



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Georgia, CHIP

Children's Dental Services

Preventive Services

| | Is the service Covered? | Frequency | List any service-specific limitations |
|--|-------------------------|-----------|---------------------------------------|
| Cleanings | Yes | 2 x year | Under 21 |
| Fluoride treatments (including fluoride varnishes) | Yes | 2 x year | Under 21 |
| Sealants (list any tooth-specific limits) | Yes | | Under 21 |
| Space maintainers | Yes | | Under 21 |

Summary of Benefits for Georgia, 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 | | Under 21 | 3 |
| Assessment of risk for tooth decay | | | | |
| | No | | | |
| X-Rays | | | | |
| Bitewing | Yes | | Under 21 | |
| Full Mouth | Yes | 1 x every 3 years | Under 21 | |
| Panoramic | Yes | 1 x every 3 years | Under 21 | |

Summary of Benefits for Georgia, 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 | | Under 21 | |
| Tooth colored composite | No | | | |
| Crowns/tooth caps | | | | |
| Stainless steel crowns | Yes | | Under 21 | |
| Metal (only) crowns | Yes | | Under 21 | |
| Metal/porcelain crowns | Yes - only with prior authorization | | Under 21 | |
| Porcelain (only) crowns | No | | | |
| Root Canals (endodontics) | | | | |
| Root canals on baby teeth (pulpotomies) | Yes - only with prior authorization | | Under 21 | |
| Root canals on permanent teeth | Yes - only with prior authorization | | Under 21 | |

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|----------------------------------|-------------------------------------|-----------|---------------------------------------|-----------------------|
| Gum (periodontal) therapy | | | | |
| | Yes - only with prior authorization | | Under 21 | |
| Dentures | | | | |
| Partial dentures | Yes - only with prior authorization | | Under 21 | |
| Complete dentures | Yes - only with prior authorization | | Under 21 | |
| Bridges | Yes - only with prior authorization | | Under 21 | |
| Orthodontics* | | | | |
| Retainers (orthodontic) | No | | | |
| Braces | Yes - only with prior authorization | | Under 21 | Medically necessary |
| Oral surgery | | | | |
| Simple extractions | Yes | | | |
| Surgical extractions | Yes | | | |
| Care of abscesses | Yes | | | |
| Cleft palate treatment | Yes - only with prior authorization | | Under 21 | |

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|--|-------------------------------------|-----------|---------------------------------------|---|
| Cancer treatment | No | | | |
| Treatment of fractures | No | | | |
| Biopsies | Yes | | | |
| Treatment of jaw joint problems (TMJ) | | | | |
| | No | | | |
| Emergency room services provided by a dentist | | | | |
| | Yes - only with prior authorization | | Post Authorization | Must meet emergency and/or criteria --- life threatening accident |
| Inpatient Hospital Services | | | | |
| | Yes - only with prior authorization | | | Medically necessary |
| Anesthesia | | | | |
| General anesthesia | Yes - only with prior authorization | | | |
| Intravenous conscious sedation | Yes - only with prior authorization | | | Medically necessary |
| Non-intravenous conscious sedation | Yes - only with prior authorization | | | Medically necessary |

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|---------------------------|-------------------------------------|------------------|--|------------------------------|
| Analgesia (nitrous oxide) | Yes - only with prior authorization | | | Medically necessary |

* 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?).