

Summary of Benefits Report for West Virginia, CHIP

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Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	2 x year		
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	6 months through 20	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Tooth numbers 1-32 or A-T must be documented on the claim form for payment consideration. Requires dental areas configuration. Requires prior authorization with documentation.	
Space maintainers	Yes	up to 4 x year	Per quadrant - UR, UL, LL, LR must be included on claim form for payment consideration.	
Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes			
Dental examinations	Yes	2 x year		
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes	1 x every 2 years		
Panoramic	Yes	1 x every 3 years		
Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes			
Fillings				
Silver amalgam	Yes			
Tooth colored composite	Yes			
Crowns/tooth caps				
Stainless steel crowns	Yes			
Metal (only) crowns	Yes			
Metal/porcelain crowns	Yes			
Porcelain (only) crowns	Yes			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes			
Gum (periodontal) therapy	No			
Dentures				
Partial dentures	Yes			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Complete dentures	Yes			
Bridges	Yes			
Orthodontics*				
Retainers (orthodontic)	Yes			
Braces	Yes			
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes			
Care of abscesses	Yes			
Cleft palate treatment	Yes		covered under medical benefit	
Cancer treatment	Yes		covered under medical benefit	
Treatment of fractures	Yes			
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	No			
Emergency room services provided by a dentist	No			
Inpatient Hospital Services	No			
Anesthesia				
General anesthesia	Yes		up to 4 units a day	Class 4 anesthesia permit required
Intravenous conscious sedation	Yes		up to 4 units a day	Class 3 or 4 anesthesia permit required
Non-intravenous conscious sedation	Yes		1 unit per day	Class 3 or 4 anesthesia permit required
Analgesia (nitrous oxide)	Yes		1 unit per day	

* 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?).