Summary of Benefits Report for Tennessee, 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	One of (D1110, D1120) per 6 Month(s) Per patient.						
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	One of (D1203, D1204, D1206, D1208) per 6 Month(s) Per patient.						
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	One of (D1351) per 1 Lifetime Per patient, Same tooth. D1354 - Interim caries arresting medicament application-per tooth; 4 application per lifetime per tooth.						
Space maintainers	Yes	1 x lifetime	Per Arch: One of (1510, 1516, 1517, 1526, 1527) per 1 Lifetime Per patient, Same Arch.						
Diagnostic Servic	es								
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?					
Oral health screening or assessment	No								
Dental examinations	Yes	1 x 6 months							
Assessment of risk for tooth decay	No								
X-Rays			1	T					
Bitewing	Yes	1 x year							
Full Mouth	Yes	1 x every 3 years	One of (D0210, D0277, D0330) per 36 Month(s) Per patient.						
Panoramic	Yes	1 x every 3 years	One of (D0210, D0277, D0330) per 36 Month(s) Per patient.						
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		D1354 - Interim caries arresting medicament application-per tooth; 4 application per lifetime per tooth.						
Fillings									
Silver amalgam	Yes								
Tooth colored composite	Yes								
Crowns/tooth caps									
Stainless steel crowns	Yes		One of (D2930), (D2931), (D2933) per 60 Month(s) Per patient, Same tooth.						
Metal (only) crowns	Yes - only with prior authorization		One of (D2791) or (D2792) per 60 Month(s) Per patient, Same tooth.						
Metal/porcelain crowns	Yes - only with prior authorization		One of (D2750), (D2751), (D2932) per 60 Month(s) Per patient, Same tooth.						

Page 1 of 3 Data as of: 04/24/2020 Print date: 09/19/2022

Summary of Benefits Report for Tennessee, CHIP InsureKidsNow.gov

Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Porcelain (only) crowns	Yes - only with prior authorization		One of (D2644) or (D2740) per 60 Month(s) Per patient, Same tooth.			
Root Canals (endodo	ntics)					
Root canals on baby teeth (pulpotomies)	Yes		One of (D3230) per 1 Lifetime Per patient, Same tooth. One of (D3240) per 1 Lifetime Per patient, Same tooth.			
Root canals on permanent teeth	Yes - only with prior authorization		1 per lifetime, per tooth: One of (D3310), D3320) and (D3330) per 1 Lifetime Per Patient, Same tooth.			
Gum (periodontal) therapy	Yes - only with prior authorization		One of (D4342) per 1 Lifetime Per patient, Same quadrant.			
Dentures						
Partial dentures	Yes - only with prior authorization		1 per 60 months			
Complete dentures	Yes - only with prior authorization		One of (D5110) per 60 Month(s) Per patient. One of (D5120) per 60 Month(s) Per patient. One of (D5130) per 1 Lifetime Per patient. One of (D5140) per 1 Lifetime Per patient.			
Bridges	Yes - only with prior authorization		One of (D6545) per 60 Month(s) Per patient, Same tooth. One of (D6545) per 60 Month(s) Per patient, Same tooth.			
Orthodontics*						
Retainers (orthodontic)	Yes					
Braces	Yes		Lifetime limit \$1,250 with 12 month waiting period			
Oral surgery						
Simple extractions	Yes		Two of (D7140, D7210, D7250) per 1 Calendar year(s) Per patient.			
Surgical extractions	Yes - only with prior authorization		Two of (D7140, D7210, D7250) per 1 Calendar year(s) Per patient.			
Care of abscesses	Yes					
Cleft palate treatment	Yes					
Cancer treatment	Yes					
Treatment of fractures	Yes					

Page 2 of 3 Data as of: 04/24/2020 Print date: 09/19/2022

Summary of Benefits Report for Tennessee, CHIP InsureKidsNow.gov

Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization		One of (D7880) per 1 Lifetime Per patient.			
Emergency room services provided by a dentist	Yes					
Inpatient Hospital Services	Yes - only with prior authorization					
Anesthesia						
General anesthesia	Yes - only with prior authorization					
Intravenous conscious sedation	Yes - only with prior authorization					
Non-intravenous conscious sedation	Yes		Ninety-nine of (D9230, D9248) per 1 Calendar year(s) Per patient.			
Analgesia (nitrous oxide)	Yes		Ninety-nine of (D9230, D9248) per 1 Calendar year(s) Per patient.			

Page 3 of 3 Data as of: 04/24/2020 Print date: 09/19/2022

^{*} 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?).