



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Colorado, CHIP

Children's Dental Services

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 | permanent molar teeth, occlusal surfaces |
| Space maintainers | Yes | | |

Summary of Benefits for Colorado, CHIP

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 | | Earlier of: 1 year old or when 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 | | |

Summary of Benefits for Colorado, CHIP

Treatment Services

| | Is the service Covered? | Frequency | List any service-specific limitations | Criteria for coverage |
|---|-------------------------|-----------|--|-----------------------|
| Anti-microbial treatments that stop decay from spreading | | | | |
| | No | | | |
| Fillings | | | | |
| Silver amalgam | Yes | | 1x/24 months | |
| Tooth colored composite | Yes | | 1X/24 month. Posterior teeth not included. | |
| Crowns/tooth caps | | | | |
| Stainless steel crowns | Yes | | 1X/24 month | |
| Metal (only) crowns | No | | | |
| Metal/porcelain crowns | No | | | |
| Porcelain (only) crowns | No | | | |
| Root Canals (endodontics) | | | | |
| Root canals on baby teeth (pulpotomies) | Yes | | | |
| Root canals on permanent teeth | Yes | | | |
| Gum (periodontal) therapy | | | | |
| | Yes | | 2X/12 months. | |

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|-------------------------|-------------------------------------|-----------|---------------------------------------|-----------------------|
| Dentures | | | | |
| Partial dentures | Yes | | | |
| Complete dentures | No | | | |
| Bridges | No | | | |
| Orthodontics* | | | | |
| Retainers (orthodontic) | No | | | |
| Braces | Yes - only with prior authorization | | Only when medically necessary. | |
| Oral surgery | | | | |
| Simple extractions | Yes | | | |
| Surgical extractions | Yes | | | |
| Care of abscesses | No | | | |
| Cleft palate treatment | No | | | |
| Cancer treatment | No | | | |
| Treatment of fractures | No | | | |
| Biopsies | No | | | |

Summary of Benefits for Colorado, CHIP

| | Is the service Covered? | Frequency | List any service-specific limitations | Criteria for coverage |
|--|-------------------------|-----------|---------------------------------------|-----------------------|
| Treatment of jaw joint problems (TMJ) | | | | |
| | No | | | |
| Emergency room services provided by a dentist | | | | |
| | Yes | | Covered by CHIP medical. | |
| Inpatient Hospital Services | | | | |
| | Yes | | | |
| Anesthesia | | | | |
| General anesthesia | Yes | | Covered by CHIP medical plan. | |
| Intravenous conscious sedation | No | | | |
| Non-intravenous conscious sedation | No | | | |
| 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?).