

**ATTACHMENT X
Covered Services Comparison for Children and Adults**

	Children (< age 21)	Adults (> age 20)	Requires Prior Approval
DIAGNOSTIC SERVICES			
Oral Exams (For children, limited to one every 6 months per dentist in an office setting, and one every 12 months in a school setting. For adults, limited to 1 st visit per dentist.)	X	X	
X-rays	X	X	
PREVENTIVE SERVICES			
Prophylaxis – Cleanings (Once every 6 months)	X		
Topical Fluoride (Annual)	X		
Sealants	X		
Space Maintenance	X		
RESTORATIVE SERVICES			
Amalgams	X	X	
Resins	X	X	
Crowns (For adults, limited to facial front teeth only.)	X	X	Y
Sedative Fillings	X	X	
ENDODONTIC SERVICES			
Pulpotomy	X		
Root Canals (For adults, limited to facial front teeth only.)	X	X	
PERIODONTAL SERVICES			
Gingivectomy	X		Y
Scaling and Root planning	X		Y
REMOVABLE PROSTHODONTIC SERVICES			
Complete Denture (upper and lower)	X	X	Y
Partial Denture (upper and lower)	X		Y
Denture Relines	X	X	Y
Maxillofacial Prosthetics	X	X	Y
FIXED PROSTHETIC SERVICES			
Bridge	X		Y
ORAL AND MAXILLOFACIAL SERVICES			
Extractions	X	X	
Surgical Extractions	X	X	Y
Alveoloplasty	X		Y
ORTHODONTIC SERVICES			
Orthodontia (Coverage limited to children meeting or exceeding a score of 42 from the Modified Salzmann Index)	X		Y
ADJUNCTIVE GENERAL SERVICES			
General Anesthesia	X	X	Y
IV Sedation	X	X	Y
Nitrous Oxide	X	X	
Conscious Sedation	X	X	Y
Therapeutic Drug Injection	X	X	Y

