



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Florida, 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 teeth only.
Space maintainers	Yes		

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Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations				
	Yes			1
X-Rays				
Bitewing	Yes	2 x year		
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		

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Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes			
Metal (only) crowns	No			
Metal/porcelain crowns	Yes		Permanent posterior or anterior teeth when the tooth has been treated endodontically and cannot be adequately restored with a stainless steel crown, amalgam, or resin.	
Porcelain (only) crowns	Yes		Permanent anterior teeth when the tooth has been endodontically treated and cannot be adequately restored with resin restoration or resin crown.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Gum (periodontal) therapy				
	Yes		Child must have pockets in excess of the 4 to 5 mm. range	
Dentures				
Partial dentures	Yes		Partial dentures are not covered if the child has at least 8 posterior teeth in occlusion or for single tooth replacement unless it is a missing anterior tooth.	
Complete dentures	Yes			
Bridges	Yes - only with prior authorization			
Orthodontics*				
Retainers (orthodontic)	Yes - only with prior authorization		Comprehensive ortho treatment includes retainers at the end of treatment. Replacement retainers limited to 2 per lifetime.	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Braces	Yes - only with prior authorization			Orthodontics limited only to those circumstances where the child's condition creates a disability and is an impairment to the physical development. Monthly maintenance visits are limited to 24 months. Services are not covered for limited or interceptive treatment; primarily cosmetic services; or split phase treatment with the exception of cleft palate cases.

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Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes		These services may also fall under medical services.	
Cancer treatment	Yes		These services may also fall under medical services.	
Treatment of fractures	Yes		These services may also fall under medical services where the treatment is due to an accident or injury to the mouth.	
Biopsies	Yes		These services may also fall under medical services.	
Treatment of jaw joint problems (TMJ)				
	No			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Emergency room services provided by a dentist				
	Yes			d. Identify services: These services may also fall under medical services and be covered through the separate medical services contracts depending on the nature of the injury and services needed

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Inpatient Hospital Services				
	Yes			These services may also fall under medical services and be covered through the separate medical services contracts depending on the treatment needed and the nature of the injury
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
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?).