

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months	TrueCare 0-18 Molina Age 0-19	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	Molina Age 0-19	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Magnolia Teeth covered: 2,3,14,15,18,19,30,31 Molina Age 0-14, Tooth: 02-05, 12-15, 18-21, 28-31, A-B, I-L, S-T TrueCare Covered up to age 14, coverage limited to molars and premolars(tooth numbers 2-5,12-15, 18-21, 28-31)	
Space maintainers	Yes		Magnolia One per quadrant per 24 months. Quadrants covered: 10, 20, 30, 40, LL, UL, UR Molina Age 0-15 1 per lifetime TrueCareOne (1) per 24 months."Limited to permanent teeth through age 15 years Adjustments made within 6 months of installation of the space maintainer are considered inclusive of the space maintainer."	
Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No		TrueCare Yes Two (2) per 12 months Molina No Magnolia Yes	
Dental examinations	Yes		Magnolia 2 x per year, at least 6 months apart Molina 1x6 months, age 0-19 TrueCare 2 per 12 months	Molina first visit within first twelve months. TrueCareRecommended age of visit from age 1.
Assessment of risk for tooth decay	No		Molina and Magnolia NO TrueCare Yes 2 per 12 months	
X-Rays				
Bitewing	Yes	1 x 6 months	Molina Age 0-19 TrueCare Not payable if billed with a comprehensive series of radiographic images (D0210)	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Full Mouth	Yes	1 x every 2 years	Molina Age 0-19 TrueCare "One (1) per 24 months, either D0210 (comprehensive series of radiographic images) or D0330 (panoramic radiograph image) Not payable with D0330" Magnolia Either full-mouth radiograph series (includes bitewings) or panoramic once per 24 months	
Panoramic	Yes	1 x every 2 years	Molina Age 0-19	
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		True Care One (1) per 36 months per tooth, per surface. One (1) amalgam or resin-based composite restoration per 36 months per tooth, per surface. Magnolia 1 x every 36 months Molina Age 0-19 one per tooth per 12 months	
Tooth colored composite	Yes		Magnolia and TrueCare 1 X every 36 months Molina Age 0-19 one per tooth per 12 months	
Crowns/tooth caps				
Stainless steel crowns	Yes		Magnolia 1 x every 36 months Molina Age 0-191 per codeset per tooth every 5 Years. TrueCare One (1) per 36 months, per primary tooth; One (1) per 60 months, per permanent tooth	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Metal (only) crowns	No		TrueCare Only with prior authorization. One (1) per 60 months, per tooth, either porcelain/ceramic substrate, porcelain fused to high noble metal, porcelain fused to predominantly base metal, or porcelain fused to noble metal. Molina No Magnolia No	
Metal/porcelain crowns	Yes - only with prior authorization		Molina - Prior Auth is required. Age 0-19, 1 tooth per 5 years Magnolia only with prior authorization. 1 x every 60 months Permanent teeth 6-11; 22-27 only. TrueCare Only With Prior Authorization One (1) per 60 months, per tooth, either porcelain/ceramic substrate, porcelain fused to high noble metal, porcelain fused to predominantly base metal, or porcelain fused to noble metal. Porcelain/ceramic substrate single crowns are limited to tooth numbers 6-11, 22-27.	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Porcelain (only) crowns	Yes - only with prior authorization		Magnolia Yes – only with prior authorization 1 x every 60 months Permanent teeth 61-11; 22-27 only. Molina not covered TrueCare Only With Prior Authorization One (1) per 60 months, per tooth, either porcelain/ceramic substrate, porcelain fused to high noble metal, porcelain fused to predominantly base metal, or porcelain fused to noble metal Auth (pre-treatment radiographic image) required Porcelain/ceramic substrate single crowns are limited to tooth numbers 6-11, 22-27.	
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes		Molina Age 0-19 "Tooth is damaged because of trauma or carious exposure •Fill is properly condensed/obturated; filling material does not extend excessively beyond the apex. Magnolia No TrueCare One (1) per lifetime, per tooth No auth required	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Root canals on permanent teeth	Yes - only with prior authorization		<p>Magnolia 1 x per lifetime per tooth Molina One per lifetime per tooth. Ages 0-19. Tooth is damaged because of trauma or carious exposure •Fill is properly condensed/obtured; filling material does not extend excessively beyond the apex. TrueCare One (1) per lifetime, per tooth. Auth required for endodontic retreatment (Codes D3346, D3347 and D3348).</p>	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Gum (periodontal) therapy	Yes - only with prior authorization		<p>Molina 1 per quadrant per year Age 10-19. • Gingivectomy or Gingivoplasty Criteria for approval of gingivectomy or gingivoplasty include evidence of one or more of the following: Comprehensive periodontal evaluation (i.e., description of periodontal tissues, pocket depth chart, tooth mobility, mucogingival relationships) Covered service is payable for CHIP beneficiaries. • Periodontal Scaling and Root Planing Criteria for approval of periodontal scaling and root planing include evidence of one or more of the following: • Periodontal procedures are limited to once per quadrant per fiscal year. Prior authorization is required with a pre-treatment radiographic image. • Scaling cannot be billed together on the same date of service. Magnolia Yes- subject to prepayment review. 1 per 36 months. TrueCare One (1) per 12 monthsAuth required; Not payable with D1110, D1120, D4341, or D4342 on the same date of service. Treatment history of D4341, D4342, D4260, or D426.</p>	
Dentures				

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Partial dentures	Yes - only with prior authorization		<p>Magnolia Yes – only with prior authorization. 1 x every 60 months</p> <p>Considered only for accidental injury.</p> <p>Molina Age 0-19. Removable prosthodontics are payable as an accidental injury benefit or are recommended by your child's doctor or dentist to treat severe craniofacial anomalies</p> <ul style="list-style-type: none"> • Dentures/partials (with cast framework) will only be covered in cases where teeth are congenitally missing, i.e. Ectodermal Dysplasia. Denial reasons include lost teeth due to cavities, periodontal disease or trauma. <p>TrueCare One (1) per 60 months per arch Auth required: 1) Pre-treatment radiographic image; 2) Narrative detailing medical necessity</p> <p>No benefits will be provided for Dentures unless such services are provided pursuant to an accidental injury or when such services are recommended by a physician or dentist for the treatment of severe craniofacial anomalies or full cusp Class III malocclusion of which are only covered if the dentition is free from effects of impairment or disease.</p>	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Complete dentures	Yes - only with prior authorization		<p>Molina Age 0-19. • Removable prosthodontics are payable as an accidental injury benefit or are recommended by your child's doctor or dentist to treat severe craniofacial anomalies Dentures will only be covered in cases where all teeth are congenitally missing, i.e. Ectodermal Dysplasia. Denial reasons include lost teeth due to cavities, periodontal disease or trauma. Magnolia Yes - only with prior authorization. 1 x every 60 months Considered only for accidental injury. TrueCare One (1) per 60 months per arch Auth required: 1) Pre-treatment radiographic image; 2) Narrative detailing medical necessity No benefits will be provided for Dentures unless such services are provided pursuant to an accidental injury or when such services are recommended by a physician or dentist for the treatment of severe craniofacial anomalies or full cusp Class III malocclusion of which are only covered if the dentition is free from effects of impairment or disease.</p>	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Bridges	No		TrueCare Only With Prior Authorization. Limited to unspecified fixed prosthodontic procedure, by report (Code D6999). Pre-auth required to include narrative detailing medical necessity. Molina and Magnolia No	
Orthodontics*				
Retainers (orthodontic)	No			

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Braces	Yes - only with prior authorization		<p>Magnolia Yes - only with prior authorization 1 x per lifetime Considered only for severe craniofacial anomalies or cull cusp Class III malocclusion. Molina Ages 0-19, 1 per lifetime, Adjustments 1 every 20 days Treatment is all inclusive (banding, bracketing, all periodic adjustments, replacement of broken hardware, removal and retainers. Criteria 1) Accidental injury benefit 2) Medical necessity for: Severe craniofacial anomalies Full cusp Class III malocclusions Syndrome and Craniomandibular disorder. TrueCare "One (1) comprehensive orthodontic treatment of the adolescent dentition per lifetime One (1) limited orthodontic treatment of the transitional dentition per lifetime" Auth required Periodic orthodontic treatment visits are payable one (1) per calendar month Maximum of 24 periodic orthodontic treatment visits reimbursed per lifetime. Criteria 1) Medicaid will consider orthodontic authorization requests for EPSDT eligible beneficiaries who meet at least one of the following pre-qualifying criteria: a) Cleft lip, cleft palate and other craniofacial anomalies;</p>	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
			b) Full Cusp Class III malocclusions c) Temporomandibular Joint (TMJ) disorder d) Syndrome and Craniomandibular disorder 2) No benefits will be provided for Orthodontics and Occlusion Reconstruction unless such services are provided pursuant to an accidental injury or when such services are recommended by a physician or dentist for the treatment of severe craniofacial anomalies or full cusp Class III malocclusion of which are only covered if the dentition is free from effects of impairment or disease.	
Oral surgery				
Simple extractions	Yes		Molina Age 0-19 One per lifetime per tooth. Magnolia 1x per lifetime TrueCare One (1) extraction per lifetime, per tooth	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Surgical extractions	Yes		<p>Magnolia 1 x per lifetime Molina One per lifetime per tooth Age 0-19. The prophylactic removal of asymptomatic teeth (e.g., third molars) or other teeth exhibiting no overt clinical pathology (for orthodontics) may be covered, subject to consultant review. Symptoms should be present for approval of all third molar extractions. Those symptoms may include cysts, resorption of adjacent teeth, angulation causing inability for tooth to erupt, and other clinical symptoms. Normal eruption pain is not considered a pathological symptom that would require an extraction. The removal of primary teeth whose exfoliation is imminent does not meet criteria. TrueCareOne (1) extraction per lifetime, per tooth Post review required for removal of impacted teeth</p>	
Care of abscesses	Yes		<p>Molina No Magnolia Yes – subject to pre-payment review. 1 x per day. Not payable with extraction in same area/tooth. TrueCare YES One (1) per lifetime, per tooth. Post review required</p>	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Cleft palate treatment	Yes		Molina No Magnolia Yes - only with prior authorization 1 x every 60 months Lift prosthesis covered by dental plan, Surgeries covered under Medical plan. TrueCare Auth required. No benefits will be provided for Orthodontics and Occlusion Reconstruction unless such services are provided pursuant to an accidental injury as described in section 6.2.17 of SPA: MS-25-0019 CHIP or when such services are recommended by a physician or dentist for the treatment of severe craniofacial anomalies or full cusp Class III malocclusion of which are only covered if the dentition is free from effects of impairment or disease.	
Cancer treatment	Yes		Molina No Magnolia Yes – subject to pre-payment review. 1 x per day.	
Treatment of fractures	Yes		Magnolia 1 x per day Molina No TrueCare Yes post review required	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Biopsies	Yes		<p>Molina No Magnolia Yes – subject to pre-payment review. 1 x per day TrueCare YES. One (1) incisional biopsy of oral tissue - hard (bone, tooth) per date of service, per quadrant (Code D7285). One (1) incisional biopsy of oral tissue - soft per date of service, per quadrant (Code D7286). One (1) brush biopsy - transepithelial sample collection per date of service, per quadrant (Code D7288. Post review required</p>	
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization		<p>Magnolia No Molina No TrueCare Only With Prior Authorization.No benefits will be provided for Orthodontics and Occlusion Reconstruction unless such services are provided pursuant to an accidental injury as described in section 6.2.17 of SPA: MS-25-0019 CHIP or when such services are recommended by a physician or dentist for the treatment of severe craniofacial anomalies or full cusp Class III malocclusion of which are only covered if the dentition is free from effects of impairment or disease</p>	
Emergency room services provided by a dentist	Yes		<p>Molina No Magnolia Yes TrueCare Yes Post review required: 1) Narrative detailing medical necessity; 2) Anesthesia Record</p>	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Inpatient Hospital Services	Yes		Molina No Magnolia yes only with prior authorization TrueCare yes. Post review required: 1) Narrative detailing medical necessity; 2) Anesthesia Record	
Anesthesia				

Summary of Benefits Report for Mississippi, CHIP

InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
General anesthesia	Yes - only with prior authorization		<p>Magnolia Yes - only with prior authorization. Initial 15 min 1 x per day. Subsequent 15 min 4 x per day Molina Age 0-19 1 per day. TrueCare "Maximum of 75 minutes of deep sedation/general anesthesia per date of service</p> <p>Either general anesthesia, intravenous conscious sedation, non-intravenous conscious sedation or analgesia (nitrous oxide) are payable on the same date of service. Post review required. All dentists who provide conscious sedation or deep sedation/general anesthesia must hold a valid Mississippi anesthesia permit to do so. Only payable in conjunction with a covered dental procedure.</p>	<p>Molina-"All forms of sedation and anesthesia administered in a dental office-based setting must comply pursuant to Miss. Code Ann. § 73-9-13 to ensure that beneficiaries are provided with the benefits of anxiety and pain control in a safe and efficacious manner. The use of topical anesthetics and local anesthesia are inclusive of the procedure being performed and cannot be billed separately. The use of general anesthesia or IV sedation is considered acceptable for procedures covered by the health plan, provided appropriate criteria are met. These include, but may not be limited to, extensive or complex oral surgical procedures such as:</p> <ul style="list-style-type: none"> • Impacted wisdom teeth • Surgical root recovery from maxillary antrum • Surgical exposure or impacted or unerupted cuspids • Radical excision of lesions in excess of 1.25 cm • General anesthesia or IV sedation may also be allowed for any of the following medical situations: • Medical conditions that require monitoring such as cardiac problems or severe hypertension • Underlying hazardous medical condition (such as cerebral palsy, epilepsy, mental retardation including Down Syndrome), which might render

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
				<p>the member non-compliant</p> <ul style="list-style-type: none"> • Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective <p>CHIP beneficiaries' benefits are provided for anesthesia and for associated facility charges when the mental or physical condition of the Member requires dental treatment to be rendered under physician-supervised general anesthesia in a hospital setting, surgical center or dental office. These services include general sedation and nitrous oxide. A pre-treatment narrative and post treatment anesthesia records are required."</p>

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Intravenous conscious sedation	Yes		<p>Molina No Magnolia Yes – only with prior authorization. 1 x per day Not payable same day of service with other sedation types. TrueCare "Maximum of 75 minutes of intravenous conscious sedation per date of service</p> <p>Either general anesthesia, intravenous conscious sedation, non-intravenous conscious sedation or analgesia (nitrous oxide) are payable on the same date of service. Post review required. All dentists who provide conscious sedation or deep sedation/general anesthesia must hold a valid Mississippi anesthesia permit to do so. Only payable in conjunction with a covered dental procedure.</p>	
Non-intravenous conscious sedation	Yes		<p>Molina No Magnolia Yes – only with prior authorization. 1 x per day Not payable same day of service with other sedation types. TrueCare Either general anesthesia, intravenous conscious sedation, non-intravenous conscious sedation or analgesia (nitrous oxide) are payable on the same date of service. Post review required for ages 10 and older.</p>	

Summary of Benefits Report for Mississippi, CHIP InsureKidsNow.gov

Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Analgesia (nitrous oxide)	Yes		<p>Molina Age 0-19 Magnolia Yes – pre-payment review required for members over age 131 x per day. Not payable same day of service with other sedation types.</p> <p>TrueCare Either general anesthesia, intravenous conscious sedation, non-intravenous conscious sedation or analgesia (nitrous oxide) are payable on the same date of service. Post review required for ages 10 and older.</p>	<p>TrueCare Only payable in conjunction with a covered dental procedure. D9230 is payable for Restorative, Endodontic, Periodontic and Oral/Maxillofacial procedures. D9230 can be billed with Diagnostic and/or Preventive ONLY when in conjunction with Restorative, Endodontic, Periodontic and Oral/Maxillofacial procedures on the same date of service.</p>

* 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?).