

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)
Bitewing x-rays		Complete series (intraoral or panoramic) every 60 months (5 years); additional bitewing every 12 months (1 year)
Diagnostic tests		Covered
PREVENTIVE		
Cleanings		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