

Pediatric (Age 19 and under) Dental Benefits- MAD Rule NMAC 8.310.2

DIAGNOSTIC	MINIMUM REQUIREMENT
Initial exam	Once every 6 months (Twice a year)
Diagnostic tests	Covered- including emergency oral exams
RADIOLOGY	
	Complete series (intraoral or panoramic) every 60 months (5 years); additional bitewing every 12 months (1 year)
Bitewing x-rays	
PREVENTIVE	
Cleanings (Prophylaxis)	Once every 6 months (Twice a year)
Fluoride treatments	Once every 6 months (Twice a year)
Space maintainers	Covered
Dental sealants on first and second permanent molars	One per 60 months (5 years)
RESTORATIVE	
Fillings of amalgam, Resin-based Composite	Covered
Crowns- Resin Based Composite	One per 60 months (5 years) when medically necessary
ENDODONTICS	
Pulpotomy for primary teeth	Yes, only when periapical lesion is present
Anterior Root Canal Treatment	Yes, only when medically necessary
Posterior Root Canal : bicuspid and molar root canal therapy	Yes, only when medically necessary
Apicoectomy	Covered
PERIODONTICS	
Periodontal scaling and root planing	One per 24 months when medically necessary
Gingivectomy or gingivoplasty	One per 36 months when medically necessary
Osseous Surgery	One per 36 months when medically necessary
Bone Grafts	One per 36 months when medically necessary
Guided Tissue Regeneration	One per 36 months when medically necessary
PROSTHODONTICS	
Maxillary denture- Complete	One per 60 months when medically necessary
Mandibular denture- Complete	One per 60 months when medically necessary
Maxillary- Partial dentures	One per 60 months when medically necessary
Mandibular- Partial dentures	One per 60 months when medically necessary
Adjustment and Repair of dentures	One per 60 months when medically necessary
Reline- Maxillary and Mandibular dentures	One per 60 months when medically necessary
Overdentures- Maxillary and Mandible	One per 60 months when medically necessary
ORAL AND MAXILLOFACIAL SURGERY	
Simple and surgical extractions	Covered
Alveoloplasty	Once per lifetime
Excision of benign and malignant cyst or tumor	Covered
ORTHODONTICS	
Comprehensive Orthodontic treatment	One per lifetime when medically necessary
EMERGENCY	
Palliative treatment of dental emergency	Covered
Sedation	Covered
Nitrous Oxide	Covered
Behavior Management	Covered