

Summary of Benefits Report for North Carolina, CHIP

InsureKidsNow.gov

| 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 | Limited to under age 19. | |
| Sealants (list any tooth-specific limits) | Yes | 1 x lifetime | Limited to permanent first and second molars under age 16. Primary molars are limited to beneficiaries under age 8. | |
| Space maintainers | Yes | | Limited to under age 19 for the replacement of primary molars, canines, and permanent first molars | |
| 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 | | age 1 and older |
| Assessment of risk for tooth decay | No | | | |
| X-Rays | | | | |
| Bitewing | Yes | 1 x year | Three and four bitewings are limited to beneficiaries 13 years and older. | |
| Full Mouth | Yes | 1 x every 5 years | Limited to beneficiaries 6 years and older | |
| Panoramic | Yes | 1 x every 5 years | Limited to beneficiaries 6 years and older | |
| 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 | | | |
| Crowns/tooth caps | | | | |
| Stainless steel crowns | Yes | | Limited to under age 19 | |
| Metal (only) crowns | No | | | |
| Metal/porcelain crowns | No | | | |
| Porcelain (only) crowns | No | | | |
| Root Canals (endodontics) | | | | |
| Root canals on baby teeth (pulpotomies) | Yes | | | |

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| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Root canals on permanent teeth | Yes | | Anterior teeth are allowed for beneficiaries of all ages. Limited to beneficiaries under age 19 for bicuspid, permanent first molars and permanent second molars. | |
| Gum (periodontal) therapy | Yes - only with prior authorization | | Gingivectomy and gingival flap procedures allowed once per lifetime and requires an underlying medical condition. Periodontal scaling and root planing allowed at 24 month intervals. Full mouth debridement allowed once per 12 month interval. | |
| Dentures | | | | |
| Partial dentures | Yes - only with prior authorization | | Acrylic partials are allowed once every eight years. | |
| Complete dentures | Yes - only with prior authorization | | Allowed once every ten years. | |
| Bridges | No | | | |
| Orthodontics* | | | | |
| Retainers (orthodontic) | No | | | |
| Braces | Yes - only with prior authorization | | Limited to beneficiaries under age 19 | Limited to beneficiaries with severe malocclusions caused by a craniofacial anomaly like cleft lip and palate or other conditions caused by a syndrome |
| Oral surgery | | | | |
| Simple extractions | Yes | | | |
| Surgical extractions | Yes | | Prior approval for medical necessity is required for the extraction of impacted teeth. Third molars must be symptomatic (pain, swelling, infection, previous antibiotic therapy, etc.) | |
| Care of abscesses | Yes | | | |
| Cleft palate treatment | Yes - only with prior authorization | | | |
| Cancer treatment | Yes | | | |

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|--|-------------------------------------|------------------|--|------------------------------|
| | Is the service Covered? | Frequency | List any service - specific limitations | Criteria for coverage |
| Treatment of fractures | Yes | | | |
| Biopsies | Yes | | | |
| Treatment of jaw joint problems (TMJ) | Yes - only with prior authorization | | | |
| Emergency room services provided by a dentist | Yes | | | |
| Inpatient Hospital Services | Yes | | | |
| Anesthesia | | | | |
| General anesthesia | Yes | | | |
| Intravenous conscious sedation | Yes | | | |
| 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?).