



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Indiana, CHIP

### Children's Dental Services

#### Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
<b>Cleanings</b>	Yes	2 x year	Must be medically necessary if member is under 1 year of age
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	2 x year	
<b>Sealants (list any tooth-specific limits)</b>	Yes		Currently limited to one tooth per lifetime unless medically necessary. Limited to permanent molars and premolars.
<b>Space maintainers</b>	Yes		

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### Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
<b>Oral health screening or assessment</b>				
	Yes			
<b>Dental examinations</b>				
	Yes	2 x year		1 year
<b>Assessment of risk for tooth decay</b>				
	Yes			
<b>X-Rays</b>				
Bitewing	Yes	1 x year	Bitewing radiographs are limited to one set every twelve months	
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		

## Summary of Benefits for Indiana, CHIP

### Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Anti-microbial treatments that stop decay from spreading</b>				
	Yes			
<b>Fillings</b>				
Silver amalgam	Yes			
Tooth colored composite	Yes			
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes			
Metal (only) crowns	No			
Metal/porcelain crowns	No			
Porcelain (only) crowns	No			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
<b>Gum (periodontal) therapy</b>				
	Yes		Four units every two years	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		Medically necessary	
Complete dentures	Yes - only with prior authorization		Medically necessary	
Bridges	No			
<b>Orthodontics*</b>				
Retainers (orthodontic)	No			
Braces	Yes - only with prior authorization			For craniofacial conditions only
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Treatment of jaw joint problems (TMJ)</b>				
	No			
<b>Emergency room services provided by a dentist</b>				
	Yes			
<b>Inpatient Hospital Services</b>				
	Yes			
<b>Anesthesia</b>				
General anesthesia	Yes			Documentation explaining why individual cannot receive necessary dental services without
Intravenous conscious sedation	Yes			oral surgery services only
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?).