 x year	Two per calendar year per provider, or one per calendar year per provider in addition to a comprehensive oral evaluation.	
Full Mouth	Yes	1 x year	More than 12 periapicals taken during a single visit will be considered a full mouth series. 2) Any periapical x-rays billed additionally with D0210 will be rebundled and considered part of the full mouth series. 3) X-rays billed as part of a root canal procedure will be rebundled as part of the global root canal fee.	

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Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Panoramic	Yes	1 x every 2 years	1) May be billed with bitewings. 2) A panoramic x-ray with more than bitewings, 2 or 4 films, plus 2 periapicals will rebundle to D0210. 3) Panoramic x-rays and full series x-rays shall not be taken more often than one every two years unless there is specific dental diagnostic need documented in the patient's records.	

Treatment Services

	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		RESIN - TWO SURFACES, ANTERIOR No No D2332 RESIN - THREE SURFACES, ANTERIOR	
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		Primary stainless steel crown, D2930, and alloy or composite fillings for the same tooth, same date of service. Bill for one or the other but not both procedures. It is not allowable to bill for a core and build-up with pins, D2950, and a stainless steel crown on a primary tooth. Not a benefit for primary teeth near exfoliation. Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. D2950 is not permitted on a primary tooth. The treating provider will be responsible for any replacements necessary within 24 month period following placement. EPSDT ONLY	
Metal (only) crowns	Yes			
Metal/porcelain crowns	Yes		Provider must send periapical x-rays. Permanent anterior teeth only. It is not allowable to bill for a core and build-up with pins, D2950, except in the exceptional instance where extensive buildup is needed. EPSDT ONLY	
Porcelain (only) crowns	Yes			
Root Canals (endodontics)				

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Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Root canals on baby teeth (pulpotomies)	Yes		Primary teeth only. This procedure does not require preauthorization. Submission of x-rays, photographs or written documentation demonstrating medical necessity is not required for payment. Requires a tooth code. A benefit for primary teeth only, limited to once per tooth. Not a benefit for a tooth near exfoliation, a tooth with a necrotic pulp or a periapical lesion, or for a tooth that is non restorable. This procedure is for the surgical removal of the entire portion of the pulp coronal to the dentinocemental junction with the aim of maintaining the vitality of the remaining radicular portion by means of an adequate dressing.	
Root canals on permanent teeth	Yes - only with prior authorization			
Gum (periodontal) therapy	Yes - only with prior authorization			
Dentures				
Partial dentures	Yes - only with prior authorization			
Complete dentures	Yes - only with prior authorization			
Bridges	Yes - only with prior authorization			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization			
Braces	Yes - only with prior authorization			
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Biopsies	Yes		CDT codes only	
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	No			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes		The code is covered for Document in the patient record the physical or mental disability or other condition which necessitates use of I.V. sedation. Anxiety does not qualify as a medical condition. . Prior authorization is not required when service is performed by a dentist with state licensure to perform I.V. sedation.	
Non-intravenous conscious sedation	Yes		The code is covered for intramuscular and non-intravenous conscious sedation only and includes the sedative drug. EPSDT Only	
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?).