



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Mississippi, CHIP

### Children's Dental Services

#### Preventive Services

	Is the service Covered?	Frequency	List any service-specific limitations
<b>Cleanings</b>	Yes	1 x 6 months	0-19
<b>Fluoride treatments (including fluoride varnishes)</b>	Yes	1 x 6 months	0-19
<b>Sealants (list any tooth-specific limits)</b>	Yes	1 x every 3 years	0-14
<b>Space maintainers</b>	Yes		0-15

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### Diagnostic Services

	Is the service Covered?	Frequency	List any service-specific limitations	Recommended age of first visit?
<b>Oral health screening or assessment</b>				
	Yes	1 x 6 months	0-19	
<b>Dental examinations</b>				
	Yes	1 x 6 months	0-19	0-3
<b>Assessment of risk for tooth decay</b>				
	No		0-19	
<b>X-Rays</b>				
Bitewing	Yes	1 x 6 months	0-19	
Full Mouth	Yes	1 x every 2 years	0-19	
Panoramic	Yes	1 x every 2 years	0-19	

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### Treatment Services

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Anti-microbial treatments that stop decay from spreading</b>				
	No			
<b>Fillings</b>				
Silver amalgam	Yes		0-19	
Tooth colored composite	Yes		0-19	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		0-19	
Metal (only) crowns	Yes - only with prior authorization			
Metal/porcelain crowns	Yes - only with prior authorization		0-19	
Porcelain (only) crowns	Yes - only with prior authorization			
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes		0-19	
Root canals on permanent teeth	Yes - only with prior authorization		0-19	

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
<b>Gum (periodontal) therapy</b>				
	Yes - only with prior authorization		10-19	
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		0-19	
Complete dentures	Yes - only with prior authorization		0-19	
Bridges	No		0-19	
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization		0-19	
Braces	Yes - only with prior authorization		0-19	Class III malocclusions
<b>Oral surgery</b>				
Simple extractions	Yes		0-19	
Surgical extractions	Yes		0-19	
Care of abscesses	Yes		0-19	
Cleft palate treatment	Yes			

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Cancer treatment	No			
Treatment of fractures	Yes - only with prior authorization		0-19	
Biopsies	No			
<b>Treatment of jaw joint problems (TMJ)</b>				
	Yes - only with prior authorization		0-19	Class III Malocclusions
<b>Emergency room services provided by a dentist</b>				
	Yes		0-19	None
<b>Inpatient Hospital Services</b>				
	No			
<b>Anesthesia</b>				
General anesthesia	Yes - only with prior authorization		0-19	When necessary
Intravenous conscious sedation	No			
Non-intravenous conscious sedation	No			

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	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Analgesia (nitrous oxide)	Yes		0-7	Allowed with restorative procedures only. 1 per visit 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?).