



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Iowa, 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 year | Limited to first and second molars |
| Space maintainers | Yes | 1 x every 3 years | |

Summary of Benefits for Iowa, 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 | | 2 |
| Assessment of risk for tooth decay | | | | |
| | Yes | 1 x 6 months | | |
| 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 Iowa, 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 | | | |
| Tooth colored composite | Yes | | Not covered for posterior teeth | |
| Crowns/tooth caps | | | | |
| Stainless steel crowns | Yes | | | |
| Metal (only) crowns | Yes | | | |
| Metal/porcelain crowns | Yes | | | |
| Porcelain (only) crowns | Yes | | | |
| Root Canals (endodontics) | | | | |
| Root canals on baby teeth (pulpotomies) | Yes | | | |
| Root canals on permanent teeth | Yes | | | |
| Gum (periodontal) therapy | | | | |
| | Yes | | | |

Summary of Benefits for Iowa, CHIP

| | Is the service Covered? | Frequency | List any service-specific limitations | Criteria for coverage |
|-------------------------|-------------------------------------|-----------|---------------------------------------|----------------------------|
| Dentures | | | | |
| Partial dentures | Yes | | Once every 5 years | |
| Complete dentures | Yes | | Once every 5 years | |
| Bridges | Yes | | | |
| Orthodontics* | | | | |
| Retainers (orthodontic) | Yes - only with prior authorization | | | |
| Braces | Yes - only with prior authorization | | | Salzmann Index score of 26 |
| Oral surgery | | | | |
| Simple extractions | Yes | | | |
| Surgical extractions | Yes | | | |
| Care of abscesses | Yes | | | |
| Cleft palate treatment | No | | | |
| Cancer treatment | Yes | | | |
| Treatment of fractures | Yes | | | |
| Biopsies | Yes | | | |

Summary of Benefits for Iowa, 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 | | | | |
| | No | | | |
| Inpatient Hospital Services | | | | |
| | No | | | |
| Anesthesia | | | | |
| General anesthesia | Yes | | If billed with a covered dental procedure | |
| Intravenous conscious sedation | Yes | | If billed with a covered dental procedure | |
| Non-intravenous conscious sedation | Yes | | If billed with a covered dental procedure | |
| Analgesia (nitrous oxide) | Yes | | If billed with a covered dental procedure | |

* 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?).