## Service

### Preventive Services
- **Routine dental exams**: Every 6 months;
- **Cleanings**: Every 6 months;
- **Flouride treatments**: Every 6 months;
- **Sealants**: Covered only for permanent molars; One treatment per tooth every 5 years.

### Diagnostic Services
- **X-rays**: Intraoral/complete series- Every 4 years; Bitewing- Once every calendar year; Panoramic Film- Every 4 years;

### Restorative Services
- **Fillings**: As needed;
- **Crowns**: As medically necessary;
- **Dentures, partial or complete**: As medically necessary;

### Other Services
- **Space maintainers**: As needed; Removable space maintainers will not be replaced. Medical Assistance will only pay once for recementation of any space maintainer.
- **Oral Surgery**: Extractions (removing a tooth) or other mouth surgery; as medically necessary.
- **Orthodontics**: As medically necessary in order to correct a handicapping malocclusion; (Requires prior authorization).
- **Other Dental Services**: As medically necessary; (Requires prior authorization).
- **Emergency dental care services**: As medically necessary;