



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Wyoming, CHIP

Children's Dental Services

Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
Cleanings	Yes	1 x 6 months	not to exceed two in one year,
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	not to exceed two in one year.
Sealants (list any tooth-specific limits)	Yes	1 x every 2 years	posterior permanent teeth without caries or restorations, with the occlusal surface intact.
Space maintainers	Yes	1 x every 3 years	Primary baby teeth.

Summary of Benefits for Wyoming, CHIP

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	Not to exceed two in one year.	
Dental examinations				
	Yes	1 x 6 months	not to exceed two in one year.	1 year of age.
Assessment of risk for tooth decay				
	Yes	1 x 6 months	not to exceed two in one year.	
X-Rays				
Bitewing	Yes	1 x 6 months	not to exceed two in one year.	
Full Mouth	Yes	1 x every 3 years		
Panoramic	Yes	1 x every 3 years		

Summary of Benefits for Wyoming, 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		posterior teeth	
Tooth colored composite	Yes		anterior teeth	
Crowns/tooth caps				
Stainless steel crowns	Yes		>\$250 prior approval recommended.	
Metal (only) crowns	Yes		>\$250 prior approval recommended.	
Metal/porcelain crowns	Yes		>\$250 prior approval recommended.	
Porcelain (only) crowns	Yes		youngsters 16-18 years of age; prior approval recommended.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		>\$250 prior approval recommended.	
Root canals on permanent teeth	Yes		>\$250 prior approval recommended.	
Gum (periodontal) therapy				
	No			

Summary of Benefits for Wyoming, CHIP

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Dentures				
Partial dentures	Yes		Youngsters 16-18 of age missing anterior teeth; prior authorization recommended.	
Complete dentures	No			
Bridges	No			
Orthodontics*				
Retainers (orthodontic)	Yes		If deemed medically necessary.	
Braces	No			
Oral surgery				
Simple extractions	Yes		>\$250 prior approval recommended.	
Surgical extractions	No			
Care of abscesses	Yes		If deemed medically necessary; prior approval required.	
Cleft palate treatment	No			
Cancer treatment	No			
Treatment of fractures	No			
Biopsies	Yes		If deemed medically necessary.	

Summary of Benefits for Wyoming, 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				
	Yes		If deemed medically necessary.	
Inpatient Hospital Services				
	No			
Anesthesia				
General anesthesia	No			
Intravenous conscious sedation	Yes		If deemed medically necessary.	
Non-intravenous conscious sedation	Yes		>\$250 prior approval recommended.	
Analgesia (nitrous oxide)	No			

* 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?).