



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for West Virginia, 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	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	1 sealant per tooth # per 3 yrs; Ages 2-6 if indicated on primary molars; Ages 6-12 on 1st permanent molars; Ages 12-18 on 2nd permanent molars.
Space maintainers	Yes		4 per calendar year; Per quadrant - 10=UR, 20=UL, 30=LL, 40=UR must be included on claim form. Upper arch=-1 or lower arch=02 must be included on claim form.

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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				
	No			
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes		D0270 - 4 per year (D0272, D0273, D0274 - 1 per year)	
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 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		5 surfaces per tooth # per 3 yrs; \$25 copay for Premium Plan Members	
Tooth colored composite	Yes		5 surfaces per tooth # per 3 yrs; \$25 copay for Premium Plan Members	
Crowns/tooth caps				
Stainless steel crowns	Yes		1 per tooth # per year. \$25 copay for Premium Plan Members	
Metal (only) crowns	Yes		1 per tooth # every 5 yrs. \$25 copay for Premium Plan Members	
Metal/porcelain crowns	Yes - only with prior authorization		1 per tooth # every 5 yrs. \$25 copay for Premium Plan Members	
Porcelain (only) crowns	Yes		1 per tooth # every 5 yrs. \$25 copay for Premium Plan Members	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		1 per tooth # every 3 yrs; \$25 copay Premium Plan Members	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Root canals on permanent teeth	Yes		1 per tooth # per lifetime; \$25 copay for Premium Plan Members	
Gum (periodontal) therapy				
	Yes		1 quad per year - 10=UR, 20=UL, 30=LL, 40=LR; \$25 copay for Premium Plan Members	
Dentures				
Partial dentures	Yes		\$25 copay for Premium Plan Members	
Complete dentures	Yes		\$25 copay for Premium Plan Members	
Bridges	Yes		\$25 copay for Premium Plan Members	
Orthodontics*				
Retainers (orthodontic)	Yes		\$25 copay for Premium Plan Members	
Braces	Yes - only with prior authorization		\$25 copay for Premium Plan Members; Requires precertification.	
Oral surgery				
Simple extractions	Yes		1 per tooth # per lifetime; \$25 copay for Premium Plan Members	
Surgical extractions	Yes		1 per tooth # per lifetime; \$25 copay for Premium Plan Members	
Care of abscesses	Yes		\$25 copay for Premium Plan Members	

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Cleft palate treatment	Yes - only with prior authorization		\$25 copay for Premium Plan Members	
Cancer treatment	Yes		\$25 copay for Premium Plan Members; Excision of malignant tumor/nonmalignant tumors up to and greater than 1.25 cm	
Treatment of fractures	Yes		\$25 copay for Premium Plan Members; Treatment of simple & compound fractures	
Biopsies	Yes		\$25 copay for Premium Plan Members	
Treatment of jaw joint problems (TMJ)				
	No			
Emergency room services provided by a dentist				
	Yes - only with prior authorization			Related to an accident causing damage to tooth structures. Biting and chewing accidents are not covered.
Inpatient Hospital Services				
				Medically necessary adjunctive

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	Yes - only with prior authorization		Requires precertification.	services that directly support the delivery of dental procedures which in the judgement of the dentist are necessary for the provision of optimal quality therapeutic and preventive oral care to patients with medical, physical or behavioral conditions. These services include but are not limited to sedation, general anesthesia, and utilization of outpatient or inpatient surgical facilities.
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Anesthesia				
General anesthesia	Yes		Class 4 anesthesia permit required.	
Intravenous conscious sedation	Yes		Class 3 or 4 permit required.	
Non-intravenous conscious sedation	No			
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?).