This is an amendment to 8.310.7 NMAC, Sections 12 and 13 which will be effective on July 1, 2004. The Medical Assistance Division amended the sections to remove the replacement of dental sealants on permanent premolar teeth; remove references to the prior authorization requirement for intravenous sedation and general anesthesia for adults; and eliminate nitrous oxide analgesia as a benefit for adult clients.

8.310.7.12 COVERED SERVICES AND SERVICE LIMITATIONS: Medicaid covers the following types of dental services with the specified limitations.

A. **Emergency services:** Medicaid covers emergency care for all eligible recipients. "Emergency" care is defined as services furnished when immediate treatment is required to control hemorrhage, relieve pain or eliminate acute infection [~~is required~~]. Care includes operative procedures necessary to prevent pulpal death and the imminent loss of teeth, and treatment of injuries to the teeth or supporting structures, such as bone or soft tissue contiguous to the teeth.

(1) Routine restorative procedures and root canal therapy are not emergency procedures.

(2) Prior approval requirements are waived for emergency care, but the claims can be reviewed prior to payment to confirm that an actual emergency existed at the time of service.

B. **Diagnostic services:** Medicaid coverage for diagnostic services is limited to the following:

(1) For recipients under twenty-one (21) years of age, diagnostic services are limited to one clinical oral examination every six (6) months. For recipients twenty-one (21) years of age and over, coverage is limited to one clinical oral examination per year; and

(2) Medicaid covers emergency oral examinations which are performed as part of an emergency service to relieve pain and suffering; and

C. **Radiology services**: Medicaid coverage of radiology services is limited to the following:

(1) One (1) intraoral complete series every three (3) years per recipient. This series includes bitewing x-rays. *Collaborative practice dental hygienists may provide this service.*

(2) Additional bitewing x-rays once every twelve (12) months per recipient. *Collaborative practice dental hygienists may provide this service.*

(3) Panoramic films performed can be substituted for an intraoral-complete series, which is limited to one every three (3) years per recipient. *Collaborative practice dental hygienists may provide this service.*

D. **Preventive services:** Medicaid coverage of preventive services is subject to certain limitations.

(1) **Prophylaxis:** Medicaid covers one prophylaxis service per recipient per provider every six (6) months for recipients under twenty-one (21) years of age. For recipients twenty-one (21) years of age or [~~over~~] older, medicaid covers one prophylaxis per recipient per year. *Collaborative practice dental hygienists may provide this service after diagnosis by a dentist.*

(2) **Fluoride treatment:** Medicaid covers one fluoride treatment per recipient per provider every six (6) months furnished in the office to recipients under twenty-one (21) years of age. For recipients twenty-one (21) years of age or [~~over~~] older, medicaid does not reimburse providers for fluoride treatments unless it is deemed medically necessary by MAD or its designee. *Collaborative practice dental hygienists may provide this service.*

(3) **Molar sealants:** Medicaid only covers sealants for permanent molars [~~and pre-molars~~] for recipients under twenty-one (21) years of age. Each eligible recipient can receive one treatment per tooth every five (5) years. Medicaid does not cover sealants when an occlusal restoration has been completed on the tooth. Replacement of a sealant within the five (5) -year periods requires prior approval. *Collaborative practice dental hygienists may provide this service after diagnosis by a dentist.*

(4) **Space maintenance:** Medicaid covers fixed unilateral and fixed bilateral space maintainers (passive appliances).

E. **Restorative services:** Medicaid covers the following restorative services:

(1) amalgam restorations (including polishing) on permanent and deciduous teeth;

(2) resin restorations for anterior and posterior teeth;

(3) one prefabricated stainless steel crown per permanent or deciduous tooth;

(4) one prefabricated resin crown per permanent or deciduous tooth; and

(5) one recementation of a crown or inlay.

F. **Endodontic services:** Medicaid covers therapeutic pulpotomy for recipients under twenty-one (21) years of age if performed on a primary or permanent tooth and no periapical lesion is present on a radiograph.

G. **Periodontic services:** Medicaid covers certain periodontics surgical, non-surgical and other periodontics services subject to certain limitations:

(1) collaborative practice dental [~~hygienist~~] hygienists may provide periodontal scaling and root planning, per quadrant after diagnosis by a dentist; and

(2) collaborative practice dental hygienists may provide periodontal maintenance procedures with prior authorization.

H. **Removable prosthodontic services:** Medicaid covers [~~only one denture adjustment~~] two denture adjustments per calendar year per recipient. Medicaid also covers repairs to complete and partial dentures.

I. **Fixed prosthodontics services:** Medicaid covers one recementation of a fixed bridge.

J. **Oral surgery services:** Medicaid covers the following oral surgery services:

(1) **simple and surgical extractions for all recipients:** Coverage includes local anesthesia and routine post-operative care; "erupted surgical extractions" are defined as extractions requiring elevation of mucoperiosteal flap and removal of bone, and/or section of tooth and closure.

(2) autogenous tooth reimplantation of a permanent tooth for recipients under twenty-one (21) years of age; and

(3) incision and drainage of an abscess for all recipients.

K. **Adjunctive general services:** Medicaid covers emergency palliative treatment of dental pain for all recipients. Medicaid covers general anesthesia and intravenous sedation for medicaid recipients [~~under twenty-one (21) years of age. For recipients twenty-one (21) years of age and over, prior approval is required for general anesthesia and intravenous sedation~~]. Documentation of medical necessity must be available for review by MAD or its designee. Medicaid covers nitrous oxide analgesia for [~~all~~] recipients under twenty-one (21) years of age.
[2/1/95; 8.310.7.12 NMAC - Rn, 8 NMAC 4.MAD.716.3 & A. 10/1/02; A, 7/1/04]

8.310.7.13 PRIOR APPROVAL AND UTILIZATION REVIEW: Dental services are subject to utilization review for medical necessity and program compliance. These reviews can be performed before services are furnished, after services are furnished and before payment is made, after payment is made, or at any point in the service or payment process. See Part 8.302.5 NMAC, *Prior Approval And Utilization Review*. Once enrolled, providers receive utilization review instructions and documentation forms which [~~assists~~] assist in the receipt of prior approval and claims processing.

A. **Prior approval:** Medicaid covers certain services, including some diagnostic, preventive, restorative, endodontic, periodontic, removable prosthodontics, maxillofacial prosthetic, oral surgery, and orthodontic services only when prior approval is received from MAD or its designee. Medicaid covers medically necessary orthodontic services to treat handicapping malocclusions for recipients under twenty-one (21) years of age with prior approval.

B. **Eligibility determination:** Prior approval of services does not guarantee that individuals are eligible for medicaid. Dental providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance.

C. **Reconsideration:** Providers [~~or recipients~~] who are dissatisfied with a utilization review decision or action can request a re-review and a reconsideration. See Part 8.350.2 NMAC, *Reconsideration Of Utilization Review Decisions*.
[2/1/95; 8.310.7.13 NMAC - Rn, 8 NMAC 4.MAD.716.4, 10/1/02; A, 7/1/04]