DentaQuest, LLC

Office Reference Manual

DUAL ELIGIBLE SPECIAL NEEDS PLANS (D-SNP)

Georgia
Ohio

P.O. Box 2906
Milwaukee, WI 53201-2906

www.dentaquest.com

DentaQuest, LLC
Address and Telephone Numbers

Provider Services:
P.O. Box 2906
Milwaukee, WI 53201-2906
Dual Eligible Special Needs Plan – 888.291.3759

Fax numbers:
Claims/payment issues: 262.241.7379
Claims to be processed: 262.834.3589
All other: 262.834.3450
Claims Questions:
denclaims@dentaquest.com
Eligibility or Benefit Questions:
denelig.benefits@dentaquest.com

Customer Service/Member Services:
Ohio – 855.388.6252
Georgia – 855.453.5284

TTY 800.750.0750 or 711

Fraud Hotline:
800.237.9139

Credentialing:
P.O. Box 2906
Milwaukee, WI 53201-2906
Credentialing Hotline: 800.233.1468

Authorizations should be sent to:
DENTAQUEST
PO Box 2906
Milwaukee, WI 53201-2906

Claims should be sent to:
DENTAQUEST
P.O. Box 2906
Milwaukee, WI 53201-2906

Electronic Claims or Authorizations should be sent:
Direct entry on the web
www.dentaquest.com
Or:
Via Clearinghouse – Payer ID CX014
Include address on electronic claims –
DentaQuest, LLC
P.O. Box 2906
Milwaukee, WI 53201-2906

Statement of Members Rights and Responsibilities

The mission of DentaQuest is to expand access to high-quality, compassionate health care services within the allocated resources. DentaQuest is committed to ensuring that all Members are treated in a manner that respects their rights and acknowledges its expectations of member's responsibilities. The following is a statement of member's rights and responsibilities:

- All members have a right to receive pertinent written and up-to-date information about DentaQuest, the managed care services DentaQuest provides, the participating providers and dental offices, as well as member rights and responsibilities.
- All members have a right to privacy, respect, and receive care that is culturally appropriate and respects their cultural and ethnic background and origins.
- All members have the right to fully participate with caregivers in the decision-making process surrounding their health care.
- All members have the right to be fully informed about the appropriate or medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed.
- All Members have the right to voice a complaint against DentaQuest, or any of its participating dental offices, or any of the care provided by these groups or people, when their performance has not met the Member's expectations.
- All members have the right to appeal any decisions related to patient care and treatment. members may also request an external review or second opinion.
- All members have the right to make recommendations regarding DentaQuest's/Plan's members' rights and responsibilities policies.

Likewise:

- All members have the responsibility to provide, to the best of their abilities, accurate information that DentaQuest and its participating dentists need in order to provide the highest quality of health care services.
- All members have a responsibility to closely follow the treatment plans and home care instructions for the care that they have agreed upon with their health care practitioners. All members have the responsibility to participate in understanding their health problems and developing mutually agreed upon treatment goals to the degree possible.

Statement of Provider Rights and Responsibilities

- Providers shall have the responsibilities and/or rights to: Identify and diagnose the member's oral health needs, maintaining open communication with a Member to discuss treatment needs (covered and non-covered plan benefit services) and recommended alternatives for medically necessary treatment, providing care directly or referring members to the best place for that care.
- If a recommended course of treatment is not covered, e.g., not approved by Plan (DentaQuest), the participating Provider must notify the Member in writing and obtain a signature of waiver if the Provider intends to charge the Member for a non-compensable service.
- Provide culturally competent and timely care.
- File an appeal or complaint pursuant to the procedures of CareSource.
- Supply accurate, relevant, factual information to a member in connection with an appeal or complaint filed by the member.
- Object to policies, procedures, or decisions made by plan (DentaQuest).
- To be informed of the status of their credentialing or re-credentialing application, upon request.
- Comply with this Provider Office Reference Manual, policies and procedures, and the terms of the Provider Agreement.

* * *

DentaQuest makes every effort to maintain accurate information in this manual; however will not be held liable for any damages directly or indirectly due to typographical errors. Please contact us should you discover an error.

DentaQuest

Office Reference Manual
Table of Contents

1.00 Patient Eligibility Verification Procedures

1.01 Plan Eligibility

Any person who is enrolled in a Plan's program is eligible for benefits under the Plan certificate.

1.02 Member Identification Card

Health plan members receive dental identification cards from the health plan. Participating Providers are responsible for verifying that Members are eligible at the time services are rendered and to determine if recipients have other health insurance.

Please note that due to possible eligibility status changes, this information does not guarantee payment and is subject to change without notice.

Sample Member I.D. Card:

CareSource Dual Advantage (HMO D-SNP)

DentaQuest recommends that each dental office make a photocopy of the member's identification card each time treatment is provided. It is important to note that the health plan identification card is not dated and it does not need to be returned to the health plan should a member lose eligibility. Therefore, **an identification card in itself does not guarantee that a person is currently enrolled in the health plan and has coverage.**

1.03 DentaQuest Eligibility Systems

Participating providers may access member eligibility information through DentaQuest's Interactive Voice Response (IVR) system or through the "Providers Only" section of DentaQuest's website at www.dentaquest.com. The eligibility information received from either system will be the same information you would receive by calling DentaQuest's Customer Service department; however, by utilizing either system you can get information 24 hours a day, 7 days a week without having to wait for an available Customer Service Representative.

Access to eligibility information via the Internet
DentaQuest's secure provider portal currently allows Providers to verify a Member's eligibility as well as submit claims directly to DentaQuest. You can verify the Member's eligibility on-line by entering the Member's date of birth, the expected date of service and the Member's identification number or last name and first initial. To access the eligibility information via DentaQuest's website, simply log on to the website at www.dentaquest.com. Once you have entered the website, click on "Dentist". From there choose your 'State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI (National Provider Identification) or TIN, State and Zip Code. If you have not received instruction on how to complete Provider Self Registration contact DentaQuest's Customer Service Department at 800-436-5286. Once logged in, select "eligibility look up" and enter the applicable information for each Member you are inquiring about. You are able to check on an unlimited number of patients and can print off the summary of eligibility given by the system for your records.

Access to eligibility information via the IVR line
To access the IVR, simply call DentaQuest's Customer Service department (see page 2 for your market number) and press 1 for eligibility. The IVR system will be able to answer all of your eligibility questions for as many members as you wish to check. Once you have completed your eligibility checks, you will have the option to transfer to a Customer Service Representative to answer any additional questions, i.e., member history, which you may have. Using your telephone keypad, you can request eligibility information on a Medicaid or Medicare member by entering your 6 digit DentaQuest location number, the member's recipient identification number and an expected date of service. After our system analyzes the information, the patient's eligibility for coverage of dental services will be verified. If the system is unable to verify the member information you entered, you will be transferred to a Customer Service Representative.

Directions for using DentaQuest's IVR to verify eligibility:

Entering system with Tax and Location ID's

1. Call DentaQuest Customer Service.
2. After the greeting, stay on the line for English or press 1 for Spanish.
3. When prompted, press or say 2 for Eligibility.
4. When prompted, press or say 1 if you know your NPI (National Provider Identification number) and Tax ID number.
5. If you do not have this information, press or say 2. When prompted, enter your User ID (previously referred to as Location ID) and the last 4 digits of your Tax ID number.
6. Does the member's ID have **numbers and letters** in it? If so, press or say 1. When prompted, enter the member ID.
7. Does the member's ID have **only numbers** in it? If so, press or say 2. When prompted, enter the member ID.
8. Upon system verification of the Member's eligibility, you will be prompted to repeat the information given, verify the eligibility of another member, get benefit information, get limited claim history on this member, or get fax confirmation of this call.
9. If you choose to verify the eligibility of an additional Member(s), you will be asked to repeat step 5 above for each Member.

Please note that due to possible eligibility status changes, the information provided by either system does not guarantee payment.

If you are having difficulty accessing either the IVR or website, please contact the Customer Service Department. They will be able to assist you in utilizing either system.

1.04 Provider Service Center (eligibility)

Dual Eligible Special Needs Plan (D-SNP) – 888-291-3759

2.00 General Definitions

The following definitions apply to this Office Reference Manual:

A. "Appeal" As defined by 42 CFR §422.561 and §423.560, the procedures that deal with the review of adverse initial determinations made by the plan on health care services or benefits under Medicare Part C or D the enrollee believes he or she is entitled to receive, including a delay in providing, arranging for, or approving the health care services or drug coverage, or on any amounts the enrollee must pay for a service or drug as defined in 42 CFR §422.566(b) and §423.566(b). These appeal procedures "standard" or "fast" (also referred to as expedited), include a plan reconsideration of an adverse organization determination by a MA plan (also referred to as a level 1 appeal), a reconsideration by an independent review entity (IRE), adjudication by an Administrative Law Judge (ALJ) or attorney adjudicator, review by the Medicare Appeals Council (Council), and judicial review.

B. "CareSource" shall refer to the health plan entity

C. "Contract" means the document specifying the services provided by DentaQuest to:

- an employer, directly or on behalf of the State, as agreed upon between an employer or Plan and DentaQuest (a "Commercial Contract").
- a Medicare beneficiary, directly or on behalf of a Plan, as agreed upon between the Center for Medicaid & Medicare Services ("CMS") or Plan and DentaQuest (a "Medicare Contract").

D. "Covered Services" is a dental service or supply that satisfies all of the following criteria:

- provided or arranged by a Participating Provider to a Member;
- authorized by DentaQuest in accordance with the Plan Certificate; and
- submitted to DentaQuest according to DentaQuest's filing requirements.

E. "DentaQuest" shall refer to DentaQuest, LLC.

F. "DentaQuest Service Area" shall be defined as the State in which the member resides.

G. "Medically Necessary" means those Covered Services provided by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law to prevent disease, disability and other adverse health conditions or their progression, or prolong life. In order to be Medically Necessary, the service or supply for medical illness or injury must be determined by Plan or its designee in its judgment to be a Covered Service which is required and appropriate in accordance with DHS law, regulations, guidelines and accepted standards of medical practice in the community.

H. "Member" means any individual who is eligible to receive Covered Services pursuant to a Contract and the eligible dependents of such individuals. A Member enrolled pursuant to a Commercial Contract is referred to as a "Commercial Member." A Member enrolled pursuant to a Medicare Contract is referred to as a "Medicare Member." A Member enrolled pursuant to a Medicare Contract is referred to as a "Medicare Member."

I. "Participating Provider" is a dental professional or facility or other entity, including a Provider, that has entered into a written agreement with DentaQuest, directly or through another entity, to provide dental services to selected groups of Members.

J. "Plan" is an insurer, health maintenance organization or any other entity that is an organized system which combines the delivery and financing of health care and which provides basic health services to enrolled members for a fixed prepaid fee.

K. "Plan Certificate" means the document that outlines the benefits available to Members.

L. "Provider" means the undersigned health professional or any other entity that has entered into a written agreement with DentaQuest to provide certain health services to Members. Each Provider shall have its own distinct tax identification number.

M. "Provider Dentist" is a Doctor of dentistry, duly licensed and qualified under the applicable laws, who practices as a shareholder, partner, or employee of Provider, and who has executed a Provider Dentist Participation Addendum.

3.00 Member & Provider Complaints, Grievances & Appeals

Members and Contracted DentaQuest providers have a right to file an appeal or reconsideration of adverse benefit determinations such as denied claims (which include prepayment review process), and or prior authorizations in accordance with regulatory requirements. Provider appeals and complaints should be directed to the health plan, CareSource. An appeal from a NON-CONTRACTED Provider requires a Waiver of Liability (WOL), which states the provider will not bill the member regardless of the outcome of the appeal. The form can be found at: https://www.dentaquest.com/content/dam/dentaquest/en/providers/resources/model-waiver-of-liability-feb2019v508.pdf.

<table>
<tr><td rowspan="4">Claim Appeal
(Due to Medical Necessity)
Non-Contracted Providers Only
Submit to CareSource</td><td colspan="2">For non-contracted providers, claim appeals are administrative appeals of an adverse decision regarding payment for a submitted claim or a denied claim for services rendered to a CareSource member. Examples include medical necessity not established, required authorization or documentation was not submitted or if you have additional, information that you believe may change the payment decision.

Submit with Claims Appeal
1. Supporting Documentation
2. Original Remittance Advice
3. Waiver of Liability (WOL)</td></tr>
<tr><td>Mail:</td><td>Fax:</td></tr>
<tr><td>CareSource
Attn: Provider Claims Appeals
P.O. Box 1947
Dayton, OH 45401-1947</td><td>Provider Claims Appeal Coordinator
Fax Number: 937-531-2398</td></tr>
<tr><td colspan="2">Note: if faxed all documentation including Radiographs and photos must be clear and readable. Faxes must be in accordance with confidentiality guidelines and governed by the same authorization requirements as any other release of health care information.

Claim Appeals must be received within 60 days from paid date on the provider’s Explanation of Payment (EOP).</td></tr>
<tr><td rowspan="3">Claim Dispute
Submit to CareSource</td><td colspan="2">If a service line on a claim was overpaid or underpaid—For example, if a claim is paid but Provider feels it was not paid at right amount then a claim dispute can be filed. Adjustments to any overpayments will be made on subsequent reimbursements to the Provider or the Provider can issue refund checks to CareSource for any overpayments</td></tr>
<tr><td>Mail: CareSource
Attn: Provider Claims Appeals
P.O. Box 1947
Dayton OH 45401-1947</td><td>Fax: 937-531-2398</td></tr>
<tr><td colspan="2">Claim Disputes must be received within 60 days from paid date on the provider’s (EOP).</td></tr>
<tr><td rowspan="3">Clinical Appeal
Submit to CareSource</td><td colspan="2">There are multiple ways to respond to an adverse determination of an authorization review request.

A clinical appeal or reconsideration may be submitted by the member, their authorized representative, or their provider can submit a clinical appeal on behalf of the member with written authorization from the member. The clinical appeal must be submitted within 60 days of notice of the original denial.

CareSource responds to all appeals in writing as fast as the member’s health condition requires, but no later than 30 days after receipt of a standard appeal request.
CareSource responds to all expedited appeal requests within 72 hours of receipt.</td></tr>
<tr><td>Mail: CareSource
Attn: Dental Provider Clinical Appeals
P.O. Box 1947
Dayton OH 45401-1947</td><td>Phone: 833-230-2176</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>Provider</td><td colspan="2">Providers are permitted to submit a complaint to CareSource regarding DentaQuest’s</td></tr>
</table>

<table>
<tr><td>Complaints and Member Grievances</td><td colspan="2">policies, procedures, or any aspect of DentaQuest’s administrative functions. A provider complaint is a written expression by provider, which indicates dissatisfaction or dispute with DentaQuest’s policies, procedures, or any aspect of DentaQuest’s administrative functions.

A Member has the right also to file a Grievance at any time. Examples include:
Member cannot get a timely appointment with a provider.
Member thinks the provider’s office staff did not treat them fairly.
Member is not satisfied with the quality of care they received.
These types of grievances do not involve benefits or denial of benefits.

CareSource responds to all grievances reported by a member within 60 days of receipt and strives to resolve all grievances within 30 days.</td></tr>
<tr><td></td><td>Mail: CareSource
P.O. Box 1947
Dayton OH 45401-1947</td><td>Phone: 833-230-2176
Member Portal:
https://my.caresource.com/ [my.caresource.com]</td></tr>
<tr><td colspan="3">Additional information on Grievances and Appeals procedures can be found in the D-SNP Evidence of Coverage</td></tr>
</table>

4.00 Claim Submission Procedures (claim filing options)

DentaQuest receives dental claims in four possible formats. These formats include:

- Electronic claims via DentaQuest's website (www.dentaquest.com)
- Electronic submission via clearinghouses
- HIPAA Compliant 837D File
- Paper claims

4.01 Electronic Claim Submission Utilizing DentaQuest's Internet Website

Participating Providers may submit claims directly to DentaQuest by utilizing the "Dentist" section of our website. Submitting claims via the website is very quick and easy. It is especially easy if you have already accessed the site to check a Member's eligibility prior to providing the service.

To submit claims via the website, simply log on to www.dentaquest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your 'State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. DentaQuest should have contacted your office in regards on how to perform Provider Self Registration or contact DentaQuest's Customer Service department at 800.341.8478. Once logged in, select "Claims/Pre-Authorizations" and then "Dental Claim Entry ". The Dentist Portal allows you to attach electronic files (such as x-rays in jpeg format, reports and charts) to the claim.

If you have questions on submitting claims or accessing the website, please contact our Systems Operations department at 800-417-7140 or via e-mail at: EDITeam@greatdentalplans.com.

4.02 Electronic Claim Submission via Clearinghouse

DentaQuest works directly with Emdeon (1-888-255-7293), Tesia 1-800-724-7240, EDI Health Group 1-800-576-6412, Secure EDI 1-877-466-9656 and Mercury Data Exchange 1-866-633-1090, for claim submissions to DentaQuest.

You can contact your software vendor and make certain that they have DentaQuest listed as the payer and claim mailing address on your electronic claim. Your software vendor will be able to provide you with any information you may need to ensure that submitted claims are forwarded to DentaQuest. DentaQuest's Payor ID is **CX014**.

4.03 HIPAA Compliant 837D File

For Providers who are unable to submit electronically via the Internet or a clearinghouse, DentaQuest will work directly with the Provider to receive their claims electronically via a HIPAA compliant 837D file from the Provider's practice management system. Please email EDITeam@greatdentalplans.com to inquire about this option for electronic claim submission.

4.04 NPI Requirements for Submission of Electronic Claims

In accordance with the HIPAA guidelines, DentaQuest has adopted the following NPI standards in order to simplify the submission of claims from all our providers, conform to industry required standards and increase the accuracy and efficiency of claims administered by DentaQuest.

- Providers must register for the appropriate NPI classification at the following website https://nppes.cms.hhs.gov/ and provide this information to DentaQuest in its entirety.
- All providers must register for an Individual NPI. You may also be required to register for a group NPI (or as part of a group) dependent upon your designation.
- When submitting claims to DentaQuest you must submit all forms of NPI properly and in their entirety for claims to be accepted and processed accurately. If you registered as part of a group, your claims must be submitted with both the Group and Individual NPI's. These numbers are not interchangeable and could cause your claims to be returned to you as non-compliant.
- If you are presently submitting claims to DentaQuest through a clearinghouse or through a direct integration you need to review your integration to assure that it is in compliance with the revised HIPAA compliant 837D format. This information can be found on the 837D Companion Guide located on the Provider Web Portal.

4.05 Paper Claim Submission

- Claims must be submitted on ADA approved claim forms or other forms approved in advance by DentaQuest.

- Member name, identification number, and date of birth must be listed on all claims submitted. If the Member identification number is missing or miscoded on the claim form, the patient cannot be identified. This could result in the claim being returned to the submitting Provider office, causing a delay in payment.

- The paper claim must contain an acceptable provider signature.

- The Provider and office location information must be clearly identified on the claim. Frequently, if only the dentist signature is used for identification, the dentist's name cannot be clearly identified. Please include either a typed dentist (practice) name or the DentaQuest Provider identification number.

- The paper claim form must contain a valid provider NPI number. In the event of not having this box on the claim form, the NPI must still be included on the form. The ADA claim form only supplies 2 fields to enter NPI. On paper claims, the Type 2 NPI identifies the payee, and may be submitted in conjunction with a Type 1 NPI to identify the dentist who provided the treatment. For example, on a standard ADA Dental Claim Form, the treating dentist's NPI is entered in field 54 and the billing entity's NPI is entered in field 49.

- The date of service must be provided on the claim form for each service line submitted.

- Approved ADA dental codes as published in the current CDT book or as defined in this manual must be used to define all services.

- List all quadrants, tooth numbers and surfaces for dental codes that necessitate identification (extractions, root canals, amalgams and resin fillings). Missing tooth and surface identification codes can result in the delay or denial of claim payment.

- Affix the proper postage when mailing bulk documentation. DentaQuest does not accept postage due mail. This mail will be returned to the sender and will result in delay of payment.

  Claims should be mailed to the following address:

DentaQuest, LLC-Claims
PO Box 2906
Milwaukee, WI 53201-2906

4.06 Coordination of Benefits (COB)

When DentaQuest is the secondary insurance carrier, a copy of the primary carrier's Explanation of Benefits (EOB) must be submitted with the claim. For electronic claim submissions, the payment made by the primary carrier must be indicated in the appropriate COB field. When a primary carrier's payment meets or exceeds a provider's contracted rate or fee schedule, DentaQuest will consider the claim paid in full and no further payment will be made on the claim.

4.07 Filing Limits

Each provider contract specifies a specific time frame after the date of service for when a claim must be submitted to DentaQuest. Any claim submitted beyond the timely filing limit specified in the contract will be denied for "untimely filing." If a claim is denied for "untimely filing", the provider cannot bill the member. If DentaQuest is the secondary carrier, the timely filing limit begins with the date of payment or denial from the primary carrier.

4.08 Receipt and Audit of Claims

In order to ensure timely, accurate remittances to each participating Provider, DentaQuest performs an audit of all claims upon receipt. This audit validates Member eligibility, procedure codes and dentist identifying information. A DentaQuest Benefit Analyst analyzes any claim conditions that would result in non-payment. When potential problems are identified, your office may be contacted and asked to assist in resolving this problem. Please contact our Customer Service department with any questions you may have regarding claim submission or your remittance.

Each DentaQuest Provider office receives an “explanation of benefit” report with their remittance. This report includes patient information and an allowable fee by date of service for each service rendered.

4.09 Direct Deposit

As a benefit to participating Providers, DentaQuest offers Electronic Funds Transfer (Direct Deposit) for claims payments. This process improves payment turnaround times as funds are directly deposited into the Provider’s banking account.

To receive claims payments through the Direct Deposit Program, Providers must:

- Complete and sign the Direct Deposit Authorization Form found on the website (www.dentaquest.com).
- Attach a voided check to the form. *The authorization cannot be processed without a voided check.*
- Return the Direct Deposit Authorization Form and voided check to DentaQuest.

Via Fax – 262.241.4077

Via Mail – DentaQuest, LLC
P.O. Box 2906
Milwaukee, WI 53201-2906
ATTN: PEC Department

The Direct Deposit Authorization Form must be legible to prevent delays in processing. Providers should allow up to six weeks for the Direct Deposit Program to be implemented after the receipt of completed paperwork. Providers will receive a bank note one check cycle prior to the first Direct Deposit payment.

Providers enrolled in the Direct Deposit process must notify DentaQuest of any changes to bank accounts such as: changes in routing or account numbers, or a switch to a different bank. All changes must be submitted via the Direct Deposit Authorization Form. Changes to bank accounts or banking information typically take two to three weeks. DentaQuest is not responsible for delays in funding if Providers do not properly notify DentaQuest in writing of any banking changes.

Providers enrolled in the Direct Deposit Program are required to access their remittance statements online and will no longer receive paper remittance statements. Electronic remittance statements are located on DentaQuest's Provider Web Portal (PWP). Providers may access their remittance statements by following these steps:

1. Login to the PWP at www.dentaquest.com.
2. Once you have entered the website, click on the "Dentist" icon. From there choose your 'State" and press go.
3. Log in using your password and ID.
4. Once logged in, select "Claims/Pre-Authorizations" and then "Remittance Advice Search".
5. The remittance will display on the screen.

5.00 Health Insurance Portability and Accountability Act (HIPAA)

As a healthcare provider, your office is required to comply with all aspects of the HIPAA regulations in effect as indicated in the final publications of the various rules covered by HIPAA.

DentaQuest has implemented various operational policies and procedures to ensure that it is compliant with the Privacy, Administrative Simplification and Security Standards of HIPAA. One aspect of our compliance plan is working cooperatively with our providers to comply with the HIPAA regulations. In relation to the Privacy Standards, DentaQuest has previously modified its provider contracts to reflect the appropriate HIPAA compliance language. These contractual updates include the following regarding record handling and HIPAA requirements:

- Maintenance of adequate dental/medical, financial, and administrative records related to covered dental services rendered by Provider in accordance with federal and state law.

- Safeguarding of all information about Members according to applicable state and federal laws and regulations. All material and information, in particular information relating to Members or potential Members, which is provided to or obtained by or through a Provider, whether verbal, written, tape, or otherwise, shall be reported as confidential information to the extent confidential treatment is provided under state and federal laws.

- Neither DentaQuest nor Provider shall share confidential information with a Member's employer absent the Member's consent for such disclosure.

- Provider agrees to comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") relating to the exchange of information and shall cooperate with DentaQuest in its efforts to ensure compliance with the privacy regulations promulgated under HIPAA and other related privacy laws.

Provider and DentaQuest agree to conduct their respective activities in accordance with the applicable provisions of HIPAA and such implementing regulations.

In relation to the Administrative Simplification Standards, you will note that the benefit tables included in this ORM reflect the most current coding standards recognized by the ADA. Effective the date of this manual, DentaQuest will require providers to submit all claims with the proper CDT codes listed in this manual. In addition, all paper claims must be submitted on the current approved ADA claim form.

Note: Copies of DentaQuest's HIPAA policies are available upon request by contacting DentaQuest's Customer Service department at 888-291-3759 or via e-mail at denelig.benefits@DentaQuest.com.

5.01 HIPAA Companion Guide

To view a copy of the most recent Companion Guide please visit our website at www.dentaquest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your 'State" and press go. You will then be able to log in using your password and ID. Once you have logged in, click on the link named "Related Documents' (located under the picture on the right-hand side of the screen).

6.00 Quality Improvement Program

DentaQuest administers a Quality Improvement Program modeled after National Committee for Quality Assurance (NCQA) standards. The NCQA standards are adhered to as the standards apply to dental managed care. The Quality Improvement Program includes:

- Provider credentialing and recredentialing;
- Member satisfaction surveys;
- Provider satisfaction surveys;
- Random Chart Audits;
- Complaint Monitoring and Trending;
- Peer Review Process;
- Utilization Management and practice patterns;
- Initial Site Reviews and Dental Record Reviews; and
- Quarterly Quality Indicator tracking (i.e. member complaint rate, appointment waiting time, access to care, etc.)

A copy of DentaQuest's QI Program is available upon request by contacting DentaQuest's Customer Service department at 888-291-3759 or via e-mail at: denelig.benefits@DentaQuest.com.

7.00 Credentialing

DentaQuest in conjunction with the Plan has the sole right to determine which dentists (DDS or DMD), it shall accept and continue as Participating Providers. The purpose of the credentialing plan is to provide a general guide for the acceptance, discipline, and termination of Participating Providers. DentaQuest considers each Provider's potential contribution to the objective of providing effective and efficient dental services to Members of the Plan.

DentaQuest's credentialing process adheres to National Committee for Quality Assurance (NCQA) guidelines as the guidelines apply to dentistry.

Nothing in this Credentialing Plan limits DentaQuest's sole discretion to accept and discipline Participating Providers. No portion of this Credentialing Plan limits DentaQuest's right to permit restricted participation by a dental office or DentaQuest's ability to terminate a Provider's participation in accordance with the Participating Provider's written agreement, instead of this Credentialing Plan.

The Plan has the final decision-making power regarding network participation. DentaQuest will notify the Plan of all disciplinary actions enacted upon Participating Providers.

Appeal of Credentialing Committee Recommendations.
If the Credentialing Committee recommends acceptance with restrictions or the denial of an application, the Committee will offer the applicant an opportunity to appeal the recommendation.

The applicant must request a reconsideration/appeal in writing and the request must be received by DentaQuest within 30 days of the date the Committee gave notice of its decision to the applicant.

Related Policies

- Discipline of Providers
- Procedures for Discipline and Termination
- Recredentialing

Network providers are recredentialed at least every 36 months.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Customer Service Department at 888-291-3759 or via e-mail at: denelig.benefits@DentaQuest.com.

8.00 Clinical Criteria

Services only require authorization and supporting documentation if the benefit tables suggest the requirement. Please see Exhibits on the back end of this Office Reference Manual for services that may require authorizations or retrospective review.

8.01 Criteria for Dental Extractions

DentaQuest adheres to the following policy for evaluating removal of teeth in order to maintain consistency throughout its dental networks.

Documentation needed for medical necessity review of procedure:

- Diagnostic quality Panorex, bitewing radiographs or periapical radiographs showing the entire tooth (teeth) to be extracted as well as opposing teeth
  - Radiographs must be mounted, contain the patient name and the date the radiographs were taken, not the date of submission.
  - Duplicate radiographs must be labeled Right (R) and Left (L), include the patient name and the date the radiograph(s) were taken, not the date of submission.
  - Extraction of impacted wisdom teeth or surgical removal of residual tooth roots will require a written narrative of medical necessity that is tooth specific.
  - A decision regarding benefits is made on the basis of the documentation provided.

Codes:

- DentaQuest adheres to the code definitions as described in the American Dental Association Current Dental Terminology User's Manual.

Criteria:

- The prophylactic removal of asymptomatic teeth or teeth exhibiting no overt clinical pathology is not a covered benefit.
- The removal of primary teeth whose exfoliation is imminent is not a covered benefit.
- In most cases, extractions that render a patient edentulous must be deferred until

authorization to construct a denture has been given.

- Extractions performed as a part of a course of orthodontics are covered only if the orthodontic case is a covered benefit.
- Removal of primary teeth whose exfoliation is imminent does not meet criteria for extraction.

Reference: American Association of Oral Maxillofacial Surgeons and American Dental Association

8.02 Criteria for Cast Crowns

Treatment rendered may be subject to retrospective review.

Documentation needed for medical necessity review of procedure:

- Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered without necessary authorization will still require that sufficient and appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.

Criteria:

- In general, criteria for crowns will be met only for permanent teeth needing multi-surface restorations where other restorative materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma and must involve four or more surfaces and at least 50% of the incisal edge.

A request for a crown following root canal therapy must meet the following criteria:

- Request should include a dated post-endodontic radiograph.
- Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
- The filling must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

To meet criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.

- The patient must be free from active and advanced periodontal disease.
- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

- Cast Crowns on permanent teeth are expected to last, at a minimum, five years.

Medical Necessity for Crowns will not meet criteria if:

- A lesser means of restoration is possible.
- Tooth has subosseous and/or furcation caries.
- Tooth has advanced periodontal disease.
- Tooth is a primary tooth.
- Crowns are being planned to alter vertical dimension.

8.03 Criteria for Endodontics

Documentation needed for medical necessity review of procedure:

- Sufficient and appropriate radiographs clearly showing the adjacent and opposing teeth and a pre-operative radiograph of the tooth to be treated; bitewings, periapicals or panorex. A dated post-operative radiograph must be submitted for review for payment.
- Treatment rendered under emergency conditions, when authorization is not possible, will still require that appropriate radiographs clearly showing the adjacent and opposing teeth, pre-operative radiograph and dated post-operative radiograph of the tooth treated with the claim for retrospective review for payment. In cases where pathology is not apparent, a written narrative justifying treatment is required.

Criteria:

Root canal therapy is performed in order to maintain teeth that have been damaged through trauma or carious exposure.

Root canal therapy must meet the following criteria:

- Fill should be sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the dentist's ability to fill the canal to the apex.
- Fill must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

Medical necessity for Root Canal therapy will not meet criteria if:

- Gross periapical or periodontal pathosis is demonstrated radiographically (caries subcrestal or to the furcation, deeming the tooth non-restorable).
- The general oral condition does not justify root canal therapy due to loss of arch integrity.
- Root canal therapy is not for third molars, unless they are an abutment for a partial denture.
- Tooth does not demonstrate 50% bone support.
- Root canal therapy is in anticipation of placement of an overdenture.
- A filling material not accepted by the Federal Food and Drug Administration (e.g. Sargenti filling material) is used.

Other Considerations

- Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obliteration of root canal(s), and progress radiographs, including a root canal fill radiograph.
- In cases where the root canal filling does not meet DentaQuest's treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after DentaQuest reviews the circumstances.

8.04 Criteria for Stainless Steel Crowns

Although authorization for Stainless Steel Crowns is not required, documentation justifying the need for treatment using Stainless Steel Crowns must be made available upon request for review by DentaQuest pre-operatively or post-operatively and include the following:

- Appropriate diagnostic radiographs clearly showing the adjacent and opposing teeth and pathology or caries-detecting intra-oral photographs if radiographs could not be made.
- Copy of patient's dental record with complete caries charting and dental anomalies.
- Copy of detailed treatment plan.

Note: Failure to submit the required documentation if requested may result in the recoupment of benefits on a paid claim.

Criteria

- In general, criteria for stainless steel crowns will be met only for teeth needing multi-surface restorations or where amalgams, composites, and other restorative materials have a poor prognosis.
- Permanent molar teeth should have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and/or two or more cusps.
- Permanent bicuspid teeth should have pathologic destruction to the tooth by caries or trauma and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth should have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and at least 50% of the incisal edge.
- Primary anterior teeth should have pathologic destruction to the tooth by caries or trauma and should involve two or more surfaces or incisal decay resulting in an enamel shell.
- Primary molars should have pathologic destruction to the tooth by caries or trauma and should involve two or more surfaces or substantial occlusal decay resulting in an enamel shell.
- Primary teeth that have had a pulpotomy or pulpectomy performed.

Note: DentaQuest may require a second provider opinion for requests of more than four stainless steel crowns per patient.

Medical necessity for a crown on a permanent tooth following root canal therapy must meet the following criteria:

- Claim should include a dated post-endodontic radiograph.
- Tooth should be filled sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the dentist's ability to fill the canal to the apex.
- The filling must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

To meet criteria, a crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.

- The patient must be free from active and advanced periodontal disease.
- The permanent tooth must be at least 50% supported in bone.
- Stainless steel crowns on permanent teeth are expected to last five years.

Criteria for treatment using stainless steel crowns will not be met if:

- A lesser means of restoration is possible.
- Tooth has subosseous and/or furcation caries.
- Tooth has advanced periodontal disease.
- Member is age 6 or older and tooth is a primary tooth with exfoliation imminent.
- Crowns are being planned to alter vertical dimension.
- Tooth has no apparent pathologic destruction due to caries or trauma.

8.05 Criteria for General Anesthesia and Intravenous (IV) Sedation

Documentation needed for medical necessity review of procedure:

- Treatment plan (authorized if necessary).
- Narrative describing medical necessity for General Anesthesia or IV Sedation.
- Treatment rendered under emergency conditions, when authorization is not possible, will still require submission of treatment plan and narrative of medical necessity with the claim for review for payment.

Criteria

Requests for general anesthesia or IV sedation will be authorized (for procedures covered by Health Plan) if any of the following criteria are met:

- Extensive or complex oral surgical procedures such as:
  - Impacted wisdom teeth.
  - Surgical root recovery from maxillary antrum.
  - Surgical exposure of impacted or unerupted cuspids.
  - Radical excision of lesions in excess of 1.25 cm. and/or one of the following medical conditions:
- Medical condition(s) which require monitoring (e.g. cardiac problems, severe hypertension).

- Underlying hazardous medical condition (cerebral palsy, epilepsy, mental retardation, including Down's syndrome) which would render patient non-compliant.
- Documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective.
- Patients 3 years old and younger with extensive procedures to be accomplished.

8.06 Criteria for Authorization of Operating Room (OR) Cases or Special Procedure Units (SPU)

DentaQuest may deny coverage for the services for patients over age 21*.

All Operating Room (OR) Cases or (SPU) Must Have Prior Authorization (Except In Emergencies).

Providers must submit the following documents for review by DentaQuest for authorization of OR cases:

- Copy of the patient's dental record including health history, charting of the teeth, and existing oral conditions.
- Diagnostic radiographs or caries-detecting intra-oral photographs†.
- Copy of treatment plan. A completed ADA claim form submitted for an authorization may serve as a treatment plan.
- Narrative describing medical necessity for OR.

Note: Failure to submit the required documentation may result in a denied request and denied payment of a claim related to that request.

† On occasion, due to the lack of physical or emotional maturity, or a disability, a patient may not cooperate enough for radiographs or intra-oral photographs to be made. If this occurs, it must be noted in the patient record and narrative describing medical necessity. Dentists who "routinely" fail to submit radiographs or intra-oral photographs may be denied authorization for treatment.

Extensive treatment plans including endodontics, implants, prosthodontics, or multiple crowns may require a second opinion as determined by DentaQuest.

The provider is responsible for choosing facilities/providers from Member's MCO panel, obtaining all necessary authorizations, and obtaining a medical history and physical examination by the patient's primary care provider. DentaQuest would not recommend that providers submit this documentation with the authorization request but would assume that this information would be documented in the patient record.

Criteria

In most situations, OR cases will be authorized for covered procedures if the following is (are) involved:

- Young children requiring extensive operative procedures such as multiple restorations, treatment of multiple abscesses, and/or oral surgical procedures if authorization documentation indicates that in-office treatment (nitrous oxide, oral, IM, or IV sedation) is not appropriate and hospitalization is not solely based upon reducing, avoiding, or controlling apprehension, or upon Provider or Member

convenience.

- Patients requiring extensive dental procedures and classified as American Society of Anesthesiologists (ASA) class III and ASA class IV (Class III – patients with uncontrolled disease or significant systemic disease; for recent MI, recent stroke, new chest pain, etc. Class IV – patient with severe systemic disease that is a constant threat to life).*
- Medically compromised patients whose medical history indicates that the monitoring of vital signs, or the availability of resuscitative equipment is necessary during extensive dental procedures.*
- Patients requiring extensive dental procedures with a medical history of uncontrolled bleeding, severe cerebral palsy, or other medical condition that renders in-office treatment medically appropriate.*
- Patients requiring extensive dental procedures who have documentation of psychosomatic disorders that require special treatment.*
- Cognitively disabled individuals requiring extensive dental procedures whose prior history indicates hospitalization is appropriate.*

*** The medical condition should be verified by a PCP narrative, which is submitted with the authorization request.**

Participating Hospitals
DentaQuest does not pay for hospital or Ambulatory Surgical Center (ASC) facility-related Services. In the scenario of a dental service being performed in a hospital/ASC unit, these services should be directed to the Member's Medical Insurer for coverage/payment of facility- related services. Following the normal procedures and ORM requirements, DentaQuest will pay for the dental services conducted in this scenario but will not pay for the facility- related and medical services (e.g. anesthesia Operating Room facility charges, etc.).The Facility should submit precertification request to CareSource Medical UM. If you have any questions regarding the role of DentaQuest in hospitalization or utilization of a medical facility for dental services, and coordination of these services please contact the provider service number for your market.

8.07 Criteria for Removable Prosthodontics (Full and Partial Dentures)

Treatment rendered may be subject to retrospective review

Documentation needed for medical necessity review of procedure:

- Treatment plan.
- Appropriate radiographs clearly showing the adjacent and opposing teeth must be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered without necessary authorization will still require appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.
- Fabrication of a removable prosthetic includes multiple steps(appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation.

Criteria

Prosthetic services are intended to restore oral form and function due to premature loss of permanent teeth that would result in significant occlusal dysfunction.

- A denture is determined to be an initial placement if the patient has never worn prosthesis. This does not refer to just the time a patient has been receiving treatment from a certain Provider.
- Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
- Radiographs must show no untreated cavities or active periodontal disease in the abutment teeth, and abutments must be at least 50% supported in bone.
- As part of any removable prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis.
- In general, if there is a pre-existing removable prosthesis (includes partial and full dentures), it must be at least 5 years old and unserviceable to qualify for replacement.
- The replacement teeth should be anatomically full-sized teeth.
- If there is a pre-existing prosthesis, it must be at least 5 years old and unserviceable to qualify for replacement.
- Adjustments, repairs and relines are included with the denture fee within the first 6 months after insertion. After that time has elapsed:
- Adjustments will be reimbursed at one per calendar year per denture.
- Repairs will be reimbursed at two repairs per denture per year, with five total denture repairs per 5 years.
- Relines will be reimbursed once per denture every 36 months.
- A new prosthesis will not be reimbursed for within 24 months of reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted.

Medical necessity for Removable prosthesis will not meet criteria:

- If there is a pre-existing prosthesis which is not at least 5 years old and unserviceable.
- If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.
- If there are untreated cavities or active periodontal disease in the abutment teeth.
- If abutment teeth are less than 50% supported in bone.
- If the recipient cannot accommodate and properly maintain the prosthesis (i.e., Gag reflex, potential for swallowing the prosthesis, severely handicapped) If the recipient has a history or an inability to wear a prosthesis due to psychological or physiological reasons.
- If a partial denture, less than five years old, is converted to a temporary or permanent complete denture.
- If extensive repairs are performed on marginally functional partial dentures, or when a new partial denture would be better for the health of the recipient.

However, adding teeth and/or a clasp to a partial denture is a covered benefit if the addition makes the denture functional.

- **Replacement of lost, stolen, or broken dentures less than 5 years of age usually will not meet criteria for coverage of a new denture.**

Other Requirements

- The use of Preformed Dentures with teeth already mounted (that is, teeth set in acrylic before the initial impression) cannot be used for the fabrication of a new denture.
- All prosthetic appliances shall be inserted in the mouth and adjusted before a claim is submitted for payment.
- When billing for partial and complete dentures, dentists must list the date of the impression as the date of service, but a claim should not be submitted until the partial or complete denture has been delivered to the patient.

8.08 Criteria for Fixed Prosthodontics

Treatment rendered may be subject to retrospective review.

Documentation needed for medical necessity review of procedure:

- Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered without necessary authorization will still require that sufficient and appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.
- The placement of a fixed prosthetic appliance will only be considered for those exceptional cases where there is a documented physical or neurological disorder that would preclude placement of a removable prosthesis.
- Prosthetic services are intended to restore oral form and function due to premature loss of permanent teeth that would result in significant occlusal dysfunction.
- Fixed Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.

As part of any fixed prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis. When billing for fixed partial dentures, dentists must list the date of the impression as the date of service, but a claim should not be submitted until the denture has been delivered to the patient. Recipients must be eligible on that date for the denture service to be covered.

Medical necessity for prosthesis does not meet criteria:

- If appropriate documentation is not received documenting physical or neurological disorders precluding the placement of a removable prosthesis.
- If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.
- If abutment teeth are less than 50% supported in bone.
- If there are untreated cavities or active periodontal disease in the abutment teeth.

8.09 Criteria for the Excision of Bone Tissue

To ensure the proper seating of a removable prosthetic (partial or full denture) some treatment plans may require the removal of excess bone tissue prior to the fabrication of the prosthesis. Clinical guidelines have been formulated for the dental consultant to ensure that the removal of tori (mandibular and palatal) is an appropriate course of treatment prior to prosthetic treatment.

Code D7471 (CDT) is related to the removal of the lateral exostosis. This code is subject to medical necessity review and may be reimbursed for when submitted in conjunction with a treatment plan that includes removable prosthetics. These determinations will be made by the appropriate dental specialist/consultant.

Documentation needed for medical necessity review of procedure:

- Appropriate radiographs and/or intraoral photographs/bone scans which clearly identify the lateral exostosis must be submitted for authorization review; bitewings, periapicals or panorex.
- Treatment plan – includes prosthetic plan.
- Narrative of medical necessity, if appropriate.
- Study model or photo clearly identifying the lateral exostosis(es) to be removed.

8.10 Criteria for the Determination of a Non-Restorable Tooth

In the application of clinical criteria for benefit determination, dental consultants must consider the overall dental health. A tooth that is determined to be non-restorable may be subject to an alternative treatment plan.

A tooth may be deemed non-restorable if one or more of the following criteria are present:

- The tooth presents with greater than a 75% loss of the clinical crown.
- The tooth has less than 50% bone support.
- The tooth has subosseous and/or furcation caries.
- The tooth is a primary tooth with exfoliation imminent.
- The tooth apex is surrounded by severe pathologic destruction of the bone.
- The overall dental condition (i.e. periodontal) of the patient is such that an alternative treatment plan would be better suited to meet the patient's needs.

8.11 Criteria for Periodontal Treatment

Documentation needed for medical necessity review of procedure:

- Radiographs – periapicals or bitewings preferred.
- Complete periodontal charting with AAP Case Type.
- Treatment plan.

Periodontal scaling and root planing, per quadrant involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic in nature. Root planing is the definitive procedure designed for the removal of cementum

and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedures in others.

It is anticipated that this procedure would be requested in cases of severe periodontal conditions (i.e. late Type II, III, IV periodontitis) where definitive comprehensive root planing requiring local/regional block anesthesia and several appointments would be indicated.

From the American Academy of Periodontology (AAP) Policy on Scaling and Root Planing:

"Periodontal scaling is a treatment procedure involving instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces. It is performed on patients with periodontal disease and is therapeutic, not prophylactic, in nature. Periodontal scaling may precede root planing, which is the definitive, meticulous treatment procedure to remove cementum and/or dentin that is rough and may be permeated by calculus or contaminated with toxins or microorganisms. Periodontal scaling and root planing are arduous and time consuming. They may need to be repeated and may require local anesthetic."

Criteria

- A minimum of four (4) teeth affected in the quadrant. Periodontal charting indicating abnormal pocket depths in multiple sites.
- Additionally, at least one of the following must be present:
    1) Radiographic evidence of root surface calculus.
    2) Radiographic evidence of noticeable loss of bone support.

8.12 Criteria for Implants

Implants will only be considered when a single tooth is missing in an arch (excluding third molars) or as support for an implant supported full denture (maximum allowance is four implants on the maxillary arch and two implants on the mandibular arch)

Dentulous arch:

- Replaces a single missing tooth in an arch, with no other missing teeth (excluding 3rd molars)
- Greater than 50% bone support in remaining arch
- Adequate space to accommodate implant and an anatomically correct restorative crown
- Restorative services have been completed on remainder of arch
- Absence of active periodontal disease

Edentulous arch:

- Only allowed in completely edentulous arches
- Implant placement is limited to four in the maxillary arch and two in the mandibular arch

- Patient should have a history of failed attempt at retaining a full denture in same arch
- Evidence of inadequate bone to support a traditional prosthesis

Additional Resources

Welcome to the DentaQuest provider forms and attachment resource page. The links below provide methods to access and acquire both electronic and printable forms addressed within this document. To view copies please visit our website at www.dentaquest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your 'State" and press go. You will then be able to log in using your password and User ID. Once logged in, select the link "Related Documents" to access the following resources:

- Dental Claim Form
- Instructions for Dental Claim Form
- Initial Clinical Exam Form
- Recall Examination Form
- Authorization for Dental Treatment
- Direct Deposit Form
- Medical and Dental History
- Provider Change Form
- Request for Transfer of Records
- Acknowledgment of Disclosure and Acceptance Member Financial Responsibility for Non-Covered Services Consent Form

The forms can also be found within this manual.

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization
☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) | 7. Gender ☐M ☐F ☐U | 8. Policyholder/Subscriber ID (Assigned by Plan)

9. Plan/Group Number | 10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) | 14. Gender ☐M ☐F ☐U | 15. Policyholder/Subscriber ID (Assigned by Plan)

16. Plan/Group Number | 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other | 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) | 22. Gender ☐M ☐F ☐U | 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier ☐☐ (ICD-10 = AB)
34a. Diagnosis Code(s) (Primary diagnosis in "A") A _____ B _____ C _____ D _____

31a. Other Fee(s)
32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X _____
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X _____
Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI | 50. License Number | 51. SSN or TIN

52. Phone Number ( ) - | 52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment [ ] (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims") | 39. Enclosures (Y or N) ☐

40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42) | 41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment | 43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44) | 44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from ☐ Occupational Illness/Injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) | 47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X _____
Signed (Treating Dentist) Date

54. NPI | 55. License Number

56. Address, City, State, Zip Code | 56a. Provider Specialty Code

57. Phone Number ( ) - | 58. Additional Provider ID

J430 (Same as ADA Dental Claim Form – J431, J432, J433, J434, J430D)
To reorder call 800.947.4746 or go online at ADAcatalog.org

ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

GENERAL INSTRUCTIONS

A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.

B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.

C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.

D. All dates must include the four-digit year.

E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)

Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)

Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

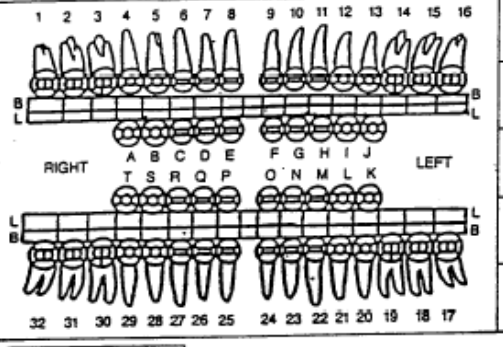
Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"

ALLERGY	PRE MED	MEDICAL ALERT

INITIAL CLINICAL EXAM

PATIENT'S NAME _____ Last First Middle



GINGIVA

MOBILITY

PROTHESIS EVALUATION

OCCLUSION I II III

PATIENT'S CHIEF COMPLAINT

	OK
LYMPH NODES	
PHARYNX	
TONSILS	
SOFT PALATE	
HARD PALATE	
FLOOR OF MOUTH	
TONGUE	
VESTIBULES	
BUCCAL MUCOSA	
LIPS	
SKIN	
TMJ	
ORAL HYGIENE	
PERIO EXAM	

CLINICAL FINDINGS/COMMENTS

RADIOGRAPHS	B/P	RDH/DDS

RECOMMENDED TREATMENT PLAN

TOOTH OR AREA	DIAGNOSIS	PLAN A	PLAN B

SIGNATURE OF DENTIST DATE

Note: The above form is intended to be a sample. DentaQuest is not mandating the use of this form. Please refer to State statutes for specific State requirements and guidelines.

RECALL EXAMINATION

PATIENT'S NAME_____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY_____

	OK		OK
LYMPH NODES		TMJ	
PHARYNX		TONGUE	
TONSILS		VESTIBULES	
SOFT PALATE		BUCCAL MUCOSA	
HARD PALATE		GINGIVA	
FLOOR OF MOUTH		PROSTHESIS	
LIPS		PERIO EXAM	
SKIN		ORAL HYGIENE	

CLINICAL FINDINGS/COMMENTS

RADIOGRAPHS	B/P	RDH/DDS

R **WORK NECESSARY**

TOOTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
SERVICE																
TOOTH	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
SERVICE																

COMMENTS:

_____

_____

_____

_____

_____

RECALL EXAMINATION

PATIENT'S NAME_____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY_____

	OK		OK
LYMPH NODES		TMJ	
PHARYNX		TONGUE	
TONSILS		VESTIBULES	
SOFT PALATE		BUCCAL MUCOSA	
HARD PALATE		GINGIVA	
FLOOR OF MOUTH		PROSTHESIS	
LIPS		PERIO EXAM	
SKIN		ORAL HYGIENE	

CLINICAL FINDINGS/COMMENTS

RADIOGRAPHS	B/P	RDH/DDS

R **WORK NECESSARY**

TOOTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
SERVICE																
TOOTH	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
SERVICE																

COMMENTS:

_____

_____

_____

Note: The above form is intended to be a sample.
DentaQuest is not mandating the use of this form.
Please refer to State statutes for specific State requirements and guidelines.

Authorization for Dental Treatment

I hereby authorize Dr. _____ and his/her associates to provide dental services, prescribe, dispense and/or administer any drugs, medicaments, antibiotics, and local anesthetics that he/she or his/her associates deem, in their professional judgement, necessary or appropriate in my care.

I am informed and fully understand that there are inherent risks involved in the administration of any drug, medicament, antibiotic, or local anesthetic. I am informed and fully understand that there are inherent risks involved in any dental treatment and extractions (tooth removal). The most common risks can include, but are not limited to:

> Bleeding, swelling, bruising, discomfort, stiff jaws, infection, aspiration, paresthesia, nerve disturbance or damage either temporary or permanent, adverse drug response, allergic reaction, cardiac arrest.

I realize that it is mandatory that I follow any instructions given by the dentist and/or his/her associates and take any medication as directed.

Alternative treatment options, including no treatment, have been discussed and understood. No guarantees have been made as to the results of treatment. A full explanation of all complications is available to me upon request from the dentist.

Procedure(s): _____

Tooth Number(s): _____

Date: _____

Dentist: _____

Patient Name: _____

Legal Guardian/
Patient Signature: _____

Witness: _____

Note: The above form is intended to be a sample. DentaQuest is not mandating the use of this form. Please refer to State statutes for specific State requirements and guidelines.

AUTHORIZATION TO HONOR DIRECT AUTOMATED CLEARING HOUSE (ACH) CREDITS DISBURSED BY DENTAQUEST, LLC

INSTRUCTIONS

1. Complete all parts of this form.
2. Execute all signatures where indicated. If account requires counter signatures, both signatures must appear on this form.
3. **IMPORTANT:** Attach voided check from checking account.

MAINTENANCE TYPE:

_____ Add
_____ Change (Existing Set Up)
_____ Delete (Existing Set Up)

ACCOUNT HOLDER INFORMATION:

Account Number: _____

Account Type: _____Checking

_____Personal _____Business (choose one)

Bank Routing Number: ____ ____ ____ ____ ____ ____ ____ ____ ____

Bank Name: _____

Account Holder Name: _____

Effective Start Date: _____

As a convenience to me, for payment of services or goods due me, I hereby request and authorize **DentaQuest** to credit my bank account via Direct Deposit for the (agreed upon dollar amounts and dates.) I also agree to accept my remittance statements online and understand paper remittance statements will no longer be processed.

This authorization will remain in effect until revoked by me in writing. I agree you shall be fully protected in honoring any such credit entry.

I understand in endorsing or depositing this check that payment will be from Federal and State funds and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws.

I agree that your treatment of each such credit entry, and your rights in respect to it, shall be the same as if it were signed by me. I fully agree that if any such credit entry be dishonored, whether with or without cause, you shall be under no liability whatsoever.

_____ _____
Date Print Name

_____ _____
Phone Number Signature of Depositor (s) (As shown on Bank records for the account, which this authorization applicable.)

_____
Legal Business/Entity Name (As appears on W-9 submitted to DentaQuest)

_____
Tax Id (As appears on W-9 submitted to DentaQuest)

MEDICAL AND DENTAL HISTORY

Patient Name: _____ Date of Birth: _____

Address: _____

Why are you here today? _____

Are you having pain or discomfort at this time? Yes/No____

If yes, what type and where? _____

Have you been under the care of a medical doctor during the past two years? Yes/No____

Medical Doctor's Name: _____

Address: _____

Telephone: _____

Have you taken any medication or drugs during the past two years? Yes/No____

Are you now taking any medication, drugs, or pills? Yes/No____

If yes, please list medications: _____

Are you aware of being allergic to or have you ever reacted badly to any medication or substance? Yes/No____

If yes, please list: _____

When you walk up stairs or take a walk, do you ever have to stop because of pain in your chest, shortness or breath, or because you are very tired? Yes/No____

Do your ankles swell during the day? Yes/No____

Do you use more than two pillows to sleep? Yes/No____

Have you lost or gained more than 10 pounds in the past year? Yes/No____

Do you ever wake up from sleep and feel short of breath? Yes/No____

Are you on a special diet? Yes/No____

Has your medical doctor ever said you have cancer or a tumor? Yes/No____

If yes, where? _____

Do you use tobacco products (smoke or chew tobacco)? Yes/No____

If yes, how often and how much? _____

Do you drink alcoholic beverages (beer, wine, whiskey, etc.)? Yes/No____

Do you have or have you had any disease, or condition not listed? Yes/No____

If yes, please list: _____

Indicate which of the following you have had, or have at present. Circle "Yes" or "No" for each item.

Heart Disease or Attack	Yes/No_	Stroke	Yes/No_	Hepatitis C	Yes/No_
Heart Failure	Yes/No_	Kidney Trouble	Yes/No_	Arteriosclerosis (hardening of arteries)	Yes/No_
Angina Pectoris	Yes/No_	High Blood Pressure	Yes/No_	Ulcers	Yes/No_
Congenital Heart Disease	Yes/No_	Venereal Disease	Yes/No_	AIDS	Yes/No_
Diabetes	Yes/No_	Heart Murmur	Yes/No_	Blood Transfusion	Yes/No_
HIV Positive	Yes/No_	Glaucoma	Yes/No_	Cold sores/Fever blisters/ Herpes	Yes/No_
High Blood Pressure	Yes/No_	Cortisone Medication	Yes/No_	Artificial Heart Valve	Yes/No_
Mitral Valve Prolapse	Yes/No_	Cosmetic Surgery	Yes/No_	Heart Pacemaker	Yes/No_
Emphysema	Yes/No_	Anemia	Yes/No_	Sickle Cell Disease	Yes/No_
Chronic Cough	Yes/No_	Heart Surgery	Yes/No_	Asthma	Yes/No_
Tuberculosis	Yes/No_	Bruise Easily	Yes/No_	Yellow Jaundice	Yes/No_
Liver Disease	Yes/No_	Rheumatic fever	Yes/No_	Rheumatism	Yes/No_
Arthritis	Yes/No_	Epilepsy or Seizures	Yes/No_	Fainting or Dizzy Spells	Yes/No_
Allergies or Hives	Yes/No_	Nervousness	Yes/No_	Chemotherapy	Yes/No_
Sinus Trouble	Yes/No_	Radiation Therapy	Yes/No_	Drug Addiction	Yes/No_
Pain in Jaw Joints	Yes/No_	Thyroid Problems	Yes/No_	Psychiatric Treatment	Yes/No_
Hay Fever	Yes/No_	Hepatitis A (infectious)	Yes/No_		
Artificial Joints (Hip, Knee, etc.)	Yes/No_	Hepatitis B (serum)	Yes/No_		

For Women Only:

Are you pregnant? Yes/No____

If yes, what month? _____

Are you nursing? Yes/No____

Are you taking birth control pills? Yes/No____

I understand the above information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions truthfully.

Patient Signature: _____Date: _____

Dentist's Signature: _____Date: _____

Review Date	Changes in Health Status	Patient's signature	Dentist's signature

Note: The above form is intended to be a sample. DentaQuest is not mandating the use of this form. Please refer to State statutes for specific State requirements and guidelines.

Provider Change Form

Provider Name	
Provider NPI	
Tax ID	
Location Address	**GID #**
Location Address	**GID#**
Location Address	**GID#**

Please check the box preceeding the change (s) you would like to have made to the providers record.

		Current Info	New Info	Effective Date
Provider Demographic Changes				
	Name (provide proof of name change)			
	Date of Birth			
	Degree			
	Social Security #			
	Gender			
	Medicaid number update			
	Dental Home Update			
	Provider NPI			
	Correspondence Address			
Provider License Updates				
	Dental License			
	DEA			
	Anesthesia License			
Location Changes				
	Service Office name			
	Service office Address			
	Phone number			
	Fax Number			
	Age Limitations			
	Office Hours			
	Not on directory			
	Existing Patients Only			
	Term provider from this location			
	Dental Home/ Capitation Attributes			
Business Changes				
	Business Name Change - You must submit a new contract and W9 along with this request			
	Tax ID Change - you must submit a new contract and W9 along with this request			
	Business NPI			
Add a new location				
	Add credentialed provider to a new location under the existing Tax ID indicated above			
	Add credentialed provider to an existing location			
Payment Address Changes				
	Change address where EOB's are sent			
	Add or Change EFT information - you must submit the EFT form and a voided check with this request			

This form may be submitted by
Mail to: DentaQuest Credentialing 12121 N. Corporate Parkway Mequon WI 53092
Email to: standardupdates@dentaquest.com
Fax to: 262-241-4077

Request for Transfer of Records

I, _____, hereby request and give my permission to Dr. _____to provide Dr._____any and all information regarding past dental care for _____.

Such records may include medical care and treatment, illness or injury, dental history, medical history, consultation, prescriptions, radiographs, models and copies of all dental records and medical records.

Please have these records sent to:

_____

_____

_____

Signed: _____ Date: _____
(Patient)

Signed: _____ Date: _____

(Parent, Legal Guardian or Custodian of the Patient, if Patient is a Minor)

Address: _____

Address: _____

Phone: _____

Acknowledgment of Disclosure and Acceptance Member Financial Responsibility for Non-Covered Services
CONSENT FORM

Member Name: _____

Member ID: _____

Treating Provider Name: _____

Service Location Name and Address: _____

Not all dental services are covered by your health plan. Some services are covered, but only within specific time frames (twice per year, once per year, once every 5 years, etc.) Services requested or received more frequently than your benefit allows are considered to be non-covered. Some services also have criteria that must be met to be covered. This is called "medical necessity". If the service is not medically necessary, the service is not covered. The following service(s) are recommended for the above named patient, but are not covered services:

Non-Covered Services

Code	Cost	Description	Reason service is not covered

I understand that the above services are not covered by my health plan, and that I am personally responsible for paying the dentist if I choose to receive these services. My signature shows that I understand this responsibility and will pay the dentist when I receive his/her billing statement.

_____ _____
Member Signature Date

_____
Date

_____
Witness Signature

APPENDIX B

Providers with benefit questions should contact DentaQuest's Customer Service Department directly at:

855-453-5287

Dental offices are not allowed to charge Members for missed appointments. Plan Members are to be allowed the same access to dental treatment, as any other patient in the dental practice. Private reimbursement arrangements may be made only for non-covered services.

DentaQuest recognizes tooth letters "A" through "T" for primary teeth and tooth numbers "1" to "32" for permanent teeth. Supernumerary teeth should be designated by "AS through TS" for primary teeth and tooth numbers "51" to "82" for permanent teeth. These codes must be referenced in the patient's file for record retention and review. **All dental services performed must be recorded in the patient record, which must be available as required by your Participating Provider Agreement.**

For reimbursement, DentaQuest Providers should bill only per unique surface regardless of location. For example, when a dentist places separate fillings in both occlusal pits on an upper permanent first molar, the billing should state a one surface occlusal amalgam ADA code D2140. Furthermore, DentaQuest will reimburse for the total number of surfaces restored per tooth, per day; (i.e. a separate occlusal and buccal restoration on tooth 30 will be reimbursed as 1 (OB) two surface restoration).

The DentaQuest claim system can only recognize dental services described using the current American Dental Association CDT code list or those as defined as a Covered Benefit. All other service codes not contained in the following tables will be rejected when submitted for payment. A complete, copy of the CDT book can be purchased from the American Dental Association at the following address:

American Dental Association

211 East Chicago Avenue

Chicago, IL 60611

312-440-2500

DentaQuest reminds dentists that comprehensive services under **traditional Medicare** such as services due to traumatic injury of the face or jaw, limited dental services integral to underlying health condition (e.g. kidney transplant, heart valve replacement, services necessary prior to radiation treatment) and some dental – related hospitalizations are usually covered under the patient's medical, not dental plan, and will be processed according to the medical plan benefits. Visit **CareSource.com** for additional information on medical policies and CareSource medical claims submission process.

CareSource Medicare Plans
BENEFITS EFFECTIVE JANUARY 1, 2024.
Benefit Design
Dual Eligible Special Needs (DSNP) Plans
CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)

DIAGNOSTIC AND PREVENTIVE SERVICES		
Diagnostic, Preventive and comprehensive dental services are subject to the following annual maximums: OH -- $6,000; Georgia -- $4,000. There is no annual deductible or copay.		
DIAGNOSTIC DENTAL		
COVERED SERVICES		**MEMBER COPAY/COINSURANCE**
CATEGORY	LIMITS/FREQUENCY	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)
Dental Exams	One oral evaluation every six months Comprehensive oral evaluations once per 3 calendar years	$0
Radiographs (X-Rays)	Horizontal or Vertical Bitewings once per calendar year Individual x-ray (Periapical) (initial film and one additional) once per calendar year Intraoral complete series of radiographs (x-rays) or a panoramic radiograph image once per calendar year (as medically necessary)	$0
PREVENTIVE DENTAL		
Cleanings	One routine dental cleaning every six months Periodontal maintenance cleanings covered four times per calendar year	$0
Fluoride Treatment	One application every six months	$0
COMPREHENSIVE DENTAL BENEFITS (BASIC AND MAJOR SERVICES)		
Comprehensive Routine Dental Services are subject to the following annual maximums which apply to all preventive and comprehensive services: OH -- $6,000; Georgia $4,000. There is no annual deductible or copay.		
COVERED SERVICES		**MEMBER COPAY/COINSURANCE**
CATEGORY	LIMITS/FREQUENCY	CARESOURCE DUAL ADVANTAGE™ (HMO D-SNP)
Labs and Other Tests	As Medically Necessary	$0
Minor Restorations (e.g. fillings)	Amalgam (silver) Fillings -or- Resin (tooth-colored fillings) Once per tooth per date of service	$0
Major Restorations (e.g. Crowns, Inlays)	One type of crown or inlay per tooth per five (5) calendar years	$0
Endodontics	Root Canal Treatment (RCT) for a tooth once per lifetime per tooth	$0

Periodontics Surgical	Periodontal Surgical Procedures once per 3 Calendar year(s).Limits may apply per quadrant, tooth, arch, mouth	$0
Periodontics Non-Surgical (e.g. deep cleaning)	Deep Cleaning for four or more teeth in a mouth quadrant -or- one to three teeth in a mouth quadrant every 3 calendar years Removal of extensive plaque and tarter to enable a complete evaluation and diagnosis Once per three calendar years	$0
Prosthodontics (e.g. Dentures and Partials)	One Denture per 5 calendar years One partial per 5 calendar years	$0
Prosthodontics Fixed (e.g. Fixed Bridge)	One type of fixed bridge (tooth or implant supported) per 5 calendar years per tooth	$0
Oral Surgery Simple Extractions	As Medically Necessary	$0
Oral Surgery Surgical Extractions and Other Surgical procedures	One (bone recontouring) Alveoloplasty per section of mouth(quadrant) per lifetime One (ridge procedure) Vestibuloplasty per arch per lifetime	$0
Emergency (Palliative Care)	As Medically Necessary	$0
Anesthesia	Up to 1 ½ hour of anesthesia/sedation time units (deep, moderate, general) parenteral sedation (e.g. via IV) per date of service One unit of nitrous oxide (commonly known as laughing gas) per date of service -or- one unit of non- IV sedation per date of service	$0
Other Adjunctive Procedures	Occlusal Guard as medically indicated Therapeutic drug injection once per surgical procedure as medically necessary One facility/ASC or hospital call per date of service	$0

See benefit tables for complete benefit details, coverage guidelines and criteria.

Medicare Advantage (D-SNP) members have the following annual maximum:
GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.
Diagnostic services include the oral examination, and selected radiographs needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the member's oral health.

Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series.

Reimbursement for radiographs is limited to those films required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations. All radiographs must be of good diagnostic quality properly mounted, dated and identified with the recipient's name and date of birth. Substandard radiographs will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid. Laboratory Services Providers must have a Clinical Laboratory Improvement Amendment (CLIA) certificate for laboratory and pathology charges to be paid. Providers may bill for lab and pathology services if the provider performs the service. The provider may only bill for tests that CLIA has approved to be performed in his/her office.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	One of (D0120) per 6 Month(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No		
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0150) per 3 Calendar year(s) Per Provider OR Location.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No		
D0170	re-evaluation, limited problem focused	All Ages		No		
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0180) per 6 Month(s) Per Provider OR Location.	
D0210	intraoral - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0330, D0372) per 1 Calendar year(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Calendar year(s) Per patient.	

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0230	intraoral - periapical each additional radiographic image	All Ages		No	One of (D0230, D0374) per 1 Calendar year(s) Per patient.	
D0240	intraoral - occlusal radiographic image	All Ages		No	One of (D0240) per 1 Calendar year(s) Per patient.	
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	All Ages		No	One of (D0250) per 1 Calendar year(s) Per patient.	
D0251	extra-oral posterior dental radiographic image	All Ages		No	One of (D0251) per 1 Calendar year(s) Per patient.	
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Calendar year(s) Per patient.	
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Calendar year(s) Per patient.	
D0273	bitewings - three radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Calendar year(s) Per patient.	
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Calendar year(s) Per patient.	
D0277	vertical bitewings - seven to eight films	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Calendar year(s) Per patient.	
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330, D0372) per 1 Calendar year(s) Per patient.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	All Ages		No	One of (D0210, D0330, D0372) per 1 Calendar year(s) Per patient.	
D0373	intraoral tomosynthesis – bitewing radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Calendar year(s) Per patient.	
D0374	intraoral tomosynthesis – periapical radiographic image	All Ages		No	One of (D0230, D0374) per 1 Calendar year(s) Per patient.	

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	All Ages		No	One of (D0210, D0277, D0330, D0372, D0387) per 1 Calendar year(s) Per patient.	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 12 Month(s) Per patient.	
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	All Ages		No	One of (D0230, D0389) per 1 Calendar year(s) Per patient.	
D0480	processing and interpretation of cytologic smears	All Ages		No		
D0502	other oral pathology procedures, by report	All Ages		No		

Exhibit A Benefits Covered for
CareSource Dual Advantage

Medicare Advantage (D-SNP) members have the following annual maximum:
GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	All Ages		No	One of (D1110) per 6 Month(s) Per patient.	
D1206	topical application of fluoride varnish	All Ages		No	One of (D1206, D1208) per 6 Month(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	One of (D1206, D1208) per 6 Month(s) Per patient.	

Exhibit A Benefits Covered for
CareSource Dual Advantage

Medicare Advantage (D-SNP) members have the following annual maximum:
GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.
Reimbursement includes local anesthesia.
Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least thirty-six months.
Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.
When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED.
Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases, direct and indirect pulp caps, curing, and polishing are included as part of the fee for the restoration.
Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed prosthetics should be based on the cementation date.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2150	Amalgam - two surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2160	amalgam - three surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2161	amalgam - four or more surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2331	resin-based composite - two surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2332	resin-based composite - three surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2335	resin-based composite - four or more surfaces (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2390	resin-based composite crown, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2392	resin-based composite - two surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface.	
D2510	inlay - metallic -1 surface	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2520	inlay-metallic-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2530	inlay-metallic-3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2542	onlay - metallic - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2543	onlay-metallic-3 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2544	onlay-metallic-4+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2610	inlay-porce/ceramic-1surface	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2620	inlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2630	inlay-porc/ceramic 3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2642	onlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2643	onlay-porcelain/ceramic-3 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2644	onlay-porcelain/ceramic-4+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2650	inlay-composite/resin 1surface	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2651	inlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2652	inlay-composite/resin-3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2662	onlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2663	onlay-composite/resin-3 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2664	onlay-composite/resin-4+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2710	crown - resin-based composite (indirect)	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2712	crown - 3/4 resin-based composite (indirect)	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2721	crown - resin with predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2722	crown - resin with noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2740	crown - porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2750	crown - porcelain fused to high noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2752	crown - porcelain fused to noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2780	crown - ¾ cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2781	crown - ¾ cast predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2782	crown - ¾ cast noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2783	crown - ¾ porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2790	crown - full cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2792	crown - full cast noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2794	Crown- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No	One of (D2910) per 1 Day(s) Per patient per tooth.	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	All Ages	Teeth 1 - 32	No	One of (D2915) per 1 Day(s) Per patient per tooth.	
D2920	re-cement or re-bond crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2920) per 1 Day(s) Per patient per tooth.	
D2931	prefabricated stainless steel crown-permanent tooth	All Ages	Teeth 1 - 32	No	One of (D2931) per 1 Day(s) Per patient per tooth.	
D2932	prefabricated resin crown	All Ages	Teeth 1 - 32	No	One of (D2932) per 1 Day(s) Per patient per tooth.	
D2940	Placement of interim direct restoration.	All Ages	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	
D2941	Interim therapeutic restoration - primary dentition	All Ages	Teeth A - T	No	One of (D2941) per 1 Lifetime Per patient per tooth.	
D2950	core buildup, including any pins when required	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2951	pin retention - per tooth, in addition to restoration	All Ages	Teeth 1 - 32	No	One of (D2951) per 1 Day(s) Per patient per tooth. when billed with resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	cast post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2953	each additional cast post - same tooth	All Ages	Teeth 1 - 32	No	One of (D2953) per 1 Day(s) Per patient per tooth. When billed with D2952.	
D2954	prefabricated post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2957	each additional prefabricated post - same tooth	All Ages	Teeth 1 - 32	No	One of (D2957) per 1 Day(s) Per patient per tooth.	
D2980	crown repair, by report	All Ages	Teeth 1 - 32	No	One of (D2980) per 1 Day(s) Per patient per tooth.	
D2990	Resin infiltration of incipient smooth surface lesions	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface.	
D2999	unspecified restorative procedure, by report	All Ages	Teeth 1 - 32, A - T	No		

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GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.
Reimbursement includes local anesthesia.
In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.
A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment.
Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g., Sargenti filling material) is not covered.
Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Day(s) Per patient per tooth.	
D3221	pulpal debridement, primary and permanent teeth	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Day(s) Per patient per tooth.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3331	treatment of root canal obstruction; non-surgical access	All Ages	Teeth 1 - 32	No	One of (D3331) per 1 Lifetime Per patient per tooth.	
D3346	retreatment of previous root canal therapy-anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3346) per 1 Lifetime Per patient per tooth.	
D3347	retreatment of previous root canal therapy - premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3347) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy-molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3348) per 1 Lifetime Per patient per tooth.	

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth.	
D3421	apicoectomy - premolar (first root)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth.	
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth.	
D3426	apicoectomy (each additional root)	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Lifetime Per patient per tooth.	
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	No	One of (D3430) per 1 Lifetime Per patient per tooth.	
D3450	root amputation - per root	All Ages	Teeth 1 - 32	No	One of (D3450) per 1 Lifetime Per patient per tooth.	
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3501) per 1 Lifetime Per patient per tooth.	
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3502) per 1 Lifetime Per patient per tooth.	
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption – molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3503) per 1 Lifetime Per patient per tooth.	
D3920	hemisection (including any root removal), not incl root canal therapy	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3920) per 1 Lifetime Per patient per tooth.	
D3999	unspecified endodontic procedure, by report	All Ages	Teeth 1 - 32, A - T	No	One of (D3999) per 1 Lifetime Per patient per tooth.	

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Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211) per 3 Calendar year(s) Per patient per quadrant.	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211) per 3 Calendar year(s) Per patient per quadrant.	
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	All Ages	Teeth 1 - 32	No	One of (D4212) per 3 Calendar year(s) Per patient per tooth.	
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 3 Calendar year(s) Per patient per quadrant.	
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 3 Calendar year(s) Per patient per quadrant.	
D4249	clinical crown lengthening - hard tissue	All Ages	Teeth 1 - 32	No	One of (D4249) per 3 Calendar year(s) Per patient per tooth.	
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4260, D4261) per 3 Calendar year(s) Per patient per quadrant.	
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4260, D4261) per 3 Calendar year(s) Per patient per quadrant.	
D4270	pedicle soft tissue graft procedure	All Ages	Teeth 1 - 32	No	One of (D4270) per 3 Calendar year(s) Per patient.	

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	All Ages	Teeth 1 - 32	No	One of (D4277) per 3 Calendar year(s) Per patient.	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant.	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant.	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4355) per 3 Calendar year(s) Per patient.	
D4910	periodontal maintenance procedures	All Ages		No	Four of (D4910) per 1 Calendar year(s) Per patient.	
D4999	unspecified periodontal procedure, by report	All Ages		No		

Medicare Advantage (D-SNP) members have the following annual maximum:
GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.
Medically necessary partial or full mouth dentures and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem.
Provision for removable prostheses when masticatory function is impaired, or when existing prostheses is unserviceable and when evidence is submitted that indicates that the masticatory insufficiencies are likely to impair the general health of the member.
A preformed denture with teeth already mounted forming a denture module is not a covered service.
Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed prosthetics should be based on the cementation date.
A partial denture that replaces only posterior permanent teeth must include three or more teeth on the dentures that are anatomically correct (natural size, shape, and color) to be compensable (excluding third molars). Partial dentures must include one anterior tooth and/or three posterior teeth (excluding third molars).

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5120	complete denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5130	immediate denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5140	immediate denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5211	maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5212	mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5222	immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5225	maxillary partial denture-flexible base	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5226	mandibular partial denture-flexible base	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5410	adjust complete denture - maxillary	All Ages		No	One of (D5410) per 1 Day(s) Per patient per arch.	
D5411	adjust complete denture - mandibular	All Ages		No	One of (D5411) per 1 Day(s) Per patient per arch.	

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5421	adjust partial denture-maxillary	All Ages		No	One of (D5421) per 1 Day(s) Per patient per arch.	
D5422	adjust partial denture - mandibular	All Ages		No	One of (D5422) per 1 Day(s) Per patient per arch.	
D5511	repair broken complete denture base, mandibular	All Ages		No	One of (D5511) per 1 Day(s) Per patient per arch.	
D5512	repair broken complete denture base, maxillary	All Ages		No	One of (D5512) per 1 Day(s) Per patient per arch.	
D5520	replace missing or broken teeth - complete denture - per tooth	All Ages	Teeth 1 - 32	No	One of (D5520) per 1 Day(s) Per patient per tooth.	
D5611	repair resin partial denture base, mandibular	All Ages		No	One of (D5611) per 1 Day(s) Per patient per arch.	
D5612	repair resin partial denture base, maxillary	All Ages		No	One of (D5612) per 1 Day(s) Per patient per arch.	
D5621	repair cast partial framework, mandibular	All Ages		No	One of (D5621) per 1 Day(s) Per patient per arch.	
D5622	repair cast partial framework, maxillary	All Ages		No	One of (D5622) per 1 Day(s) Per patient per arch.	
D5630	repair or replace broken retentive/clasping materials per tooth	All Ages	Teeth 1 - 32	No	One of (D5630) per 1 Day(s) Per patient per tooth.	
D5640	replace missing or broken teeth – partial denture – per tooth	All Ages	Teeth 1 - 32	No	One of (D5640) per 1 Day(s) Per patient per tooth.	
D5650	add tooth to existing partial denture – per tooth	All Ages	Teeth 1 - 32	No	One of (D5650) per 1 Day(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5660) per 1 Day(s) Per patient per tooth.	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	All Ages		No	One of (D5670) per 1 Day(s) Per patient per tooth.	
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	All Ages		No	One of (D5671) per 1 Day(s) Per patient per tooth.	
D5710	rebase complete maxillary denture	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient.	
D5711	rebase complete mandibular denture	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient.	

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5720	rebase maxillary partial denture	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient.	
D5721	rebase mandibular partial denture	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient.	
D5725	rebase hybrid prosthesis	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5725) per 1 Day(s) Per patient.	
D5730	reline complete maxillary denture (chairside)	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient.	
D5731	reline complete mandibular denture (chairside)	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient.	
D5740	reline maxillary partial denture (chairside)	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient.	
D5741	reline mandibular partial denture (chairside)	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient.	
D5750	reline complete maxillary denture (laboratory)	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient.	
D5751	reline complete mandibular denture (laboratory)	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient.	
D5760	reline maxillary partial denture (laboratory)	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient.	
D5761	reline mandibular partial denture (laboratory)	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient.	
D5765	soft liner for complete or partial removable denture – indirect	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5765) per 1 Day(s) Per patient.	
D5850	tissue conditioning, maxillary	All Ages		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5851	tissue conditioning,mandibular	All Ages		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5863	Overdenture - complete maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5864	Overdenture - partial maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 5 Calendar year(s) Per patient.	

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5865	Overdenture - complete mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5866	Overdenture - partial mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5876	Use of metal substructure in removable complete dentures without a framework	All Ages	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of servcie as D5110, D5120, D5130, D5140.	
D5899	unspecified removable prosthodontic procedure, by report	All Ages		No		

Medicare Advantage (D-SNP) members have the following annual maximum:
GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6010	surgical placement of implant body: endosteal implant	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6010, D6013) per 5 Calendar year(s) Per patient per quadrant.	Full mouth x-rays
D6011	second stage implant surgery	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6011) per 5 Calendar year(s) Per patient.	
D6013	surgical placement of mini implant	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6010, D6013) per 5 Calendar year(s) Per patient per quadrant.	Full mouth x-rays
D6040	surgical placement:eposteal implnt	All Ages	Per Arch (01, 02, LA, UA)	Retrospective Review	One of (D6040) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6050	surgical placement-transosteal implant	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6050) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6055	connecting bar - implant supported or abutment supported	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6055) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6056	prefabricated abutment	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6056) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6057	custom abutment	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6057) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6058	abutment supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6058) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6059	abutment supported porcelain fused to metal crown (high noble metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6059) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6060) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6061	abutment supported porcelain fused to metal crown (noble metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6061) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6062	abutment supported cast metal crown (high noble metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6062) per 5 Calendar year(s) Per patient.	Full mouth x-rays

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6063	abutment supported cast metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6063) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6064	abutment supported cast metal crown (noble metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6064) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6065	implant supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6065) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6066	Implant Supported Crown- Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6066) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6067	Implant Supported Crown- High Noble Alloys	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6067) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6068	abutment supported retainer for porcelain/ceramic FPD	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6068) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6069) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6070) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6071) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6072	abutment supported retainer for cast metal FPD (high noble metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6072) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6073) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6074	abutment supported retainer for cast metal FPD (noble metal)	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6074) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6075	implant supported retainer for ceramic FPD	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6075) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6076	Implant Supported Retainer for FPD-Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6076) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6077	Implant Supported Retainer for Metal FPD- High Noble Alloys	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6077) per 5 Calendar year(s) Per patient.	Full mouth x-rays

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D6081) per 1 Day(s) Per patient per tooth.	
D6082	Implant supported crown- porcelain fused to predominently base alloys	All Ages	Teeth 1 - 32	No	One of (D6082) per 5 Calendar year(s) Per patient.	
D6083	Implant supported crown- porcelain fused to noble alloys	All Ages	Teeth 1 - 32	No	One of (D6083) per 5 Calendar year(s) Per patient.	
D6084	Implant supported crown- porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6084) per 5 Calendar year(s) Per patient.	
D6085	provisional implant crown	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6085) per 5 Calendar year(s) Per patient.	Full mouth x-rays
D6086	Implant supported crown- predominately base alloys	All Ages	Teeth 1 - 32	No	One of (D6086) per 5 Calendar year(s) Per patient.	
D6087	Implant supported crown- noble alloys	All Ages	Teeth 1 - 32	No	One of (D6087) per 5 Calendar year(s) Per patient.	
D6088	Implant supported crown- titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6088) per 5 Calendar year(s) Per patient.	
D6090	repair of implant/abutment supported prosthesis	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6090) per 5 Calendar year(s) Per patient per tooth.	Full mouth x-rays
D6091	replacement of attachment- implant/abutment prosthesis	All Ages	Teeth 1 - 32	No	One of (D6091) per 1 Day(s) Per patient per tooth.	
D6092	re-cement or re-bond implant/abutment supported crown	All Ages	Teeth 1 - 32	No	One of (D6092) per 1 Day(s) Per patient per tooth.	
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	All Ages	Teeth 1 - 32	No	One of (D6093) per 1 Day(s) Per patient per tooth.	
D6094	Abutment supported crown- titanium and titanium alloys	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6094) per 1 Day(s) Per patient per quadrant.	Full mouth x-rays
D6095	repair implant abutment	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6095) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6096	remove broken implant retaining screw	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6096) per 1 Day(s) Per patient per tooth.	Full mouth x-rays

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6097) per 1 Day(s) Per patient per tooth.	
D6098	Implant supported retainer-porcelain fused to predominately base alloys	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6098) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys	All Ages	Teeth 1 - 32	No	One of (D6099) per 1 Day(s) Per patient per tooth.	
D6106	guided tissue regeneration – resorbable barrier, per implant	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6107	guided tissue regeneration – non-resorbable barrier, per implant	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6110	Implant/abutment supported removable dentur for edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	Retrospective Review	One of (D6110) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6111	Implant/abutment supported removable dentur for edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	Retrospective Review	One of (D6111) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	Retrospective Review	One of (D6112) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	Retrospective Review	One of (D6113) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6114) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6115) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6116) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	All Ages	Teeth 1 - 32	Retrospective Review	One of (D6117) per 1 Day(s) Per patient per tooth.	Full mouth x-rays

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6118	implant/abutment supported interim fixed denture for edentulous arch – mandibular	All Ages	Per Arch (01, 02, LA, UA)	Retrospective Review	One of (D6118) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6119	implant/abutment supported interim fixed denture for edentulous arch – maxillary	All Ages	Per Arch (01, 02, LA, UA)	Retrospective Review	One of (D6119) per 1 Day(s) Per patient per tooth.	Full mouth x-rays
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6120) per 5 Calendar year(s) Per patient.	
D6121	Implant supported retainer for metal FPD- predominately base alloys	All Ages	Teeth 1 - 32	No	One of (D6121) per 5 Calendar year(s) Per patient.	
D6122	Implant supported retainer for metal FPD- noble alloys	All Ages	Teeth 1 - 32	No	One of (D6122) per 5 Calendar year(s) Per patient.	
D6123	Implant supported retainer for metal FPD- titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6123) per 5 Calendar year(s) Per patient.	
D6195	Abutment Supported Retainer-Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6195) per 5 Calendar year(s) Per patient.	
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	All Ages	Teeth 1 - 32	No	One of (D6197) per 12 Month(s) Per patient per tooth.	

Medicare Advantage (D-SNP) members have the following annual maximum:
GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.
It is DentaQuest's expectation that the Primary Care Dentist (PCD) provide basic and advanced dental services to their patients. However, DentaQuest understands that certain procedures may fall beyond the scope or comfort level of the PCD. To avoid the need for a cumbersome referral process, DentaQuest is leaving the entire process in the hands of the providers. However, DentaQuest's Utilization Management department will continually monitor provider referral patterns to assure appropriate placement of patients and allocation of funds.
Fixed bridgework is generally considered beyond the scope of the Medicaid program. The fabrication of any fixed bridge may be considered only for a patient with no recent caries activity (no initial restorations placed during the past year), no unrestored carious lesions, no significant periodontal bone loss in the same arch and no posterior tooth loss with replaceable space in the same arch. The replacement of a missing tooth or teeth with a fixed partial denture will not be approved under the Medicaid program when either no replacement or replacement with a removable partial denture could be considered appropriate based on Medicaid prosthetic guidelines. The fabrication of fixed and removable partial dentures in the same arch or the use of double abutments will not be approved.
The placement of a fixed prosthetic appliance will only be considered for the anterior segment of the mouth in those exceptional cases where there is a documented physical or neurological disorder that would preclude placement of a removable prosthesis, or in those cases requiring cleft palate stabilization. In cases other than for cleft palate stabilization, treatment would generally be limited to replacement of a single maxillary anterior tooth or replacement of two adjacent mandibular teeth. For a patient whose pulpal anatomy allows crown preparation of abutment teeth without pulp exposure, the construction of a conventional fixed bridge will be approved only for the replacement of a single missing maxillary anterior tooth or two adjacent missing mandibular anterior teeth. Acid etched cast bonded bridges (Maryland Bridges) may be approved only for the replacement of a single missing maxillary anterior tooth; two adjacent missing maxillary anterior teeth, or two adjacent missing mandibular incisors. Approval will only be considered for a patient under the age of 21 or one whose pulpal anatomy precludes crown preparation of abutments without pulp exposure.
BILLING AND REIMBURSEMENT FOR CAST CROWNS AND POST & CORES OR ANY OTHER PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6205	pontic - indirect resin based composite	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6210	pontic - cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6211	pontic-cast base metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6212	pontic - cast noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6214	Pontic - titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6240	pontic-porcelain fused-high noble	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6241	pontic-porcelain fused to base metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6242	pontic-porcelain fused-noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6243	Pontic - Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6245	prosthodontics fixed, pontic - porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6250	pontic-resin with high noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6251	pontic-resin with base metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	
D6252	pontic-resin with noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6545	retainer - cast metal fixed	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6549	Resin retainer-For resin bonded fixed prosthesis	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6600	inlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6601	inlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6602	inlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6603	inlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6604	inlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6605	inlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6606	inlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6607	inlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6608	onlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6609	onlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6610	onlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6611	onlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6612	onlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6613	onlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6614	onlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6615	onlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6624	inlay - titanium	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6634	onlay - titanium	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6710	crown - indirect resin based composite	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6721	crown-resin with base metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6722	crown-resin with noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6740	retainer crown, porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6750	crown-porcelain fused high noble	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6751	crown-porcelain fused to base metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6752	crown-porcelain fused noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6753	Retainer Crown- Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6780	crown-3/4 cst high noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6782	prosthodontics fixed, crown ¾ cast noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6783	prosthodontics fixed, crown ¾ porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6784	Retainer Crown 3/4- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6790	crown-full cast high noble	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6791	crown - full cast base metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6792	crown - full cast noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6794	Retainer crown - titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) per 5 Calendar year(s) Per patient per tooth.	
D6920	connector bar	All Ages	Per Arch (01, 02, LA, UA)	No		
D6930	re-cement or re-bond fixed partial denture	All Ages		No	One of (D6930) per 1 Day(s) Per patient.	
D6980	fixed partial denture repair	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6980) per 1 Day(s) Per patient.	
D6985	pediatric partial denture, fixed	All Ages	Per Arch (01, 02, LA, UA)	No		

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6999	fixed prosthodontic procedure	All Ages	Teeth 1 - 32	No		

GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.
The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.
The incidental removal of a cyst or lesion attached to the root(s) of an extraction is considered part of the extraction or surgical fee and should not be billed as a separate procedure.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7210) per 1 Lifetime Per patient per tooth.	
D7220	removal of impacted tooth-soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7220) per 1 Lifetime Per patient per tooth.	
D7230	removal of impacted tooth-partially bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7230) per 1 Lifetime Per patient per tooth.	
D7240	removal of impacted tooth-completely bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7240) per 1 Lifetime Per patient per tooth.	
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7241) per 1 Lifetime Per patient per tooth.	

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7250	surgical removal of residual tooth roots (cutting procedure)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7250) per 1 Lifetime Per patient per tooth.	
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7251) per 1 Lifetime Per patient per tooth.	
D7252	partial extraction for immediate implant placement	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7140, D7210, D7220, D7230, D7240, D7241, D7250) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7259	nerve dissection	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7259) per 1 Lifetime Per patient per quadrant. Not allowed with D7241	pre-operative x-ray(s)
D7260	oroantral fistula closure	All Ages		No	Two of (D7260) per 1 Day(s) Per patient per arch.	
D7261	primary closure of a sinus perforation	All Ages		No	Three of (D7261) per 1 Day(s) Per patient per arch.	
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Lifetime Per patient per quadrant.	
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Lifetime Per patient per quadrant.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7340) per 1 Lifetime Per patient per arch.	
D7350	vestibuloplasty - ridge extension	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7350) per 1 Lifetime Per patient per arch.	
D7410	radical excision - lesion diameter up to 1.25cm	All Ages		No		

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7411	excision of benign lesion greater than 1.25 cm	All Ages		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	All Ages		No		
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	All Ages		No		
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		No		
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		No		
D7471	removal of exostosis - per site	All Ages	Per Arch (01, 02, LA, UA)	No	Two of (D7471) per 1 Day(s) Per patient per arch.	
D7472	removal of torus palatinus	All Ages		No	One of (D7472) per 1 Day(s) Per patient.	
D7473	removal of torus mandibularis	All Ages		No	Two of (D7473) per 1 Day(s) Per patient.	
D7485	surgical reduction of osseous tuberosity	All Ages		No	Two of (D7485) per 1 Day(s) Per patient.	
D7490	radical resection of maxilla or mandible	All Ages		No		
D7510	incision and drainage of abscess - intraoral soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Not allowed in conjunction with extraction on same date of service.	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7910	suture small wounds up to 5 cm	All Ages		No		

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	All Ages	Teeth 1 - 32	No	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	All Ages	Teeth 1 - 32	No	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	
D7961	buccal / labial frenectomy (frenulectomy)	All Ages		No	One of (D7961, D7963) per 1 Day(s) Per patient per arch.	
D7962	lingual frenectomy (frenulectomy)	All Ages		No	One of (D7962) per 1 Day(s) Per patient per arch.	
D7963	frenuloplasty	All Ages		No	One of (D7961, D7963) per 1 Day(s) Per patient per arch.	
D7970	excision of hyperplastic tissue - per arch	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7970) per 1 Day(s) Per patient per arch.	
D7971	excision of pericoronal gingiva	All Ages	Teeth 1 - 32	No	One of (D7971) per 1 Day(s) Per patient per tooth.	
D7972	surgical reduction of fibrous tuberosity	All Ages		No		

GA: $4,000
OH: $6,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. The Member must be eligible on the date of service.
It is DentaQuest's expectation that the Primary Care Dentist (PCD) provide basic and advanced dental services to their patients. However, DentaQuest understands that certain procedures may fall beyond the scope or comfort level of the PCD. To avoid the need for a cumbersome referral process, DentaQuest is leaving the entire process in the hands of the providers. However, DentaQuest's Utilization Management department will continually monitor provider referral patterns to assure appropriate placement of patients and allocation of funds.
General Anesthesia and IV Sedation will be received on a case by case basis for medical necessity.
The administration of general anesthesia or intravenous (parenteral) sedation will be reimbursed in conjunction with surgical and restorative procedures when performed by a qualified dentist who is certified in dental anesthesia by the New York State Education Department. The cost of analgesic and anesthetic agents (e.g., oral conscious sedatives) is included in the reimbursement for the dental service.
The administration of nitrous oxide, with or withoutlocal anesthetic, but without other agents, is not reimbursable.

Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative treatment of dental pain - per visit	All Ages		No	Not allowed with anything other than D0140 and x-rays.	
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		No	One of (D9222) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day.	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		No	Five of (D9223) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day.	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		No	One of (D9230) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		No	One of (D9239) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day.	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		No	Five of (D9243) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day.	
D9248	non-intravenous moderate sedation	All Ages		No	One of (D9248) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day.	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No	One of (D9310) per 1 Day(s) Per Provider OR Location. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9410	house/extended care facility call	All Ages		No	One of (D9410) per 1 Day(s) Per patient.	
D9420	hospital or ambulatory surgical center call	All Ages		No	One of (D9420) per 1 Day(s) Per patient.	
D9610	therapeutic drug injection, by report	All Ages		No		
D9910	application of desensitizing medicament	All Ages		No		
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	All Ages		No	One of (D9930) per 1 Day(s) Per patient.	
D9943	occlusal guard adjustment	All Ages		No		
D9944	occlusal guard--hard appliance, full arch	All Ages	Per Arch (01, 02, LA, UA)	No		
D9945	occlusal guard--soft appliance full arch	All Ages	Per Arch (01, 02, LA, UA)	No		
D9946	occlusal guard--hard appliance, partial arch	All Ages	Per Arch (01, 02, LA, UA)	No		
D9950	occlusion analysis-mounted case	All Ages		No		
D9951	occlusal adjustment - limited	All Ages		No	One of (D9951) per 1 Day(s) Per patient.	
D9995	teledentistry – synchronous; real-time encounter	All Ages		No		
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	All Ages		No		