



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Tennessee, CHIP

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	1 x 6 months	One of (D1110, D1120) per 1 Calendar year(s) Per patient. One of (D1110, D1120) per 6 Month(s) Per patient.
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	One of (D1203, D1204, D1206, D1208) per 6 Month(s) Per patient.
Sealants (list any tooth-specific limits)	Yes	1 x lifetime	One of (D1351) per 1 Lifetime Per patient, Same tooth.
Space maintainers	Yes	1 x lifetime	Per Arch: One of (D1515, D1525) per 1 Lifetime Per patient, Same Arch.

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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				
	No			
Dental examinations				
	Yes	1 x 6 months		
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 3 years	One of (D0210, D0220, D0230, D0270, D0272) per 1 Calendar year(s) Per patient. One of (D0210, D0277, D0330) per 36 Month (s) Per patient.	
Panoramic	Yes	1 x every 3 years	One of (D0210, D0277, D0330) per 36 Month (s) Per patient.	

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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		1 x 12 months	
Tooth colored composite	Yes		1 x 12 months	
Crowns/tooth caps				
Stainless steel crowns	Yes		1 x 6 months: One of (D2930), (D2931), (D2933) per 60 Month(s) Per patient, Same tooth.	
Metal (only) crowns	Yes - only with prior authorization		1 x 6 months: One of (D2791) or (D2792) per 60 Month(s) Per patient, Same tooth.	
Metal/porcelain crowns	Yes - only with prior authorization		1 x 6 months: One of (D2750), (D2751), (D2932) per 60 Month(s) Per patient, Same tooth.	
Porcelain (only) crowns	Yes - only with prior authorization		1 x 6 months: One of (D2644) or (D2740) per 60 Month(s) Per patient, Same tooth.	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		One of (D3230) per 1 Lifetime Per patient, Same tooth. One of (D3240) per 1 Lifetime Per patient, Same tooth.	
Root canals on permanent teeth	Yes - only with prior authorization		1 per lifetime, per tooth: One of (D3310), D3320) and (D3330) per 1 Lifetime Per Patient, Same tooth.	
Gum (periodontal) therapy				
	Yes - only with prior authorization		One of (D4342) per 1 Lifetime Per patient, Same quadrant.	
Dentures				
Partial dentures	Yes - only with prior authorization		1 per 60 months	
Complete dentures	Yes - only with prior authorization		One of (D5110) per 60 Month(s) Per patient. One of (D5120) per 60 Month(s) Per patient. One of (D5130) per 1 Lifetime Per patient. One of (D5140) per 1 Lifetime Per patient.	
Bridges	Yes - only with prior authorization		One of (D6545) per 60 Month(s) Per patient, Same tooth. One of (D6545) per 60 Month(s) Per patient, Same tooth.	
Orthodontics*				
Retainers (orthodontic)	Yes			

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Braces	Yes		Lifetime limit \$1,250 with 12 month waiting period	
Oral surgery				
Simple extractions	Yes		Two of (D7140, D7210, D7250) per 1 Calendar year(s) Per patient.	
Surgical extractions	Yes - only with prior authorization		Two of (D7140, D7210, D7250) per 1 Calendar year(s) Per patient.	
Care of abscesses	Yes			
Cleft palate treatment	Yes			
Cancer treatment	Yes			
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)				
	Yes - only with prior authorization		One of (D7880) per 1 Lifetime Per patient.	
Emergency room services provided by a dentist				
	Yes			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Inpatient Hospital Services				
	Yes - only with prior authorization			
Anesthesia				
General anesthesia	Yes - only with prior authorization			
Intravenous conscious sedation	Yes - only with prior authorization			
Non-intravenous conscious sedation	Yes		Ninety-nine of (D9230, D9248) per 1 Calendar year(s) Per patient.	
Analgesia (nitrous oxide)	Yes		Ninety-nine of (D9230, D9248) per 1 Calendar year(s) Per patient.	

* 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?).