



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Pennsylvania, CHIP

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	Supplements & rinses unlimited benefit
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	On 1st and 2nd permanent molars
Space maintainers	Yes	1 x every 5 years	Recementation unlimited benefit

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Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
Oral health screening or assessment				
	Yes	1 x 6 months		
Dental examinations				
	Yes	1 x 6 months		1st visit/age 1 year
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	2 x year	One occurrence in 6 months	
Full Mouth	Yes	1 x every 5 years		
Panoramic	Yes	1 x every 5 years		

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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		Unlimited benefit	
Tooth colored composite	Yes		Unlimited benefit	
Crowns/tooth caps				
Stainless steel crowns	Yes		One per 5 years per tooth; crown repairs unlimited benefit	
Metal (only) crowns	Yes		One per 5 years per tooth; crown repairs unlimited benefit	
Metal/porcelain crowns	Yes		One per 5 years per tooth; crown repairs unlimited benefit	
Porcelain (only) crowns	Yes		One per 5 years per tooth; crown repairs unlimited benefit	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Root canals on permanent teeth	Yes - only with prior authorization		One per tooth per 12 month period, unlimited benefit	
Gum (periodontal) therapy				
	Yes		One - three teeth per 24 month period	
Dentures				
Partial dentures	Yes - only with prior authorization		One in 5 years	
Complete dentures	Yes - only with prior authorization		One in 5 years	
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	No			
Braces	Yes - only with prior authorization		One braces evaluation per benefit period. One comprehensive orthodontic treatment per lifetime.	
Oral surgery				
Simple extractions	No			
Surgical extractions	Yes - only with prior authorization		Impacted wisdom teeth are covered	

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Care of abscesses	Yes - only with prior authorization			
Cleft palate treatment	Yes - only with prior authorization			
Cancer treatment	Yes - only with prior authorization			
Treatment of fractures	Yes - only with prior authorization			
Biopsies	Yes - only with prior authorization			
Treatment of jaw joint problems (TMJ)				
	No			
Emergency room services provided by a dentist				
	Yes			
Inpatient Hospital Services				
	Yes - only with prior authorization			
Anesthesia				
General anesthesia	Yes - only with prior authorization		Unlimited benefit	
Intravenous conscious sedation	No			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Non-intravenous conscious sedation	Yes		Medically necessary	
Analgesia (nitrous oxide)	Yes			

* 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?).