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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: TN-25-0025

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

December 15, 2025

Stephen Smith
Director of TennCare
Department of Finance and Administration
310 Great Circle Road
Nashville, TN 37243

Dear Director Smith:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) TN-25-0025, submitted on June 30, 2025, with additional information provided on November 20, 2025, has been approved. The effective date for this SPA is January 1, 2025.

Through SPA TN-25-0025, Tennessee removes a \$1,000 annual dollar limit on dental services and a \$1,250 lifetime dollar limit on orthodontic services. The state also changes hard monetary limits for vision services of \$85 once every 12 months for eyeglass lenses, \$100 once every 24 months for eyeglass frames, and \$150 every 12 months for contact lenses in lieu of eyeglasses to a soft limit where all of the above monetary limitations can be exceeded for medical necessity. In addition, the state provides an assurance that no annual, lifetime or other aggregate dollar limitations are imposed on any medical or dental services covered under the CHIP state plan.

Tennessee also revises the strategic objectives and performance goals in section 9 of the CHIP state plan to align with the state's CHIP Annual Report. This SPA removes a strategic objective and performance goals from the state plan that the state no longer includes in the CHIP Annual Report. In addition, Tennessee revises the following performance goals:

- Maintain an uninsured rate for low-income children of no more than 7.5 percent.
- Increase the percentage of children who received sealants on at least one permanent first molar tooth by their 10th birthday by 3 percent by 2027.
- Increase the percentage of children and adolescents receiving age-appropriate immunizations by 3 percent by 2027.
- Increase the percentage of children and adolescents receiving recommended well-child or well-care visits by 3 percent by 2027.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Joshua.Bougie@cms.hhs.gov.

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If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Jessica Stephens/

Jessica Stephens
Acting Deputy Director

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (Check appropriate box) (42 CFR 457.70):

1.1.1 ☐ Obtaining coverage that meets the requirements for a separate child health program (Section 2103); OR

1.1.2. ☐ Providing expanded benefits under the State's Medicaid plan (Title XIX); OR

1.1.3. ☒ A combination of both of the above.

1.2 ☒ Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 ☒ Please provide an assurance that the state complies with all applicable civil rights requirements, including title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42CFR 457.130)

1.4 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective date: June 9, 2006

Implementation date: January 1, 2007

State Plan Amendment #3 (Dental and vision services)

Effective date: October 1, 2007

Implementation date: January 1, 2008

State Plan Amendment #4 (Striking dental services for pregnant women)

Effective Date: November 8, 2007

Implementation Date: January 1, 2008

State Plan Amendment #5 (Revising upper income limit, clarifying coverage of unborn children and updating enrollment processes)

Effective Date: January 23, 2008

Implementation Date: February 8, 2008 (unborn children), March 1, 2008 (upper income limit)

State Plan Amendment #6 (Previously submitted on May 22, 2009 and withdrawn on August 17, 2009.)

Effective Date:

Implementation Date:

State Plan Amendment #7 (Enrollment cap – specified time frame

Effective Date: November 30, 2009

Implementation Date: December 1, 2009 through February 28, 2010

State Plan Amendment #8 (Enhanced dental benefits; prospective payment system; alternative managed care delivery system; citizenship documentation/Social Security Administration; external quality review)

Effective Date: July 1, 2010

Implementation Dates: July 1, 2010 (external quality review); July 1, 2010 (prospective payment system); July 1, 2010 (dental benefit enhancements); September 1, 2010 (managed care delivery system); September 1, 2010 (citizenship documentation/Social Security Administration)

State Plan Amendment #9 (Change method of delivery system from full-risk arrangement to fee-for-service/administrative service only arrangement; phase out alternative delivery system concurrent with the change from managed care to FFS/ASO)

Effective Date: January 1, 2012

Implementation Date: January 1, 2012

State Plan Amendment #10 (Network change from commercial network with commercial rates to TennCare Select Medicaid network with Medicaid rates; SCHIP budget; updated Attachment B Dental Procedure Codes)

Effective Date: October 1, 2013

Implementation Date: October 1, 2013

State Plan Amendment #11 (Submitted June 19, 2014 under a cover letter date June 18, 2014 and withdrawn September 2, 2014)

Effective Date:

Implementation Date:

State Plan Amendment TN 15-0012 (Updated Section 6.2 and Attachment A regarding covered benefits and copays and deleted Attachment B)

Effective Date: September 15, 2014

Implementation Date: September 15, 2014

State Plan Amendment TN 16-0014 (Clarification to Sections 4.3 and 4.4)

Effective Date: July 1, 2015

Implementation Date: July 1, 2015

State Plan Amendment TN 16-0015 (Updated information about covered benefits and copays)

Effective Date: April 1, 2016
Implementation Date: April 1, 2016

State Plan Amendment TN 18-0016 (Updated copays and compliance with MHPAEA)

Effective Date: October 2, 2017
Implementation Date: October 2, 2017

State Plan Amendment 20-0017 (Disaster-related flexibilities)

Effective Date: January 27, 2020
Implementation Date: In the event of a disaster, the State will notify CMS of its intent to provide temporary adjustments to the policies described in Sections 4.3 and 8.2 of this State Plan.

State Plan Amendment 20-0018 (Documenting coverage of behavioral health services)

Effective Date: October 24, 2019
Implementation Date: October 24, 2019

State Plan Amendment 21-0019 (Transition to managed care)

Effective Date: January 1, 2021
Implementation Date: January 1, 2021

State Plan Amendment 21-0020 (Eligibility processes)

Effective Date: July 1, 2021
Implementation Date: July 1, 2021

State Plan Amendment 22-0021 (Continuous eligibility)

Effective Date: April 1, 2022
Implementation Date: April 1, 2022

State Plan Amendment:TN-22-0022 (Coverage of COVID-19-related services)

Effective Date: March 11, 2021
Implementation Date: March 11, 2021

State Plan Amendment:TN-24-0023 (Continuous eligibility)

Effective Date: January 1, 2024
Implementation Date: January 1, 2024

State Plan Amendment TN-24-0024 (Coverage of vaccines and their administration, coverage of lactation support services)

Effective Date (Vaccines and lactation support services): July 1, 2023
Implementation Date (Vaccines and lactation support services): July 1, 2023

State Plan Amendment TN-25-0025 (Annual and lifetime aggregate dollar limits)

Effective Date: January 1, 2025

Implementation Date: January 1, 2025

- 6.1.4.3. ☐ Coverage that either includes the full EPSDT benefit or that the state has extended to the entire Medicaid population
- 6.1.4.4. ☒ Coverage that includes benchmark coverage plus additional coverage

Benefits under the CoverKids program were initially established using the benefits for the 2006 HMO option of the State Employee Health Plan as a benchmark. The CoverKids benefits package provides benchmark coverage plus additional benefits. CoverKids benefits are described below. The annual number of visits for outpatient mental health/ substance abuse and PT/OT/SP was increased from 45 to 52 per year per condition. Beginning in January 2008, the benefit package was modified to also include vision services. Beginning in July 2008, the benefit package included dental services. Beginning April 2009, outpatient and inpatient mental health/ substance abuse limits were removed pursuant to Section 502 of Children's Health Insurance Program Reauthorization Act of 2009.

CoverKids has more generous dental benefits than the State employee plan. The State will furnish CMS with a copy of the Dental Benefits Manager contract listing all covered dental codes at any time that contract is amended.

As of July 1, 2010, the six hundred dollar (\$600) dental benefit limit rose to one thousand (\$1,000). The program also added orthodontia benefits to members. A member must be enrolled in the program for twelve (12) months after the implementation date to obtain orthodontic benefits. The Orthodontia Lifetime Maximum Limit shall not exceed \$1,250 and is not part of \$1,000 annual benefit limit.

Effective January 1, 2025, the annual dollar limit on dental services (\$1,000) and the lifetime dollar limit on orthodontia services (\$1,250) were removed.

- 6.1.4.5. ☐ Coverage that is the same as defined by existing comprehensive state-based coverage

6.1.4.6. ☐ Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Please provide a sample of how the comparison will be done)

6.1.4.7. ☐ Other (Describe)

6.2. The state elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490). The state assures that no annual, lifetime or other aggregate dollar limitations are imposed on any medical or dental services covered under the CHIP State plan consistent with 42 CFR 457.480(a).

6.2.1. ☒ Inpatient services (Section 2110(a)(1))

6.2.2. ☒ Outpatient services (Section 2110(a)(2))

6.2.3. ☒ Physician services (Section 2110(a)(3))

6.2.4. ☒ Surgical services (Section 2110(a)(4))

6.2.5. ☒ Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))

6.2.6. ☒ Prescription drugs (Section 2110(a)(6))

6.2.7. ☐ Over-the-counter medications (Section 2110(a)(7))

6.2.8. ☒ Laboratory and radiological services (Section 2110(a)(8))

6.2.9. ☒ Prenatal care and prepregnancy family services and supplies (Section 2110(a)(9))

6.2.10. ☒ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))

Hearing aids limited to one per ear per year up to age 5; limited to one per ear every two years thereafter.

6.2.11. ☒ Disposable medical supplies (Section 2110(a)(13))

6.2.12. ☐ Home and community-based health care services (See instructions) (Section 2110(a)(14))

☒ Home Health Services with prior approval. Limited to 125 visits per enrollee per year.

6.2.13. ☐ Nursing care services (See instructions) (Section 2110(a)(15))

6.2.14. ☒ Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest consistent with the Hyde Amendment (Section 2110(a)(16))

6.2.15. ☒ Dental services (Section 2110(a)(17))

Dental Benefits will include preventive, diagnostic, restorative, endodontic, periodontic, implant, oral surgery, orthodontic, and adjunctive general services as follows:

- Diagnostic services
 - 2 oral examinations per year
- Preventive
 - Topical fluoride treatments (1 year of age and older) or fluoride varnish not to exceed twice a year up to age 14
 - Dental sealants for permanent molars – one per tooth per lifetime
 - 2 cleanings per year
 - Silver Diamine Fluoride – 4 applications per tooth per lifetime
- Emergency Services
 - 2 visits during office hours per year
 - 2 visits after office hours per year
- Restorative services
- Oral Surgery Services
- Radiographs
 - Bitewing x-rays once per year, 2 years of age and older
 - Full mouth x-rays once every three years
- Endodontic Services
- Periodontal Services
- Prosthetic Services
- Adjunctive General Services
- Orthodontic Services

~~○ Lifetime orthodontic maximum limit shall not exceed \$1,250 and is not subject to \$1,000 annual benefit limit.~~

~~The maximum annual benefit shall not exceed \$1,000 per child per year, except services as noted in Attachment B may be provided without counting toward the \$1,000 annual benefit limit.~~

Services specifically excluded from coverage are listed in Attachment ~~CB~~.

- 6.2.16. ☒ Case management services (Section 2110(a)(20))
- 6.2.17. ☒ Care coordination services (Section 2110(a)(21))
- 6.2.18. ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))

Limited to 52 visits per year per type of therapy.

- 6.2.19. ☒ Hospice care (Section 2110(a)(23))
- 6.2.20. ☒ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))

Vision Care which includes the following:

- Annual vision exam (including refractive exam and glaucoma testing)
- Prescription eyeglass lenses including bifocal or trifocal, fitting and dispensing fee (once every 12 months - \$85 maximum)
- Eyeglass frames (including routine replacement once every 24 months - \$100 maximum).
- Prescription contact lenses in lieu of eyeglasses (once every 12 months - \$150 maximum)

Approved optical services, supplies, and solutions must be obtained from licensed or certified ophthalmologists, optometrists, or optical dispensing laboratories participating with CoverKids. ~~Prior approval is required for any o~~Other services or visual aids, including eyeglass lenses, eyeglass frames, or contact lenses in excess of the dollar limits specified above, may be covered when determined –deemed to be medically necessary, subject to prior approval by recommendation of the provider.

- 6.2.21. ☐ Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.22. ☒ Medical transportation (Section 2110(a)(26))

Ambulance Service – Air and Ground: When medically necessary.

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

- 9.1.** Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

Strategic Objective 1: Reduce the number of uninsured children.

Strategic Objective 2: Increase access to care.

Strategic Objective 3: Increase use of preventative care.

~~Strategic Objective 4: Improve the CoverKids eligibility, enrollment, and renewal process.~~

- 9.2.** Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

Strategic Objective 1: Reduce the number of uninsured children.

Performance Goals:

- 1A. ~~Increase health insurance coverage for targeted low income children in Tennessee.~~

~~Maintain an uninsured rate for low-income children of no more than 7.5%.~~

~~Measure 1: American Community Survey percentage of low-income (below 200% FPL) Tennessee children who are uninsured.~~

Strategic Objective 2: Increase access to care.

Performance Goals:

- 2A. ~~In an effort to increase access to care, our goal is to maintain or reduce the incidence of Emergency Room usage.~~

~~Increase the percentage of children who received sealants on at least one permanent first molar tooth by their 10th birthday by 3% by 2027.~~

~~Measures (AMB): Utilization of ambulatory care via Emergency Department (ED) Visits per 1,000 member months. Age breakouts include: <1, 1-9, and 10-19.~~

Measure 1: Sealant Recipient on Permanent First Molars (SFM-CH)

~~2B. In an effort to increase access to care, our goal is to maintain or increase asthma medication ratio for children with Asthma.~~

~~Measure (AMR): Members with persistent asthma who have a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Age breakouts include: 5-11, 12-18.~~

Strategic Objective 3: Increase use of preventative care.

Performance Goals:

- 3A. ~~In an effort to increase the use of preventative care, our goal is to increase the percentage of children and adolescents that receive age-appropriate immunizations.~~

~~Increase the percentage of children and adolescents receiving age-appropriate immunizations by 3% by 2027.~~

~~Measures (CIS): For MMR, hepatitis B, VZV, and hepatitis A, count any of the following:~~

~~Evidence of the antigen or combination vaccine, or Documented history of the illness, or A seropositive test result for each antigen.~~

~~For DTap, IPV, HiB, pneumococcal conjugate, rotavirus, and influenza, count only: Evidence of the antigen or combination vaccine.~~

~~For combination vaccinations that require more than one antigen (i.e., DTap and MMR), the organization must find evidence of all the antigens.~~

~~Measure (IMA): Percentage of adolescents who turn 13 years of age during the measurement year, count any of the following:~~

~~For meningococcal, Tdap, and HPV count only evidence of the antigen or combination vaccine.~~

~~For meningococcal: at least on meningococcal serogroups A, C, W, Y vaccine between the members 11th and 13th birthdays.~~

~~For Tdap: at least one tetanus, diphtheria toxoids and acellular pertussis vaccine between the members 10th and 13th birthdays.~~

~~For HPV: at least two HPV vaccines at least 146 days apart between members 9th and 13th birthdays.~~

~~Measure 1: Childhood Immunization Status (CIS)~~

~~Measure 2: Immunizations for Adolescents (IMA)~~

- 3B. ~~In an effort to increase the use of preventative care, our goal is to increase the percentage of children and adolescents who have recommended well-child or well-care visits.~~

Increase the percentage of children and adolescents receiving recommended well-child or well-care visits by 3% by 2027.

~~Measures (WCV): For ages 3-11, 12-17, and 18-21: Percent of children and adolescents who had at least one comprehensive well-care visit with a PCP of OB/GYN practitioner.~~

~~Measure (W30): Members who had the following number of well child visits with a PCP during the last 15 months:~~

~~Visits in the first 15 months: Children who turned 15 months old during the measurement year: Six or more well child visits~~

~~Visits for age 15 months—30 months: Children who turned 30 months old during the measurement year: Two or more well child visits~~

~~Measure 1: Well-Child Visits in the First 30 Months of Life (W30)~~

~~Measure 2: Child and Adolescent Well-Care Visits (WCV)~~

~~Strategic Objective 4: Improve the CoverKids eligibility, enrollment, and renewal process.~~

~~Performance Goals:~~

~~4A. Increase self-service portal functionality and usage for CoverKids applications, renewals, and case maintenance to ensure ease of the application process and to keep renewal churn low.~~

~~Measure: Percentage of online applications for eventual CoverKids approvals.~~

~~Measure: Percentage of CoverKids enrollees whose eligibility can be renewed through automated processes.~~

~~4B. Our goal is to increase the number of active providers actively assisting potential applicants and enrollees in the application and renewal process.~~

~~Measure: Number of active healthcare providers using the TennCare Access provider portal.~~

~~Measure: Number of CoverKids application approvals or eligibility renewals resulting from TennCare Access usage by providers.~~

- 9.3.** Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state's performance, taking into account suggested performance indicators as specified below or other indicators the state develops:

(Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

- The strategic objectives and accompanying performance goals have been initiated based on the desire of Tennessee to plan, implement and

Attachment A – CoverKids Cost Sharing

Benefit	Family Income Less Than 200% FPL	Family Income Between 200% and 250% FPL
Annual Deductible	None	
Preexisting Condition Requirement	None	
Physician Office Visit	\$5 copay (primary care physician or specialist)	\$15 copay (primary care physician); \$20 copay (specialist)
Inpatient Care	\$5 per admission (waived if readmitted within 48 hours for same episode)	\$100 per admission (waived if readmitted within 48 hours for same episode)
Prescription Drug Copay	\$1 generic; \$3 preferred brand; \$5 non-preferred brand	\$5 generic; \$20 preferred brand; \$40 non-preferred brand
Maternity	No copay for prenatal visits or for hospital admission for the birth of a child	No copay for prenatal visits or for hospital admission for the birth of a child
Routine Health Assessment and Immunizations	No copays for services rendered under American Academy of Pediatrics guidelines	
Emergency Room	\$10 copay per use for non-emergency	\$50 copay per use for non-emergency
Chiropractic Care	\$5 copay (maintenance visits not covered when no additional progress is apparent or expected to occur)	\$15 copay (maintenance visits not covered when no additional progress is apparent or expected to occur)
Ambulance Service (air and ground)	No copay (100% of reasonable charges when deemed medically necessary by claims administrator)	
Lab and X-ray	No copay - 100% benefit	
Physical, Speech and Occupational Therapy	\$5 copay per visit (limit of 52 visits per year per type of therapy)	\$15 copay per visit (limit of 52 visits per year per type of therapy)
Inpatient Mental Health Treatment	\$5 copay per admission (waived if readmitted within 48 hours for same episode)	\$100 copay per admission (waived if readmitted within 48 hours for same episode)
Inpatient Substance Abuse Treatment	\$5 copay per admission (waived if readmitted within 48 hours for same episode)	\$100 copay per admission (waived if readmitted within 48 hours for same episode)
Outpatient Mental Health and Substance Treatment	\$5 copay per session	\$15 copay per session
Dental	\$5 copay per visit; no copay for routine preventive oral exam, x-rays, cleaning and fluoride application)	\$15 copay per visit; no copay for routine preventive oral exam, x-rays, cleaning and fluoride application
← Annual Benefit Maximum Per Child	\$1,000	

Attachment A – CoverKids Cost Sharing - continued

Benefit	Family Income Less Than 200% FPL	Family Income Between 200% and 250% FPL
Orthodontic Services (as of July 1, 2010) <ul style="list-style-type: none"> 12-month waiting period* 	\$5 copay	\$15 copay
Lifetime Maximum Per Child**	\$1,250	
Vision Care	\$5 copay for prescription lenses and frames OR contact lenses; no copay for preventive annual exam and glaucoma testing	\$15 copay for prescription lenses and frames OR contact lenses; no copay for preventive annual exam and glaucoma testing
Annual Out-of-Pocket Maximums	5% of annual family income	

*There is a 12-month waiting period before orthodontic benefits are paid.

~~**The lifetime orthodontics maximum limit does not apply to the family annual out of pocket maximum.~~

Attachment B—Dental Services Not Subject to Limit

The following dental services may be provided before counting toward the annual benefit limit of \$1,000 on dental services:

Type of Dental Service	Number of each service allowed prior to counting toward the \$1,000 benefit cap	Service by Dental Procedure
Preventive	One (1) service	Child and adult prophylaxis
Diagnostic Services	One (1) service	Periodic and comprehensive oral evaluations
Emergency Services	Two (2) services	Palliative (emergency) treatment of dental pain—minor procedure and office visit—after regularly scheduled hours
Restorative Services	Two (2) services	One, two and three surface amalgam fillings and one and two surface anterior composite fillings
Extractions	Two (2) services	Erupted tooth or exposed root, erupted tooth requiring removal of bone and/or sectioning of tooth, including elevation of a mucoperiosteal flap if indicated, removal of residual tooth roots (cutting procedure)
Radiographs	One (1) service	Intraoral—complete series, intraoral—periapicals, bitewings—one and two images
Anesthesia	Whenever medically necessary	Inhalation of nitrous oxide/analgesia; anxiolysis, non-intravenous conscious sedation

Attachment **CB** – Excluded Dental Services

Dental services excluded from coverage under CoverKids include:

Procedure Name
Oral evaluation for a patient under three years of age and counseling with primary caregiver
Re-evaluation post-operative office visit
Caries risk assessment and documentation, with a finding of low risk
Caries risk assessment and documentation, with a finding of moderate risk
Caries risk assessment and documentation, with a finding of high risk
Nutritional counseling for control of dental disease
Oral hygiene instructions
Preventive resin restoration is a mod. to high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit or fissure that doesn't extend into dentin: includes placmt of a sealant in radiating non-carious fissure or pits.
Sealant repair - per tooth
Removal of fixed space maintainers
Distal shoe space maintainer - fixed - unilateral
Unspecified preventive procedure, by report
Inlay and onlay restorations
Prefabricated porcelain/ceramic crown – primary tooth
Prefabricated esthetic coated stainless steel crown - primary tooth
Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
Immediate partial dentures
Abutment supported crowns
Bone graft at time of implant placement
Extraction, coronal remnants - primary tooth
Mobilization of erupted or malpositioned tooth to aid eruption
Surgical repositioning of teeth
Removal of odontogenic cysts and tumors

