

**DentaQuest National Insurance Company, Inc.
(PA)
DBA/DentaQuest
Office Reference Manual**

**Individual Family High
Individual Family Low
Individual Family Basic
Individual Pediatric High**

**96 Worcester Street
Wellesley Hills, MA 02481
1-844-876-3983
<http://www.dentaquest.com>**

January 2024

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**DentaQuest National Insurance Company, Inc.
Address and Telephone Numbers**

DentaQuest Provider and Member Services:

1-844-876-3983

TTY Service:

800.855.2880

Claims Address:

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

Fax:

262.834.3589

Electronic Claims should be sent:

Direct entry on the web – www.dentaquest.com

Or,

Via Clearinghouse – Payer ID CX014
Include address on electronic claims –
DentaQuest, LLC
PO Box 2906
Milwaukee, WI 53201-2906

Credentialing:

PO Box 2906
Milwaukee, WI 53201-2906
Fax: 262.241.4077

Provider Appeals

PO Box 2906

Milwaukee, WI 53201-2906

Fax: 262.834.3452

Email: ComplaintsandGrievances@dentaquest.com



DentaQuest USA Insurance Company, Inc.

STATEMENT OF PROVIDER RIGHTS AND RESPONSIBILITIES

Providers shall have the right and responsibility to:

- 1.00 Communicate with patients, including Members regarding dental treatment options.
- 2.00 Recommend a course of treatment to a Member, even if the course of treatment is not a covered benefit, or approved by Plan/DentaQuest.
- 3.00 File an appeal or complaint pursuant to the procedures of DentaQuest.
- 4.00 Supply accurate, relevant, factual information to a Member in connection with a complaint filed by the Member.
- 5.00 Object to policies, procedures, or decisions made by DentaQuest.
- 6.00 If a recommended course of treatment is not covered, e.g., not approved by 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 such a non-compensable service.
- 7.00 To be informed of the status of their credentialing or recredentialing application, upon request.
- 8.00 Verify member eligibility, benefits and authorizations required for services to be performed

* * *

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.

**Office Reference Manual
Table of Contents**

| Section | Page |
|----------------|-------------|
|----------------|-------------|

Table of Contents

| | |
|---|----|
| DentaQuest Provider and Member Services: | 2 |
| Statement of Provider Rights and Responsibilities | 3 |
| Introduction..... | 5 |
| Definitions..... | 5 |
| Patient Eligibility Verification Procedures..... | 8 |
| Calculating Patient Co-Payments | 10 |
| Coordination of Benefits | 10 |
| Electronic Attachments | 11 |
| Provider Complaints and Appeals Procedure | 12 |
| Claim Submission Procedures | 12 |
| Health Insurance Portability and Accountability Act (HIPAA) | 16 |
| Utilization Management Program | 17 |
| Fraud and Abuse..... | 19 |
| Quality Improvement Program | 19 |
| Credentialing | 20 |
| The Patient Record | 21 |
| Patient Recall System Requirements | 24 |
| Radiology Requirements | 25 |
| Clinical Criteria | 28 |
| Pennsylvania DentaQuest Individual | 38 |
| Waiting Periods | 40 |
| DentaQuest Authorization Process | 41 |

Benefits Covered (Exhibits):

- Exhibit A (Under 19 years old coverage)
- Exhibit B (19 and older coverage)

INTRODUCTION

The information contained in this Provider Office Reference Manual is intended as a resource for you and your staff. It lists our standard administrative guidelines for claims processing as well as information regarding DentaQuest's standard policies. In all cases, specific group contract provisions, limitations and exclusions take precedence.

The introductory pages provide general information about DentaQuest policies. The remaining pages are organized according to the most current edition of the Current Dental Terminology (CDT), published by the American Dental Association (ADA). For complete code descriptions, we strongly encourage you to purchase the most updated official CDT manual from the ADA by calling 1-800-947-4746 or visiting www.ada.org. The presence of a code in the CDT does not automatically mean that it is a covered benefit.

NOTE: DentaQuest reserves the right to add, delete or change the policies and procedures described in this reference guide at any time.

DEFINITIONS

ACA: The Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148).

Adverse determination: a utilization review decision by the Plan, or a health care provider acting on behalf of the Plan that:

- a) decides a proposed or delivered health care service which would otherwise be covered under this Agreement is not, or was not medically necessary, appropriate, or efficient; and
- b) may result in non-coverage of the health care service.

Adverse determination does not include a decision concerning a subscriber's status as a member.

Agreement: refers to this Subscriber Policy, the Schedule of Benefits, the Application, and any applicable Riders, Endorsements and Supplemental Agreements.

Appeal: a protest filed by a Covered Individual or a health care provider with the Plan under its internal appeal process regarding a coverage decision concerning a Covered Individual.

Appeal decision: a final determination by the Plan that arises from an appeal filed with the Plan under its appeal process regarding a coverage decision concerning a Covered Individual.

Balance Billing: When a provider bills for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill for covered services.

Benefit Year: a calendar year for which the Plan provides coverage for dental benefits..

Co-insurance: this means shared coverage. Coinsurance is the percent of covered dental expenses, after the deductible is satisfied, up to the maximum covered charge shown in the Schedule of Benefits.

Co-payment: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Complaint: An oral or written expression of dissatisfaction with the Utilization Review Agent (URA), concerning the URA's process in conducting a utilization review.

Contracting Dentist: a licensed dentist who has entered into an agreement with the Plan to furnish services to its Covered Individuals.

Coverage decision: an initial determination by the Plan, or a representative of the Plan that results in noncoverage of a health care service. Coverage decision includes nonpayment of all or any part of a claim, but does not include an adverse determination as defined above.

Covered dependents: See Family Coverage definition.

Covered individual: a person who is eligible for and receives dental benefits. This usually includes subscribers and their covered dependents.

Covered individual's representative: means an individual who has been authorized by the Covered Individual to file a grievance, an appeal or a complaint on behalf of the Covered Individual.

Date of service: The actual date that the service was completed. With multi-stage procedures, the date of service is the final completion date (the insertion date of a crown, for example).

Deductible: The amount owed for health care services the health insurance or plan covers before the health insurance or plan begins to pay. For example, if the deductible is \$1000, the plan won't pay anything until the \$1000 deductible is met for covered health care services subject to the deductible. The deductible may not apply to all services.

Domestic Partner: means an opposite or same sex partner who has met all of the following requirements for at least 12 months: (1) resides with the covered individual; (2) shares financial assets and obligations with the covered individual; (3) is not related by blood to the covered individual to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which they reside; and (5) neither the covered individual or Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Effective date: the date, as shown on the Plan's records, on which the subscriber's coverage begins under this Agreement or an amendment to it.

Emergency medical condition: a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867 (e)(1)(B) of the Social Security Act, 42 USC section 1395dd(e)(1)(B).

Emergency dental care includes treatment to relieve acute pain or control dental condition that requires immediate care to prevent permanent harm.

Family coverage: coverage that includes the Plan Sponsor's eligible employees, their spouse or domestic partner and your or your spouse's natural dependent children from the moment of birth and grandchildren up to and including twenty-six (26) years of age. The subscriber or the subscriber's spouse's adopted children including any child placed with you for adoption and any child for whom you are a party in a suit in which the adoption of the child is sought, children under testamentary or court appointed guardianship, grandchildren in the court-ordered custody of the subscriber who are dependent upon the subscriber, and children under his or her care are also covered. Upon the attainment of the limiting age, coverage as a Dependent shall be extended if the child is and continues to be incapable of self-support by reason of mental or physical incapacity. Subscribers must notify the Plan and provide medical documentation to support this continued coverage through the Plan Sponsor within seventy- two (72) days of the child's limiting age.

Fee Schedule: the payment amount for the services that may be provided by Participating and Non-participating Dentists under this Agreement and is on file with the Pennsylvania Department of Insurance. Benefits are payable in accordance with the terms and conditions of the applicable Schedule of Benefits attached to this Agreement and in effect at the time services are rendered.

Filing date: the earlier of a.) five (5) days after the date of mailing; or b.) the date of receipt.

Fracture: the breaking off of rigid tooth structure not including crazing due to thermal changes or chipping due to attrition.

Grievance: a protest filed by a Covered Individual, a Covered Individual's Representative, or a health care provider acting on behalf of a Covered Individual, with the Plan through the Plan's internal grievance process regarding an adverse determination concerning the Covered Individual.

Grievance decision: a final determination by the Plan that arises from a grievance filed with the Plan under its internal grievance process regarding an adverse determination concerning a Covered Individual.

Health care provider: a.) an individual who is licensed under the Health Occupations Article to provide health care services in the ordinary course of business or practice of a profession and is a treating provider of the Covered Individual; or b.) a hospital means a licensed public or private institution as defined by Chapter 241, Health and Safety Code, or Subtitle C, Title 7, Health and Safety Code.

Health care service: a health or medical care procedure or service rendered by a health care provider that: a.) provides testing, diagnosis, or treatment of a human disease or dysfunction; or b.) dispenses drugs, medical devices, medical appliances, or medical goods for the treatment of a human disease or dysfunction.

Individual (or single) coverage: coverage that includes only the subscriber, or only a minor dependent in the case of child only coverage.

Injury: (1) all damage to the covered individual's mouth due to an accident which occurs while he or she is covered under the Subscriber Certificate; and (2) all complications arising from that damage. But, the term does not include damage to teeth, appliances or dental prostheses which results solely from chewing or biting food or other substances.

Inquiry: any question or concern communicated by the Covered Individual or on the Covered Individual's behalf, which has not been the subject of an adverse determination.

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Non-Contracting Dentist: a licensed dentist who has not entered into an agreement with the Plan to furnish services to its Covered Individuals.

Non-Preferred Provider: A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Open enrollment: a period during which an organization allows persons not previously enrolled in the dental plan to apply for dental plan membership.

Out-of-Pocket Maximum: the maximum a Covered Individual will pay in deductibles, copays and coinsurance for allowable expenses in any calendar year.

Participating Dentist: a licensed dentist located in the Plan's service area that has entered into an agreement with the Plan to furnish services to its covered individuals.

Participating Dentist Contract: contract between the Plan and a Participating Dentist.

Schedule of Benefits: the part of this Agreement which outlines the specific coverage in effect as well as the amount, if any, that Covered Individuals may be responsible for paying towards their dental care.

Schedule of Maximum Covered Charges: see Fee Schedule.

Subscriber: the Subscriber Policy holder who is eligible to receive dental benefits. A parent or guardian enrolling a minor dependent, including under a child only plan, assumes all of the subscriber responsibilities on behalf of the minor dependent.

The Plan: refers to DentaQuest USA Insurance Company, Inc.

Utilization Review: a system for reviewing the appropriate and efficient allocation of health care services given or proposed to be given to a patient or group of patients.

PATIENT ELIGIBILITY VERIFICATION PROCEDURES

Plan Eligibility

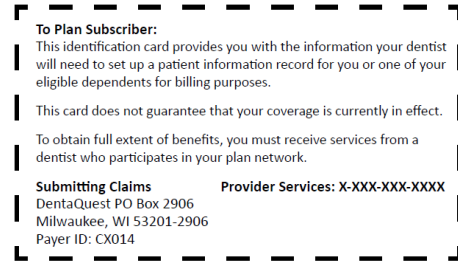
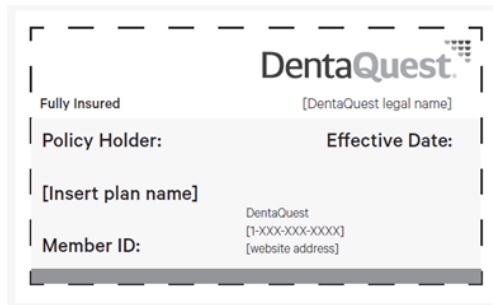
Any person who is enrolled in a Plan's program is eligible for benefits under the Plan certificate. Please contact our Customer Service Department at 1-844-876-3983 or visit the Provider Web Portal at <https://govservices.dentaquest.com/> to verify eligibility and benefits the day of the member's appointment.

Member Identification Card

Members will receive a Plan ID Card. 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 of DentaQuest ID Cards:



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.

CALCULATING PATIENT CO-PAYMENTS

DentaQuest provides information on our website, through our Voice Response System and through our Customer Service department regarding coinsurance amounts, deductibles, and plan maximums. To calculate the patient co-payment you will need to:

- Establish the patient's group benefit level for the procedure being done. Example: 100%, 80%, or 50%
- Determine the dentist's contracted fee allowance for the procedure performed from the appropriate fee schedule.
- Determine if a deductible applies and if the patient has already satisfied it.
- Determine how much money remains in the patient's annual or plan year maximum.
- Follow the formula shown in the example below.

Example (in-network):

A patient is scheduled for an anterior root canal. His plan covers endodontic care at 60% with a \$50 individual deductible that has not been met and he has \$1,500 remaining of his calendar year maximum. The dentist's charge is \$500 and his DentaQuest contract fee is \$313.97.

To determine the patient responsibility, you can apply this formula:

- $(\text{Contract fee} - \text{deductible}) \times \text{patient coinsurance} + \text{deductible} = \text{patient responsibility}$
- $(\$313.97 - \$50) \times .40 \text{ (40\% patient coinsurance)} + \$50 = \$155.59$

To determine how much DentaQuest will pay towards the procedure, you can apply the following formula:

- $\$313.97 \text{ (DentaQuest will pay up to the contract fee)} - \$50 \text{ (deductible)} \times .60 \text{ (60\% coinsurance)} = \158.38

Out of Network:

DentaQuest will pay the same percentage of the allowable charges for covered services received in and out of network. The member will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges cash-paying patients).

COORDINATION OF BENEFITS

Coordination of Benefits (COB) occurs when a patient has dental coverage under two plans, and the coverage from both plans is coordinated so the patient may receive the maximum allowable benefit under each one. The combined benefit should not exceed the submitted charge for the completed dental services.

Determining Primary and Secondary

Processing Guidelines are based on the National Association of Insurance Carriers (NAIC)

- Subscribers are always primary for themselves
- Spouse is secondary on subscriber's coverage
- The children's coverage is based on the *Birthdate Rule*. The *Birthdate Rule* is defined as the parent whose birth month and day comes first chronologically (not the year of birth). That parent is the primary for the children. If both parents have the exact same birthday, then the plan in effect the longest is primary.

Divorce Situations

- Custodial parent is primary

- Custodial step-parent is secondary
- Non-custodial parent is third
- Non-custodial step-parent is fourth

Exceptions for Determination

- Court orders override all rules in determining coverage

Submitting Claims

- When you prepare a claim for COB, indicate on the claim form that the patient has other dental coverage information
- Complete the COB questions on the claim form along with the other carrier information
- Submit a claim to the primary carrier first and wait to receive payment. Then submit a claim to the secondary carrier with a copy of the Explanation of Benefits (EOB) from the primary carrier. This EOB shows the secondary carrier the amount that has already been paid.

Coordinating Benefits with Medical Carrier

When a patient is covered for a dental service by both the medical carrier and DentaQuest, the medical carrier is primary. This includes limited preventive dental plans offered by HMO's.

Calculating Patient Balance

A quick rule of thumb is to first take the primary payment and add it to the secondary payment

- If the total equals your submitted charge, then there is no patient payment and no adjustment required
 - If the total is more than, or up to your contracted fee, then there is no patient balance
 - If it is less than your contract fee then, you can charge the patient the difference
 - between the total of both COB payments and your contract allowance

Things to Remember

- Never Record the primary claim adjustment until after the secondary payment because the secondary payment will sometimes cover the adjustment amount
- COB will not result in your office being entitled to receive reimbursement up to your submitted fee. The DentaQuest payment will be limited to your contract fee allowance.
- If the patient is no longer covered by another plan, write the day, month, and year of termination on the EOB and return it to DentaQuest so we can update our records.
- If there is no medical coverage for a surgical procedure, please note this on the claim in the remarks section.

If the COB patient responsibility is not clear, you can call our Customer Service department at 1-844-876-3983.

ELECTRONIC ATTACHMENTS

FastAttach™ - DentaQuest accepts dental radiographs electronically via **FastAttach™** for authorization requests. DentaQuest, in conjunction with National Electronic Attachment, LLC (NEA), allows Participating Providers the opportunity to submit all claims electronically, even those that require attachments. This program allows transmissions via secure Internet lines for radiographs, periodontic charts, intraoral pictures, narratives and EOBs.

FastAttach™ is inexpensive and easy to use, reduces administrative costs, eliminates lost or damaged attachments and accelerates claims and prior authorization processing. It is compatible with most claims clearinghouse or practice management systems.

For more information or to sign up for FastAttach go to www.nea-fast.com or call NEA at:

800.782.5150

PROVIDER COMPLAINTS AND APPEALS PROCEDURE

Procedures governing the provider complaints process are designed to identify and resolve provider complaints in a timely and satisfactory manner. Most complaints are resolved within 30 calendar days. If a complaint cannot be resolved within 30 days, the provider will be notified in writing the status of the complaint.

Provider Claim Appeals

For appealed claims, Providers must submit all appeals of denied claims and requests for adjustments on paid claims within **one hundred and twenty (120) days** from the date of disposition of the Explanation of Benefits (EOB) on which that claim appeared.

CLAIM SUBMISSION PROCEDURES

Submitting Authorization or Claims with X-Rays

- Electronic submission using the web portal
- Electronic submission using National Electronic Attachment (NEA) is recommended. For more information, please visit www.nea-fast.com and click the "Learn More" button. To register, click the "Provider Registration" button in the middle of the home page.
- Submission of duplicate radiographs (which we will recycle and not return)
- Submission of original radiographs with a self addressed stamped envelope (SASE) so that we may return the original radiographs. Note that determinations will be sent separately and any radiographs received without a SASE will not be returned to the sender.

Please note we also require radiographs be mounted when there are 5 or more radiographs submitted at one time. If 5 or more radiographs are submitted and not mounted, they will be returned to you and your request for prior authorization and/or claims will not be processed. You will need to resubmit a copy of the 2006 or newer ADA form that was originally submitted, along with mounted radiographs so that we may process the claim correctly.

Acceptable methods of mounted radiographs are:

- Radiographs duplicated and displayed in proper order on a piece of duplicating film.
- Radiographs mounted in a radiograph holder or mount designed for this purpose.

Unacceptable methods of mounted radiographs are:

- Cut out radiographs taped or stapled together.
- Cut out radiographs placed in a coin envelope.
- Multiple radiographs placed in the same slot of a radiograph holder or mount.

All radiographs should include member's name, identification number and office name to ensure proper handling.

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.

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 <http://www.dentaquest.com/>

Once you have entered the website, Steps are as follows:

- a. Choose the Link called Login (located on the top)
- b. Choose 'Dentists in All other States'
- c. Enter user id and password
- d. Also for provider registration if they are new they need to enter the Business's TIN and State.

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 888-560-8135 or via e-mail at: EDITeam@DentaQuest.com

Electronic Authorization Submission Utilizing DentaQuest's Internet Website

Participating Providers may submit Pre-Authorizations directly to DentaQuest by utilizing the "Dentist" section of our website. Submitting Pre-Authorizations 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 pre-authorizations via the website, simply log on to <http://www.dentaquest.com/>. Once you have entered the website, Steps are as follows:

- a. Choose the Link called Login (located on the top)
- b. Choose 'Dentists in All other States'
- c. Enter user id and password

First time users will have to register by utilizing the Business's NPI 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. Once logged in, select "Claims/Pre-Authorizations" and then "Dental Pre-Auth Entry".

The Dentist Portal also allows you to attach electronic files (such as x-rays in jpeg format, reports and charts) to the pre-authorization.

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.

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 or 837P file from the Provider's practice management system. Please email EDITeam@greatdentalplans.com to inquire about this option for electronic claim submission.

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 of 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/NPPES/Welcome.do> 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) dependant 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.

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 (National Provider Identification) 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-Claims
PO Box 2906
Milwaukee, WI 53201-2906

Filing Limits

Each provider contract specifies a specific timeframe 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.

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.

Direct Deposit

As a benefit to participating Providers, DentaQuest offers 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 Direct Deposit, Providers must:

- Complete and sign the Direct Deposit Form found on the website.
- Attach a voided check to the form. The authorization cannot be processed without a voided check.
- Return the Direct Deposit Form and voided check to DentaQuest.

- Via Fax - 262.241.4077 **or**
- Via Mail -
DentaQuest USA Insurance Company, Inc.
PO Box 2906
Milwaukee, WI 53201-2906
ATTN: PEC Department

The Direct Deposit Form must be legible to prevent delays in processing. Providers should allow up to six weeks for Direct Deposit 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 Direct Deposit 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 Form. Changes to bank accounts or banking information typically take 2 -3 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 Direct Deposit are required to access their remittance statements online and will no longer receive paper remittance statements. Electronic remittance statements are located on DentaQuest's Dentist Portal. Providers may access their remittance statements by following these steps:

- Go to www.dentaquest.com
- Choose the Link called Login (located on the top)
- Choose 'Dentists in All other States'
- Enter user id and password
- Once logged in, select "Claims/Pre-Authorizations" and then "Explanation of Benefits Search".
- The remittance will display on the screen.

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 in regard to 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 (CDT-4) recognized by the ADA. Effective the date of this manual, DentaQuest will require providers to submit all claims with the proper CDT-4 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 1-844-876-3983 or via e-mail at denelig.benefits@dentaquest.com.

HIPAA Companion Guide

To view a copy of the most recent Companion Guide please visit our website at www.dentaquestgov.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).

UTILIZATION MANAGEMENT PROGRAM

Introduction

Reimbursement to dentists for dental treatment rendered can come from any number of sources such as individuals, employers, insurance companies and local, state or federal government. The source of dollars varies depending on the particular program. For example, in traditional insurance, the dentist reimbursement is composed of an insurance payment and a patient coinsurance payment.

Community Practice Patterns

To do this, DentaQuest has developed a philosophy of Utilization Management that recognizes the fact that there exists, as in all healthcare services, a relationship between the dentist’s treatment planning, treatment costs and treatment outcomes. The dynamics of these relationships, in any region, are reflected by the “community practice patterns” of local dentists and their peers. With this in mind, DentaQuest’s Utilization Management Programs are designed to ensure the fair and appropriate distribution of healthcare dollars as defined by the regionally based community practice patterns of local dentists and their peers.

All utilization management analysis, evaluations and outcomes are related to these patterns. DentaQuest’s Utilization Management Programs recognize that there exists a normal individual dentist variance within these patterns among a community of dentists and accounts for such variance. Also, specialty dentists are evaluated as a separate group and not with general dentists since the types and nature of treatment may differ.

Evaluation

DentaQuest's Utilization Management Programs evaluate claims submissions in such areas as:

- Diagnostic and preventive treatment;
- Patient treatment planning and sequencing;
- Types of treatment;
- Treatment outcomes; and
- Treatment cost effectiveness.

Results

DentaQuest's Utilization Management Programs will help identify those dentists whose patterns show significant deviation from the normal practice patterns of the community of their peer dentists (typically less than 5% of all dentists). When presented with such information, dentists will implement slight modification of their diagnosis and treatment processes that bring their practices back within the normal range. However, in some isolated instances, it may be necessary to recover reimbursement.

FRAUD AND ABUSE

Health care fraud and abuse occurs when someone knowingly submits or helps someone else submit false information related to a health care claim. Typical examples include:

- Filing claims for services not provided
- Forgoing receipts for altering information on original receipts
- Embellishing or lying about services provided or received
- Borrowing a subscriber's health plan identification card
- Altering of diagnosis or other records
- Billing for a more costly service than was actually performed (upcoding) or billing each stage of a procedure separately (unbundling)

The Utilization Review department performs compliance audits based on grievances, complaints or as the result of a Focused Review.

To report suspected fraud or abuse, please contact DentaQuest at 1-844-876-3983 or write to:

Utilization Review Department
DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906

Providers may also send a fax to: 262-241-7366

QUALITY IMPROVEMENT PROGRAM

DentaQuest currently 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 but is not limited to:

- Provider credentialing and re-credentialing.
- 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.
- Quarterly Quality Indicator tracking (i.e. complaint rate, appointment waiting time, access to care, etc.)

A copy of DentaQuest's Quality Improvement Program is available upon request by contacting DentaQuest's Customer Service Department at 1-844-876-3983 or via e-mail at:

denelig.benefits@dentaquest.com

CREDENTIALING

DentaQuest 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.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Customer Service department at 1-844-876-3983 or via e-mail at denelig.benefits@dentaquest.com.

THE PATIENT RECORD

A. Organization

1. The record must have areas for documentation of the following information:
 - a. Registration data including a complete health history.
 - b. Medical alert predominantly displayed inside chart jacket.
 - c. Initial examination data.
 - d. Radiographs.
 - e. Periodontal and Occlusal status.
 - f. Treatment plan/Alternative treatment plan.
 - g. Progress notes to include diagnosis, preventive services, treatment rendered, and medical/dental consultations.
 - h. Miscellaneous items (correspondence, referrals, and clinical laboratory reports).
2. The design of the record must provide the capability or periodic update, without the loss of documentation of the previous status, of the following information.
 - a. Health history.
 - b. Medical alert.
 - c. Examination/Recall data.
 - d. Periodontal status.
 - e. Treatment plan.
3. The design of the record must ensure that all permanent components of the record are attached or secured within the record.
4. The design of the record must ensure that all components must be readily identified to the patient, (i.e., patient name, and identification number on each page).
5. The organization of the record system must require that individual records be assigned to each patient.

B. Content-The patient record must contain the following:

1. Adequate documentation of registration information which requires entry of these items:
 - a. Patient's first and last name.
 - b. Date of birth.
 - c. Sex.
 - d. Address.
 - e. Telephone number.
 - f. Name and telephone number of the person to contact in case of emergency.

2. An adequate health history that requires documentation of these items:
 - a. Current medical treatment.
 - b. Significant past illnesses.
 - c. Current medications.
 - d. Drug allergies.
 - e. Hematologic disorders.
 - f. Cardiovascular disorders.
 - g. Respiratory disorders.
 - h. Endocrine disorders.
 - i. Communicable diseases.
 - j. Neurologic disorders.
 - k. Signature and date by patient.
 - l. Signature and date by reviewing dentist.
 - m. History of alcohol and/or tobacco usage including smokeless tobacco.

3. An adequate update of health history at subsequent recall examinations which requires documentation of these items:
 - a. Significant changes in health status.
 - b. Current medical treatment.
 - c. Current medications.
 - d. Dental problems/concerns.
 - e. Signature and date by reviewing dentist.

4. A conspicuously placed medical alert inside the chart jacket that documents highly significant terms from health history. These items are:
 - a. Health problems which contraindicate certain types of dental treatment.
 - b. Health problems that require precautions or pre-medication prior to dental treatment.
 - c. Current medications that may contraindicate the use of certain types of drugs or dental treatment.
 - d. Drug sensitivities.
 - e. Infectious diseases that may endanger personnel or other patients.

5. Adequate documentation of the initial clinical examination which is dated and requires descriptions of findings in these items:
 - a. Blood pressure. (Recommended)
 - b. Head/neck examination.
 - c. Soft tissue examination.
 - d. Periodontal assessment.
 - e. Occlusal classification.
 - f. Dentition charting.

6. Adequate documentation of the patient's status at subsequent Periodic/Recall examinations which is dated and requires descriptions of changes/new findings in these items:
 - a. Blood pressure. (Recommended)
 - b. Head/neck examination.
 - c. Soft tissue examination.
 - d. Periodontal assessment.
 - e. Dentition charting.

7. Radiographs which are:
 - a. Identified by patient name.
 - b. Dated.
 - c. Designated by patient's left and right side.
 - d. Mounted (if intraoral films).
8. An indication of the patient's clinical problems/diagnosis.
9. Adequate documentation of the treatment plan (including any alternate treatment options) that specifically describes all the services planned for the patient by entry of these items:
 - a. Procedure.
 - b. Localization (area of mouth, tooth number, surface).
10. An Adequate documentation of the periodontal status, if necessary, which is dated and requires charting of the location and severity of these items:
 - a. Periodontal pocket depth.
 - b. Furcation involvement.
 - c. Mobility.
 - d. Recession.
 - e. Adequacy of attached gingiva.
 - f. Missing teeth.
11. An adequate documentation of the patient's oral hygiene status and preventive efforts which requires entry of these items:
 - a. Gingival status.
 - b. Amount of plaque.
 - c. Amount of calculus.
 - d. Education provided to the patient.
 - e. Patient receptiveness/compliance.
 - f. Recall interval.
 - g. Date.
12. An adequate documentation of medical and dental consultations within and outside the practice which requires entry of these items:
 - a. Provider to whom consultation is directed.
 - b. Information/services requested.
 - c. Consultant's response.
13. Adequate documentation of treatment rendered which requires entry of these items:
 - a. Date of service/procedure.
 - b. Description of service, procedure and observation. Documentation in treatment record must contain documentation to support the level of American Dental Association Current Dental Terminology code billed as detailed in the nomenclature and descriptors. Documentation must be written on a tooth by tooth basis for a per tooth code, on a quadrant basis for a quadrant code and on a per arch basis for an arch code.
 - c. Type and dosage of anesthetics and medications given or prescribed.
 - d. Localization of procedure/observation. (tooth #, quadrant etc.)
 - e. Signature of the Provider who rendered the service.

14. Adequate documentation of the specialty care performed by another dentist that includes:
 - a. Patient examination.
 - b. Treatment plan.
 - c. Treatment status.

C. Compliance

1. The patient record has one explicitly defined format that is currently in use.
2. There is consistent use of each component of the patient record by all staff.
3. The components of the record that are required for complete documentation of each patient's status and care are present.
4. Entries in the records are legible.
5. Entries of symbols and abbreviations in the records are uniform, easily interpreted and are commonly understood in the practice.

PATIENT RECALL SYSTEM REQUIREMENTS

A. Recall System Requirement

Each participating DentaQuest office is required to maintain and document a formal system for patient recall. The system can utilize either written or phone contact. Any system should encompass routine patient check-ups, cleaning appointments, follow-up treatment appointments, and missed appointments for any health plan Member that has sought dental treatment.

If a written process is utilized, the following language is suggested for missed appointments:

- A. "We missed you when you did not come for your dental appointment on month/date. Regular check-ups are needed to keep your teeth healthy."
- B. "Please call to reschedule another appointment. Call us ahead of time if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help."
- C. Contact the Member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.
- D. If the appointment is made through a government supported screening program, contact staff from these programs to ensure that scheduled appointments are kept.

B. Office Compliance Verification Procedures

- E. In conjunction with its office claim audits described in section 4, DentaQuest will measure compliance with the requirement to maintain a patient recall system.
- F. DentaQuest Dentists are expected to meet minimum standards with regards to appointment availability.
- G. Urgent care must be available within 48 hours.
- H. Emergency care must be available within 24 hours.

Follow-up appointments must be scheduled within 30 days of the present treatment date, as appropriate.

RADIOLOGY REQUIREMENTS

Note: Please refer to benefit tables for radiograph benefit limitations

DentaQuest utilizes the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health. These guidelines were developed in conjunction with the Food and Drug Administration.

A. Radiographic Examination of the New Patient

1. Child – Primary Dentition

The Panel recommends posterior bitewing radiographs for a new patient, with a primary dentition and closed proximal contacts.

2. Child – Transitional Dentition

The Panel recommends an individualized Periapical/Occlusal examination with posterior bitewings OR a panoramic radiograph and posterior bitewings, for a new patient with a transitional dentition.

3. Adolescent – Permanent Dentition Prior to the eruption of the third molars

The Panel recommends an individualized radiographic examination consisting of selected periapicals with posterior bitewings for a new adolescent patient.

4. Adult – Dentulous

The Panel recommends an individualized radiographic examination consisting of selected periapicals with posterior bitewings for a new dentulous adult patient.

5. Adult – Edentulous

The Panel recommends a full-mouth intraoral radiographic survey OR a panoramic radiograph for the new edentulous adult patient.

B. Radiographic Examination of the Recall Patient

1. Patients with clinical caries or other high – risk factors for caries

a. Child – Primary and Transitional Dentition

The Panel recommends that posterior bitewings be performed at a 6-12 month interval for those children with clinical caries or who are at increased risk for the development of caries in either the primary or transitional dentition.

b. Adolescent

The Panel recommends that posterior bitewings be performed at a 6-12 month interval for adolescents with clinical caries or who are at increased risk for the development of caries.

- c. Adult – Dentulous

The Panel recommends that posterior bitewings be performed at a 6-12 month interval for adults with clinical caries or who are at increased risk for the development of caries.
 - d. Adult – Edentulous

The Panel found that an examination for occult disease in this group cannot be justified on the basis of prevalence, morbidity, mortality, radiation dose and cost. Therefore, the Panel recommends that no radiographs be performed for edentulous recall patients without clinical signs or symptoms.
2. Patients with no clinical caries and no other high risk factors for caries
- a. Child – Primary Dentition

The Panel recommends that posterior bitewings be performed at an interval of 12-24 months for children with a primary dentition with closed posterior contacts that show no clinical caries and are not at increased risk for the development of caries.
 - b. Adolescent

The Panel recommends that posterior bitewings be performed at intervals of 12-24 months for patients with a transitional dentition who show no clinical caries and are not at an increased risk for the development of caries.
 - c. Adult – Dentulous

The Panel recommends that posterior bitewings be performed at intervals of 24-36 months for dentulous adult patients who show no clinical caries and are not at an increased risk for the development of caries.
3. Patients with periodontal disease, or a history of periodontal treatment for Child – Primary and Transitional Dentition, Adolescent and Dentulous Adult
- The Panel recommends an individualized radiographic survey consisting of selected periapicals and/or bitewing radiographs of areas with clinical evidence or a history of periodontal disease, (except nonspecific gingivitis).
4. Growth and Development Assessment
- a. Child – Primary Dentition

The panel recommends that prior to the eruption of the first permanent tooth, no radiographs be performed to assess growth and development at recall visits in the absence of clinical signs or symptoms.

b. Child – Transitional Dentition

The Panel recommends an individualized periapical/occlusal series OR a panoramic radiograph to assess growth and development at the first recall visit for a child after the eruption of the first permanent tooth.

c. Adolescent

The Panel recommends that for the adolescent (age 16-19 years of age) recall patient, a single set of periapicals of the wisdom teeth OR a panoramic radiograph.

d. Adult

The Panel recommends that no radiographs be performed on adults to assess growth and development in the absence of clinical signs or symptoms.

CLINICAL CRITERIA

The criteria outlined in DentaQuest's Provider Office Reference Manual are based around procedure codes as defined in the American Dental Association's Code Manuals. Documentation requests for information regarding treatment using these codes are determined by generally accepted dental standards for authorization, such as radiographs, periodontal charting, treatment plans, or descriptive narratives. In some instances, the State legislature will define the requirements for dental procedures.

These criteria were formulated from information gathered from practicing dentists, dental schools, ADA clinical articles and guidelines, insurance companies, as well as other dental related organizations. These criteria and policies must meet and satisfy specific State and Health Plan requirements as well. They are designed as guidelines for authorization and payment decisions and are not intended to be all-inclusive or absolute. Additional narrative information is appreciated when there may be a special situation.

We hope that the enclosed criteria will provide a better understanding of the decision-making process for reviews. We also recognize that "local community standards of care" may vary from region to region and will continue our goal of incorporating generally accepted criteria that will be consistent with both the concept of local community standards and the current ADA concept of national community standards. Your feedback and input regarding the constant evolution of these criteria is both essential and welcome. DentaQuest shares your commitment and belief to provide quality care to Members and we appreciate your participation in the program.

Please remember these are generalized criteria. Services described may not be covered in your particular program. In addition, there may be additional program specific criteria regarding treatment. Therefore it is essential you review the Benefits Covered Section before providing any treatment.

The clinical criteria presented in this section are the criteria that DentaQuest will use for making medical necessity determinations for prior authorizations, post payment review and retrospective review. In addition, please review the general benefit limitations presented in [Exhibit A](#) of this manual for additional information on medical necessity on a per code basis.

Failure to submit the required documentation may result in a disallowed request and/or a denied payment of a claim related to that request. Prior authorization is required for orthodontic treatment and any procedure requiring in-patient or outpatient treatment in any hospital or surgery center. Some services require pre-payment review; these services are detailed in [Exhibit A](#) Benefits Covered in the "Review Required" column.

For all procedures, every Provider in the DentaQuest program is subject to random chart/treatment audits. Providers are required to comply with any request for records. These audits may occur in the Provider's office as well as in the office of DentaQuest. The Provider will be notified in writing of the results and findings of the audit.

DentaQuest providers are required to maintain comprehensive treatment records that meet professional standards for risk management. Please refer to the "Patient Record" section for additional detail.

Documentation in the treatment record must justify the need for the procedure performed due to medical necessity, for all procedures rendered. Appropriate diagnostic pre-operative radiographs clearly showing the adjacent and opposing teeth and substantiating any pathology or caries present are required. Post-operative radiographs are required for endodontic procedures and permanent crown placement to confirm quality of care. In the event that radiographs are not available or cannot be obtained, diagnostic quality intraoral photographs must substantiate the need for procedures rendered.

Failure to provide the required documentation, adverse audit findings, or the failure to maintain acceptable practice standards may result in sanctions including, but not limited to, recoupment of benefits on paid claims, follow-up audits, or removal of the Provider from the DentaQuest Provider Panel.

Multistage procedures are reported and may be reimbursed upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized. The completion date for endodontic treatment is the date the canals are permanently filled.

Criteria for Dental Extractions

Although all extractions must be medically necessary, not all procedures require authorization. Extraction of primary or permanent teeth in individuals under age 21 does not require authorization unless the teeth are impacted wisdom teeth or residual tooth roots to be surgically removed. Removal of primary teeth whose exfoliation is imminent does not meet criteria for extraction.

Documentation needed for authorization procedure:

- Diagnostic radiographs (strongly encourage digital) that are labeled Right (R) and Left (L) and the date the radiographs were taken, not submitted, showing clearly the adjacent and opposing teeth submitted for authorization review; bitewings, periapicals or panorex.
- Treatment rendered under emergency conditions when, authorization is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment. Authorization for extraction of impacted third molars. Benefit review decisions for authorization of extracting impacted third molar teeth will be based upon medical necessity and upon appropriate code utilization for the current ADA codes D7220, D7230, D7240, and D7241.
- Benefit review decisions for the authorization of extracting unerupted third molar teeth will be based upon medical necessity and upon appropriate CDT utilization.
- The prophylactic removal of disease-free third molars is not considered medically necessary and, therefore, will not be authorized.
- For an extraction to be considered medically necessary An unerupted third molar must show pathology, or
- An unerupted third molar must demonstrate, by radiographic evidence, both an aberrant tooth position beyond normal variations and substantial (> 50%) root formation.
- When at least a single third molar meets the criteria above, the DBM may, at its complete clinical discretion and on a case-by-case basis, approve the extraction of additional third molars to prevent potential, multiple exposures of the patient to general anesthesia. During the benefit-review when this scenario presents itself, proper code use and the existence of substantial root development in each unerupted third molar tooth will be considered.
- Discomfort associated with localized inflammation from natural tooth eruption not caused by pathology or an aberrant tooth position will not qualify an extraction for authorization.

Criteria for Cast Crowns

Documentation needed for authorization of procedure:

- Appropriate radiographs showing clearly 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 showing clearly 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.

Authorizations 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.

Criteria for Endodontics

Documentation needed for authorization of procedure:

- Diagnostic radiographs (strongly encourage digital) showing clearly 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 showing properly condensed/obtured canal(s), for review for payment.

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

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

Authorization for Pulpotomy must meet the following criteria:

- A pulpotomy is performed in a primary tooth with extensive caries but without evidence of radicular pathology when caries removal results in a carious or mechanical pulp exposure. The coronal pulp is amputated and the remaining vital radicular pulp tissue is treated with a long-term clinically successful medicament.
- A pulpotomy is indicated when caries removal results in pulp exposure in a primary tooth with a normal pulp or reversible pulpitis or after a traumatic pulp exposure. The objective is to maintain an asymptomatic tooth without clinical signs of sensitivity, pain, or swelling.

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

Authorization for 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/obtured. Filling material does not extend excessively beyond the apex.

Authorizations 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 for third molars, unless they are an abutment for a partial denture.
- Tooth does not demonstrate 50 percent bone support.
- Root canal therapy is in anticipation of placement of an overdenture.
- 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

Criteria for Stainless Steel Crowns

- Prophylactic use of stainless steel crowns is not a covered benefit.

Although authorization for Stainless Steel Crowns are 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 opinion for requests of more than 4 stainless steel crowns per patient.

Note: If a participating Provider fails to comply with the medical necessity guidelines for stainless steel crowns, DentaQuest will initiate corrective action, which may include imposition of prior authorization for this procedure.

An authorization for a crown on a permanent tooth following root canal therapy must meet the following criteria:

- 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.
- 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

Criteria for Authorization of Operating Room (OR) Cases

Documentation needed for authorization of procedure:

- Treatment Plan (prior-authorized, if necessary).
- Narrative describing medical necessity for OR.

All Operating Room (OR) Cases Must be Authorized.

Provider should submit services to DentaQuest for authorization. Upon receipt of approval from DentaQuest, Provider should contact health plan for facility authorization.

Criteria

In most cases, OR will be authorized (for procedures covered by health plan) 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 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 not 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.

Criteria for Removable Prosthodontics (Full and Partial Dentures)

Documentation needed for authorization of procedure:

- Treatment plan.
- Appropriate radiographs showing clearly 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 showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.

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.
- 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.

The replacement teeth should be anatomically full sized teeth.

Authorizations 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.

Criteria

- 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 6 months of denture placement.
- 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.
- 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.
- Replacement of lost, stolen, or broken dentures less than 5 years of age usually will not meet criteria for pre-authorization of a new denture.
- 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 that the dentures or partials were inserted as the date of service. Recipients must be eligible on that date in order for the denture service to be covered.

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-4) is related to the removal of the lateral exostosis. This code is subject to authorization 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.

Authorization requirements:

- 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.

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.

Criteria for General Anesthesia and Intravenous (IV) Sedation

Documentation needed for authorization 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.

Criteria for Short Procedure Units (SPU)

Documentation needed to authorization of procedure:

- Radiographs.
- Treatment notes.
- Documentation of medical.

All SPU Cases Must be Authorized.

Provider should submit services to DentaQuest for authorization. Upon receipt of approval for dental services from DentaQuest, Provider should contact Health Plan for facility authorization. Refer to Section 3.00 for telephone numbers.

In most cases, short procedures units will be approved (for procedures covered by health plan) if the following is (are) involved:

- Young children requiring extensive operative procedures such as multiple restorations, treatment of abscesses or oral surgical procedures if authorization documentation indicates that in-office treatment (nitrous oxide or IV sedation) is not appropriate and hospitalization is not solely based upon reducing, avoiding or controlling apprehension.
- 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 example, poorly controlled hypertension, poorly controlled diabetes, upper respiratory infection, an arrhythmia, 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 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 not medically appropriate.
- Patients requiring extensive dental procedures who have documentation of psychosomatic disorders that require special treatment.

Criteria for Periodontal Treatment

Documentation needed for authorization 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.

Criteria for Orthodontic Services

Documentation

Orthodontic services are covered for Enrollees under 19. Orthodontic treatment for cosmetic purposes is not a covered benefit. Members must have a severe, dysfunctional, handicapping malocclusion.

Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspid are in good occlusion seldom qualify. Crowding alone is not usually dysfunctional in spite of the aesthetic considerations. Minor tooth guidance, if a covered benefit, will be authorized on a selective basis to help prevent the future necessity for full-banded treatment. All appliance adjustments are incidental and included in the allowance for the tooth guidance appliance. With the exception of situations involving gingival stripping or other nonreversible damage, appliances for minor tooth guidance (codes D8010 through D8030) will be approved when they are the only treatment necessary. If

treatment is not definitive, the movement will only be covered as part of a comprehensive orthodontic treatment plan.

ALL ORTHODONTIC SERVICES REQUIRE PRIOR AUTHORIZATION BY ONE OF DENTAQUEST'S DENTAL CONSULTANTS.

The Member should present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing.

All orthodontic cases for members age 19 and under are reviewed for medical necessity to determine if the member has a severe, dysfunctional handicapping malocclusion. If the case is not approved for medical necessity, the Salzmann Evaluation Criteria Index Form is used as the basis for determining whether a Member qualifies for orthodontic treatment. A member must score a minimum of 25 points to qualify for coverage – points are not awarded for esthetics, therefore additional points for handicapping esthetics will not be considered as part of the determination.

Cleft Palate Services: Orthodontic care under the program will be evaluated based on medical necessity. All orthodontic services require prior authorization by one of DentaQuest's Dental Consultants.

Diagnostic study models (trimmed) with waxbites or OrthoCad electronic equivalent and treatment plan must be submitted with the request for prior authorization of services. Treatment should not begin prior to receiving notification from DentaQuest indicating coverage or non-coverage for the proposed treatment plan. Dentists who begin treatment before receiving an approved or denied prior authorization are financially obligated to complete treatment at no charge to the Member or face possible termination of their Provider agreement. Providers cannot bill prior to services being performed.

DentaQuest will reimburse doctors for orthodontic records when denial determinations are made. It is the responsibility of the rendering office to submit a claim for the payment of orthodontic records as DentaQuest cannot generate claims on the behalf of its network doctors. Claims for orthodontic records payments must be: made in accordance with timely filing protocols, submitted on a HIPAA compliant ADA claim form, billed using CDT code D8660, and have history of a DentaQuest denied orthodontia request on file. As with all claims for payment, orthodontic records are subject to member eligibility, frequency, and benefit limitations outlined herein and in accordance with State regulations.

ALL ORTHODONTIC SERVICES REQUIRE PRIOR AUTHORIZATION.

Submission of the alginate to OrthoCAD. OrthoCAD will enable dental Providers to send electronic models to DentaQuest electronically.

OrthoCAD offers a low cost alternative to submitting plaster models. The threat of broken, lost or otherwise compromised models is eliminated. All you need is a computer and Internet access.

Authorization

Duplicate photographs and all other applicable documentation sent to DentaQuest by the Provider via regular mail or OrthoCAD will not be returned to the dentist. DentaQuest's orthodontic consultants utilize the photographs, OrthoCAD, radiographs and any applicable narrative to determine the medical necessity of the case.

PENNSYLVANIA DENTAQUEST INDIVIDUAL IN AND OUT OF NETWORK COVERAGE

| | Pediatric Coverage (under age 19*) | | Adult Coverage(over age 19) | | |
|-------------------------------------|---|---|---|---|---|
| | Pediatric High and Family High Options | Family Low and Family Basic Options | Family High Option | Family Low Option | Family Basic Option |
| Deductible* | \$50 per covered individual \$150 maximum per policy | \$50 per covered individual \$150 maximum per policy | \$50 per covered individual \$150 maximum per policy | \$50 per covered individual \$150 maximum per policy | \$50 per covered individual \$150 maximum per policy |
| Preventive Services* | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Basic Services* | Plan pays 80% after deductible | Plan pays 40% after deductible | Plan pays 80% after deductible & waiting period | Plan pays 50% after deductible & waiting period | Plan pays 50% after deductible & waiting period |
| Major Services* | Plan pays 50% after deductible | Plan pays 40% after deductible | Plan pays 50% after deductible & waiting period | Plan pays 50% after deductible & waiting period | Not a Covered Service |
| Medically Necessary Orthodontia* | Plan pays 50% | Plan pays 40% | Not a Covered Service | Not a Covered Service | Not a Covered Service |
| Maximum Out-of-Pocket | \$400 one child \$800 two or more children | \$400 one child \$800 two or more children | N/A | N/A | N/A |
| Annual Benefit Max (19 and over) | N/A | N/A | \$1,500 | \$1,000 | \$1,000 |

WAITING PERIODS

For covered individuals under the age of 19 there is no waiting period.

For covered individuals age 19 and older:

- Preventative & Diagnostic Services there are no waiting periods.
- Restorative and Other Basic Services are subject to a thirty (30) day waiting period.
- Complex and Major Restorative Dental Services are subject to a thirty (30) day waiting period.

DENTAQUEST AUTHORIZATION PROCESS

IMPORTANT

For procedures where “Authorization Required” fields indicate “yes”.

Please review the information below on when to submit documentation to DentaQuest. The information refers to the “Documentation Required” field in the Benefits Covered section (Exhibits). In this section, documentation may be requested to be sent prior to beginning treatment or “with claim” after completion of treatment.

When documentation is requested:

| “Authorization Required” Field | “Documentation Required” Field | Treatment Condition | When to Submit Documentation |
|--------------------------------|--------------------------------|-------------------------|---|
| Yes | Documentation Requested | Non-emergency (routine) | Send documentation prior to beginning treatment |
| Yes | Documentation Requested | Emergency | Send documentation with claim after treatment |

When documentation is requested “with claim:”

| “Authorization Required” Field | “Documentation Required” Field | Treatment Condition | When to Submit Documentation |
|--------------------------------|------------------------------------|--------------------------------------|---|
| Yes | Documentation Requested with Claim | Non-emergency (routine) or emergency | Send documentation with claim after treatment |

**Malocclusion Severity Assessment
By J.A. Salzman, DDS, F.A.P.H.A.**

Summary of instructions

Score: 2 points for each maxillary anterior tooth affected.

1 point for each mandibular incisor and all posterior teeth affected.

1. Missing teeth. Count the teeth; remaining roots of teeth are scored as a missing tooth.
2. Crowding. Score the points when there is not sufficient space to align a tooth without moving other teeth in the same arch.
3. Rotation. Score the points when one or both proximal surfaces are seen in anterior teeth, or all or part of the buccal or lingual surface in posterior teeth are turned to a proximal surface of an adjacent tooth. The space needed for tooth alignment is sufficient in rotated teeth for their proper alignment.
4. Spacing. Score teeth, not spacing. Score the points when:
 - a. Open spacing. One or both interproximal tooth surfaces and adjacent papillae are visible in an anterior tooth; both interproximal surfaces and papillae are visible in a posterior tooth.
 - b. Closed spacing. Space is not sufficient to permit eruption of a tooth that is partially eruption.
5. Overjet. Score the points when the mandibular incisors occlude on or over the maxillary mucosa in back of the maxillary incisors, and the mandibular incisor crowns show labial axial inclination.
6. Overbite. Score the points when the maxillary incisors occlude on or opposite labial gingival mucosa of the mandibular incisor teeth.
7. Cross-bite. Score the points when the maxillary incisors occlude lingual to mandibular incisors, and the posterior teeth occlude entirely out of occlusal contact.
8. Open-bite. Score the points when the teeth occlude above the opposing incisal edges and above the opposing occlusal surfaces of posterior teeth.
9. Mesiodistal deviations. Relate mandibular to opposing maxillary teeth by full cusp for molars; buccal cusps of premolars and canines occlude mesial or distal to accepted normal interdental area of maxillary premolars.

Instruction for using the “Handicapping Malocclusion Assessment Record”

Introduction

This assessment record (not an examination) is intended to disclose whether a handicapping malocclusion is present and to assess its severity according to the criteria and weights (point values) assigned to them. The weights are based on tested clinical orthodontic values from the standpoint of the effect of the malocclusion on dental health, function, and esthetics. The assessment is not directed to ascertain the presence of occlusal deviations ordinarily included in epidemiological surveys of malocclusion. Etiology, diagnosis, planning, complexity of treatment, and prognosis are not factors in this assessment. Assessments can be made from casts or directly in the mouth. An additional assessment record form is provided for direct mouth assessment of mandibular function, facial asymmetry, and lower lip position.

A. Intra-Arch Deviations

The casts are placed, teeth upward, in direct view. When the assessment is made directly in the mouth, a mouth mirror is used. The number of teeth affected is entered as indicated in the “Handicapping Malocclusion Assessment Record.” The scoring can be entered later.

1. Anterior segment: A value of 2 points is scored for each tooth affected in the maxilla and 1 point in the mandible.

- a. Missing teeth are assessed by actual count. A tooth with only the roots remaining is scored as missing.

- b. Crowded refers to tooth irregularities that interrupt the continuity of the dental arch when the space is insufficient for alignment without moving other teeth in the arch. Crowded teeth may or may not also be rotated. A tooth scored as crowded is not scored also as rotated.
- c. Rotated refers to tooth irregularities that interrupt the continuity of the dental arch but there is sufficient space for alignment. A tooth scored as rotated is not scored also as crowded or spaced.
- d. Spacing
 - (1) Open spacing refers to tooth separation that exposes to view the interdental papillae on the alveolar crest. Score the number of papillae visible (not teeth).
 - (2) Closed spacing refers to partial space closure that will not permit a tooth to complete its eruption without moving other teeth in the same arch. Score the number of teeth affected.

2. Posterior segment: A value of 1 point is scored of each tooth affected.

- a. Missing teeth are assessed by actual count. A tooth with only the roots remaining is scored as missing.
- b. Crowded refers to tooth irregularities that interrupt the continuity of the dental arch when the space is insufficient for alignment. Crowded teeth may or may not also be rotated. A tooth scored as crowded is not scored also as rotated.
- c. Rotated refers to tooth irregularities that interrupt the continuity of the dental arch and all or part of the lingual or buccal surface faces some part or all of the adjacent proximal tooth surfaces. There is sufficient space for alignment. A tooth scored as rotated is not scored also as crowded.
- d. Spacing
 - (1) Open spacing refers to interproximal tooth separation that exposes to view the mesial and distal papillae of a tooth. Score the number of teeth affected (Not the spaces).
 - (2) Closed spacing refers to partial space closure that will not permit a tooth to erupt without moving other teeth in the same arch. Score the number of teeth affected.

B. Interarch Deviations

When casts are assessed for interarch deviations, they first are approximated in terminal occlusion. Each side assessed is held in direct view. When the assessment is made in the mouth terminal occlusion is obtained by bending the head backward as far as possible while the mouth is held wide open. The tongue is bent upward and backward on the palate and the teeth are quickly brought to terminal occlusion before the head is again brought downward. A mouth mirror is used to obtain a more direct view in the mouth.

1. Anterior segment: A value of 2 points is scored for each affected maxillary tooth only.

- a. Overjet refers to labial axial inclination of the maxillary incisors in relation to the mandibular incisor, permitting the latter to occlude on or over the palatal mucosa. If the maxillary incisors are not in labial axial inclination, the condition is scored as overbite only.
- b. Overbite refers to the occlusion of the maxillary incisors on or over the labial gingival mucosa of the mandibular incisors, while the mandibular incisors themselves occlude on or over the palatal mucosa in back of the maxillary incisors. When the maxillary incisors are in labial axial inclination, the deviation is scored also as overjet.
- c. Cross-bite refers to maxillary incisors that occlude lingual to their opponents in the opposing jaw, when the teeth are in terminal occlusion.
- d. Open-bite refers to vertical interarch dental separation between the upper and lower incisors when the posterior teeth are in terminal occlusion. Open-bite is scored in addition to overjet if the maxillary incisor teeth are above the incisal edges of the mandibular incisors when the posterior teeth are in terminal occlusion edge-to-edge occlusion is not assessed as open-bite.

2. Posterior segment: A value of 1 point is scored for each affected tooth.

- a. Cross-bite refers to teeth in the buccal segment that are positioned lingually or

buccally out of entire occlusal contact with the teeth in the opposing jaw when the dental arches are in terminal occlusion.

b. Open-bite refers to the vertical interdental separation between the upper and lower segments when the anterior teeth are in terminal occlusion. Cusp-to-cusp occlusion is not assessed as open-bite.

c. Anteroposterior deviation refers to the occlusion forward or rearward of the accepted normal of the mandibular canine, first and second premolars, and first molar in relation to the opposing maxillary teeth. The deviation is scored when it extends a full cusp or more in the molar and the premolars and canine occlude in the interproximal area mesial or distal to the accepted normal position

C. Dentofacial Deviations

The following deviations are scored as handicapping when associated with a malocclusion: Score eight (8) points for each deviation.

1. Facial and oral clefts.
2. Lower lip positioned completely palatal to the maxillary incisor teeth.
3. Occlusal interference that cannot be corrected by a less intrusive therapy.
4. Functional jaw limitations.
5. Facial asymmetry to the extent that surgical intervention is indicated.
6. Speech impairment documented by a licensed or certified therapist whose cause is related

First Review _____
 Second Review _____

Models _____
 Orthocad _____
 Ceph Films _____
 X-rays _____
 Photos _____
 Narrative _____

**DentaQuest National Insurance Company Inc.,
 d/b/a DentaQuest**

PENNSYLVANIA ORTHODONTIC CRITERIA INDEX FORM- COMPREHENSIVE D8080

Patient Name: _____ **DOB:** _____

Plan Name: _____ **Doctor Name:** _____

| ABBREVIATIONS | CRITERIA | YES | NO |
|----------------------|---|------------|-----------|
| DO | Deep impinging overbite that shows palatal impingement causing trauma with the majority of lower incisors | | |
| AO | True anterior openbite. (Not including one or two slightly out of occlusion or where the incisors have not fully erupted and are not correctable by habit therapy) | | |
| AP | Demonstrates a large anterior-posterior discrepancy. (Class II and Class III malocclusions that are virtually a full tooth Class II or Class III). | | |
| AX | Anterior crossbite. (Involves more than two teeth and in cases where gingival stripping from the crossbite is demonstrated and not correctable by limited ortho treatment). | | |
| PX | Posterior transverse discrepancies. (Involves several posterior teeth in crossbite,, one of which must be a molar and not correctable by limited ortho treatment). | | |
| PO | Significant posterior openbites. (Not involving partially erupted teeth or one or two teeth slightly out of occlusion and not correctable by habit therapy). | | |
| IMP | Impacted canines that will not erupt into the arches without orthodontic or surgical intervention. (Does not include cases where canines are going to erupt ectopically). | | |
| CR | Crowding of 7-8 mm in either the maxillary or mandibular arch. | | |
| OJ | Overject n excess of 9 mm | | |
| CDD | Dentition exhibits a profound impact from a congenital or developmental disorder. | | |
| FAS | Significant facial asymmetry requiring a combination orthodontic and orthognathic surgery for correction. | | |

When all are answered "NO", please refer to the Salzmann

APPROVED: **DENIED:** **Reviewed By:** _____ **Date:** _____

OrthoCAD Submission Form

Date: _____

| <i>Patient Information</i> | | |
|------------------------------------|--------------------------------|--------------------------------------|
| <i>Name (First & Last)</i> | <i>Date of Birth:</i> | <i>SS or ID#</i> |
| <i>Address:</i> | <i>City, State, Zip</i> | <i>Area code & Phone number:</i> |
| <i>Group name: (if applicable)</i> | <i>Plan Type:</i> | |
| <i>Provider Information</i> | | |
| <i>Dentist Name:</i> | <i>Provider NPI #</i> | <i>Location ID#</i> |
| <i>Address:</i> | <i>City, State, Zip</i> | <i>Area code & Phone number:</i> |
| <i>Treatment Requested</i> | | |
| <i>Code:</i> | <i>Description of request:</i> | |
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RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE
Commonwealth of Pennsylvania, Department of Public Welfare, Office of Medical Assistance Programs
(Adapted from the American Academy of Pediatric Dentistry)
EFFECTIVE May 1, 2009

| Periodicity Recommendations | | | | | |
|--|---------------------------|---------------------------------|--|--|---|
| Age | Infancy 6-12 months | Late infancy 12-24 months | Preschool 2-6 Years | School Aged 6-12 years | Adolescence 12-20 Years |
| Clinical Oral Examination: **First examination at the eruption of the first tooth and no later than 12 months and every six months thereafter. | • | • | • | • | • |
| Prophylaxis/Topical Fluoride Treatment Especially for children at high risk for caries and periodontal disease. | • | • | • | • | • |
| Radiographic Assessment As per Food and Drug Administration/American Dental Association Guidelines on Prescribing Dental Radiographs. | • | • | • | • | • |
| Assessment for PIT and Fissure Sealants | | | • First permanent molars as soon as possible after eruption | • Premolars, first and second permanent molars as soon as possible after eruption | • Second permanent molars and premolars as soon as possible after eruption |
| Treatment of Dental Disease/Carries Risk Assessment | • | • | • | • | • |

****Anticipatory Guidance**

Appropriate discussion and counseling should be an integral part of each visit for care. Topics for counseling when appropriate should cover Oral Hygiene counseling (1), Injury, Prevention Counseling (2), Dietary counseling (3), Counseling for non-nutritive habits (4), Fluoride Supplementation (5,6), Assessment of oral growth and development (7),

Counseling for speech/language development, Assessment and treatment of developing malocclusion, Counseling for intraoral/perioral piercing, Substance abuse counseling, Assessment and/or removal of third molars and Referral for regular periodic dental care/transition to adult dental care.

1. Initially, responsibility of parent; as child develops jointly with parents, and then by age 12 responsibility of the child only.
2. Initially play objects, pacifiers, car seats; then when learning to walk; sports, routine playing and intraoral/perioral piercing.
3. At every appointment discuss role of refined carbohydrates; frequency of snacking.
4. At first discuss need for additional sucking; digits vs. pacifiers; then the need to wean from habit before eruption of a permanent incisor.
5. As per American Academy of Pediatrics/American Dental Association guidelines and the water source.
6. Up to at least 16 years.
7. By clinical examination.

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High, Family Low and Family Preventative cover Diagnostic and Preventive Services at 100% of the contracted rate. 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. 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.

Covered dental services that indicate "Yes" in the "Review Required" column require documentation of medical necessity and will be subject to retrospective pre-payment review. These procedures can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Diagnostic

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 | 0-18 | | No | One of (D0120, D0140, D0150, D0180) per 6 Month(s) Per patient. | |
| D0140 | limited oral evaluation-problem focused | 0-18 | | No | One of (D0140) per 6 Month(s) Per patient. | |
| D0145 | oral evaluation for a patient under three years of age and counseling with primary caregiver | 0-2 | | No | One of (D0145) per 6 Month(s) Per patient. | |
| D0150 | comprehensive oral evaluation - new or established patient | 0-18 | | No | One of (D0120, D0140, D0150, D0180) per 6 Month(s) Per Provider OR Location. | |
| D0160 | detailed and extensive oral eval-problem focused, by report | 0-18 | | No | One of (D0160) per 1 Lifetime Per Provider OR Location. | |
| D0180 | comprehensive periodontal evaluation - new or established patient | 0-18 | | No | One of (D0120, D0140, D0150, D0180) per 6 Month(s) Per Provider OR Location. | |
| D0210 | intraoral - comprehensive series of radiographic images | 0-18 | | No | One of (D0210, D0330) per 60 Month(s) Per patient. | |
| D0220 | intraoral - periapical first radiographic image | 0-18 | | No | When dental conditions indicate need. If 5 or more periapicals are taken on the same date of service please submit written documentation to justify the additional image submitted for payment. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Diagnostic | | | | | | |
|------------|---|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D0230 | intraoral - periapical each additional radiographic image | 0-18 | | No | If the contract fee for individual listed radiographic images equals or exceeds the contract fee for a complete series (D0210) or a panoramic film (D0330) the excess contract fee may be DISALLOWED. Radiographic images taken with endodontic treatment are considered part of the treatment and these films are DISALLOWED. | |
| D0240 | intraoral - occlusal radiographic image | 0-18 | | No | | |
| D0270 | bitewing - single radiographic image | 0-18 | | No | One of (D0270, D0272, D0274, D0277) per 6 Month(s) Per patient. | |
| D0272 | bitewings - two radiographic images | 0-18 | | No | One of (D0270, D0272, D0274, D0277) per 6 Month(s) Per patient. | |
| D0273 | bitewings - three radiographic images | 0-18 | | No | One of (D0273) per 6 Month(s) Per patient. | |
| D0274 | bitewings - four radiographic images | 0-18 | | No | One of (D0270, D0272, D0274, D0277) per 6 Month(s) Per patient. | |
| D0277 | vertical bitewings - 7 to 8 films | 0-18 | | No | One of (D0270, D0272, D0274, D0277) per 6 Month(s) Per patient. | |
| D0330 | panoramic radiographic image | 0-18 | | No | One of (D0210, D0330) per 60 Month(s) Per patient. | |
| D0340 | cephalometric radiographic image | 0-18 | | No | Only allowed with ortho. | |
| D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | 0-18 | | No | Only allowed with ortho. | |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | 0-18 | | No | | |
| D0460 | pulp vitality tests | 0-18 | | No | One of (D0460) per 1 Day(s) Per Provider OR Location. Only for the diagnosis of emergency conditions. | |
| D0470 | diagnostic casts | 0-18 | | No | Only allowed with ortho. | |
| D0999 | unspecified diagnostic procedure, by report | 0-18 | | No | | pre-operative x-ray(s) |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

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 | 0-18 | | No | One of (D1110, D1120) per 6 Month(s) Per patient. | |
| D1120 | prophylaxis - child | 0-18 | | No | One of (D1110, D1120) per 6 Month(s) Per patient. | |
| D1206 | topical application of fluoride varnish | 0-18 | | No | Two of (D1206, D1208) per 12 Month(s) Per patient. | |
| D1208 | topical application of fluoride - excluding varnish | 0-18 | | No | Two of (D1206, D1208) per 12 Month(s) Per patient. | |
| D1351 | sealant - per tooth | 0-18 | 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 (D1351) per 36 Month(s) Per patient per tooth. | |
| D1352 | Preventive resin restoration is a mod. to high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit or fissure that doesn't extend into dentin: includes placmt of a sealant in radiating non-carious fissure or pits. | 0-18 | Teeth 2 - 5, 12 - 15, 18 - 21, 28 - 31 | No | One of (D1352) per 36 Month(s) Per patient per tooth. | |
| D1510 | space maintainer-fixed, unilateral-per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D1510) per 1 Lifetime Per patient per quadrant. | |
| D1516 | space maintainer --fixed--bilateral, maxillary | 0-18 | | No | One of (D1516) per 60 Month(s) Per patient per tooth. | |
| D1517 | space maintainer --fixed--bilateral, mandibular | 0-18 | | No | One of (D1517) per 60 Month(s) Per patient per tooth. | |
| D1520 | space maintainer-removable-unilateral | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D1520) per 1 Lifetime Per patient per quadrant. | |
| D1526 | space maintainer --removable--bilateral, maxillary | 0-18 | | No | One of (D1526) per 60 Month(s) Per patient per tooth. | |
| D1527 | space maintainer --removable--bilateral, mandibular | 0-18 | | No | One of (D1527) per 60 Month(s) Per patient per tooth. | |
| D1551 | re-cement or re-bond bilateral space maintainer- Maxillary | 0-18 | | No | Not reimbursable within 6 months of initial placement. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Preventative | | | | | | |
|--------------|--|----------------|---|------------------------|---|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D1552 | re-cement or re-bond bilateral space maintainer- Mandibular | 0-18 | | No | Not reimbursable within 6 months of initial placement. | |
| D1553 | re-cement or re-bond unilateral space maintainer- Per Quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | Not reimbursable within 6 months of initial placement. | |
| D1556 | Removal of fixed unilateral space maintainer- Per Quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | Not reimbursable within 6 months of initial placement. | |
| D1557 | Removal of fixed bilateral space maintainer- Maxillary | 0-18 | | No | Not reimbursable within 6 months of initial placement. | |
| D1558 | Removal of fixed bilateral space maintainer- Mandibular | 0-18 | | No | Not reimbursable to dentist or practice that originally placed appliance. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High covers Restorative Services at 80% of the contracted rate. Repair or Recementing of Crowns are covered at 80% of the contracted rate. Family Low and Family Preventative cover Restorative Services at 40% of the contracted rate. Reimbursement includes local anesthesia. 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. 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. 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.

BILLING AND REIMBURSEMENT FOR CAST CROWNS AND POST & CORES OR REMOVABLE PROSTHETICS SHALL BE BASED ON THE CEMENTATION OR INSERTION DATE.

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.

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 | 0-18 | Teeth 1 - 32, A - T | No | | |
| D2150 | Amalgam - two surfaces, primary or permanent | 0-18 | Teeth 1 - 32, A - T | No | | |
| D2160 | amalgam - three surfaces, primary or permanent | 0-18 | Teeth 1 - 32, A - T | No | | |
| D2161 | amalgam - four or more surfaces, primary or permanent | 0-18 | Teeth 1 - 32, A - T | No | | |
| D2330 | resin-based composite - one surface, anterior | 0-18 | Teeth 6 - 11, 22 - 27, C - H, M - R | No | | |
| D2331 | resin-based composite - two surfaces, anterior | 0-18 | Teeth 6 - 11, 22 - 27, C - H, M - R | No | | |
| D2332 | resin-based composite - three surfaces, anterior | 0-18 | Teeth 6 - 11, 22 - 27, C - H, M - R | No | | |
| D2335 | resin-based composite - four or more surfaces or involving incisal angle (anterior) | 0-18 | Teeth 6 - 11, 22 - 27, C - H, M - R | No | | |
| D2390 | resin-based composite crown, anterior | 0-18 | Teeth 6 - 11, 22 - 27, C - H, M - R | No | | |
| D2391 | resin-based composite - one surface, posterior | 0-18 | Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|--|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2392 | resin-based composite - two surfaces, posterior | 0-18 | Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T | No | | |
| D2393 | resin-based composite - three surfaces, posterior | 0-18 | Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T | No | | |
| D2394 | resin-based composite - four or more surfaces, posterior | 0-18 | Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T | No | | |
| D2510 | inlay - metallic -1 surface | 0-18 | Teeth 1 - 32 | No | | |
| D2520 | inlay-metallic-2 surfaces | 0-18 | Teeth 1 - 32 | No | | |
| D2530 | inlay-metallic-3+ surfaces | 0-18 | Teeth 1 - 32 | No | | |
| D2542 | onlay - metallic - two surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2543 | onlay-metallic-3 surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|------------------------------------|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2544 | onlay-metallic-4+ surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2610 | inlay-porce/ceramic-1surface | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2620 | inlay-porcelain/ceramic-2 surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|------------------------------------|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2630 | inlay-porc/ceramic 3+ surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2642 | onlay-porcelain/ceramic-2 surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2643 | onlay-porcelain/ceramic-3 surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|-------------------------------------|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2644 | onlay-porcelain/ceramic-4+ surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2650 | inlay-composite/resin 1surface | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2651 | inlay-composite/resin-2 surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|-----------------------------------|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2652 | inlay-composite/resin-3+ surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2662 | onlay-composite/resin-2 surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2663 | onlay-composite/resin-3 surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2664 | onlay-composite/resin-4+ surfaces | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2710 | crown - resin-based composite (indirect) | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2712 | crown - 3/4 resin-based composite (indirect) | 0-18 | Teeth 1 - 32 | Yes | | |
| D2720 | crown-resin with high noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2721 | crown - resin with predominantly base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2722 | crown - resin with noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2740 | crown - porcelain/ceramic | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2750 | crown - porcelain fused to high noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2751 | crown - porcelain fused to predominantly base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2752 | crown - porcelain fused to noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2780 | crown - ¾ cast high noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2781 | crown - ¾ cast predominantly base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2782 | crown - ¾ cast noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2783 | crown - ¾ porcelain/ceramic | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2790 | crown - full cast high noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2791 | crown - full cast predominantly base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2792 | crown - full cast noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2794 | Crown- Titanium and Titanium Alloys | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D2910 | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | 0-18 | Teeth 1 - 32 | No | once per tooth when at least 6 months have lapsed since initial seating date of restorations. | |
| D2915 | re-cement or re-bond indirectly fabricated or prefabricated post and core | 0-18 | Teeth 1 - 32 | No | once per tooth when at least 6 months have lapsed since initial seating date of restorations. | |
| D2920 | re-cement or re-bond crown | 0-18 | Teeth 1 - 32, A - T | No | once per tooth when at least 6 months have lapsed since initial seating date of restorations. | |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth | 0-18 | Teeth A - T | No | One of (D2929) per 60 Month(s) Per patient per tooth. | |
| D2930 | prefabricated stainless steel crown - primary tooth | 0-14 | Teeth A - T | No | One of (D2930) per 60 Month(s) Per patient per tooth. | |
| D2931 | prefabricated stainless steel crown-permanent tooth | 0-14 | Teeth 1 - 32 | No | One of (D2931) per 60 Month(s) Per patient per tooth. | |
| D2940 | protective restoration | 0-18 | Teeth 1 - 32, A - T | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|-----------------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2950 | core buildup, including any pins when required | 0-18 | Teeth 1 - 32 | No | One of (D2950) per 60 Month(s) Per patient per tooth. | |
| D2951 | pin retention - per tooth, in addition to restoration | 0-18 | Teeth 1 - 32 | No | Once per tooth, not per pin, when necessary on a permanent tooth only in conjunction with an amalgam or composite restoration. | |
| D2952 | cast post and core in addition to crown | 0-18 | Teeth 1 - 32 | No | One of (D2952) per 60 Month(s) Per patient per tooth. | |
| D2953 | each additional cast post - same tooth | 0-18 | Teeth 1 - 32 | No | One of (D2953) per 60 Month(s) Per patient per tooth. | |
| D2954 | prefabricated post and core in addition to crown | 0-18 | Teeth 1 - 32 | No | One of (D2954) per 60 Month(s) Per patient per tooth. | |
| D2957 | each additional prefabricated post - same tooth | 0-18 | Teeth 1 - 32 | No | One of (D2957) per 60 Month(s) Per patient per tooth. | |
| D2980 | crown repair, by report | 0-18 | Teeth 1 - 32 | No | After 24 months of crown insertion. | |
| D2981 | Inlay repair necessitated by restorative material failure | 0-18 | Teeth 1 - 32, 51 - 82 | No | | |
| D2982 | Onlay repair necessitated by restorative material failure | 0-18 | Teeth 1 - 32, 51 - 82 | No | | |
| D2983 | Veneer repair necessitated by restorative material failure | 0-18 | Teeth 1 - 32, 51 - 82 | No | | |
| D2990 | Resin infiltration of incipient smooth surface lesions | 0-18 | Teeth 1 - 32, A - T | No | One of (D2990) per 36 Month(s) Per patient. | |
| D2999 | unspecified restorative procedure, by report | 0-18 | Teeth 1 - 32, A - T | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High covers Major/Complex (Type III) services at 50% of contracted rate. Family Low and Family Preventative cover Major/Complex Services (Type III) at 40% of the contracted rate.

Payment for conventional root canal treatment is limited to treatment of permanent teeth. The standard of acceptability employed for endodontic procedures requires that the canal(s) be completely filled apically and laterally. 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 any post payment review by the DentaQuest Consultants. 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. Pulpotomies will be limited to primary teeth or permanent teeth with incomplete root development. The fee for root canal therapy for permanent teeth includes diagnosis, extirpation treatment, temporary fillings, filling and obturation of root canals, and progress radiographs. A completed fill radiograph is also included.

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 | 0-18 | Teeth 1 - 32, A - T | No | If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately. | |
| D3221 | pulpal debridement, primary and permanent teeth | 0-18 | Teeth 1 - 32, A - T | No | One of (D3221) per 1 Lifetime Per patient. | |
| D3222 | partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | 0-18 | Teeth 1 - 32 | No | If a root canal is within 45 days of the pulpotomy, the pulpotomy is not a covered service since it is considered a part of the root canal procedure and benefits are not payable separately. | |
| D3230 | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 0-18 | Teeth C - H, M - R | No | Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime. | |
| D3240 | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 0-18 | Teeth A, B, I - L, S, T | No | Limited to primary incisor teeth for members up to age 6 and for primary molars and cuspids up to age 11 and is limited to once per tooth per lifetime. | |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | 0-18 | Teeth 6 - 11, 22 - 27 | No | | |
| D3320 | endodontic therapy, premolar tooth (excluding final restoration) | 0-18 | Teeth 4, 5, 12, 13, 20, 21, 28, 29 | No | | |
| D3330 | endodontic therapy, molar tooth (excluding final restoration) | 0-18 | Teeth 1 - 3, 14 - 19, 30 - 32 | No | | |
| D3332 | incomplete endodontic therapy; inoperable or fractured tooth | 0-18 | Teeth 1 - 32 | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Endodontics | | | | | | |
|-------------|---|----------------|------------------------------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D3346 | retreatment of previous root canal therapy-anterior | 0-18 | Teeth 6 - 11, 22 - 27 | Yes | | |
| D3347 | retreatment of previous root canal therapy - premolar | 0-18 | Teeth 4, 5, 12, 13, 20, 21, 28, 29 | Yes | | |
| D3348 | retreatment of previous root canal therapy-molar | 0-18 | Teeth 1 - 3, 14 - 19, 30 - 32 | Yes | | |
| D3351 | apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | 0-18 | Teeth 1 - 32 | Yes | | |
| D3352 | apexification/recalcification - interim medication replacement | 0-18 | Teeth 1 - 32 | Yes | | |
| D3353 | apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | 0-18 | Teeth 1 - 32 | Yes | | |
| D3410 | apicoectomy - anterior | 0-18 | Teeth 6 - 11, 22 - 27 | Yes | | |
| D3421 | apicoectomy - premolar (first root) | 0-18 | Teeth 4, 5, 12, 13, 20, 21, 28, 29 | Yes | | |
| D3425 | apicoectomy - molar (first root) | 0-18 | Teeth 1 - 3, 14 - 19, 30 - 32 | Yes | | |
| D3426 | apicoectomy (each additional root) | 0-18 | Teeth 1 - 5, 12 - 21, 28 - 32 | Yes | | |
| D3450 | root amputation - per root | 0-18 | Teeth 1 - 5, 12 - 21, 28 - 32 | Yes | One of (D3450) per 1 Lifetime Per patient per tooth. | |
| D3920 | hemisection (including any root removal), not incl root canal therapy | 0-18 | Teeth 1 - 5, 12 - 21, 28 - 32 | Yes | | |
| D3999 | unspecified endodontic procedure, by report | 0-18 | Teeth 1 - 32, A - T | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High covers Periodontal Cleaning, Scaling and Root Planning at 80% and Periodontal Surgery is covered at 50% of the contracted rate. Pediatric Low covers Periodontics at 40% of the contracted rate.

Claims for preventive dental procedure codes D1110, D1120, D1206, D1208, D1351, and D1352 will be denied when submitted for the same DOS as any D4000 series periodontal procedure codes.

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 | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4210, D4211) per 24 Month(s) Per patient per quadrant. | |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4210, D4211) per 24 Month(s) Per patient per quadrant. | |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | 0-18 | Teeth 1 - 32, 51 - 82 | Yes | One of (D4212) per 24 Month(s) Per patient per quadrant. | |
| D4240 | gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4240) per 24 Month(s) Per patient per quadrant. | |
| D4249 | clinical crown lengthening - hard tissue | 0-18 | Teeth 1 - 32 | Yes | | |
| D4260 | osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4260, D4261) per 24 Month(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 | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4260, D4261) per 24 Month(s) Per patient per quadrant. | |
| D4270 | pedicle soft tissue graft procedure | 0-18 | Teeth 1 - 32 | Yes | | |
| D4273 | subepithelial connective tissue graft procedure | 0-18 | Teeth 1 - 32 | Yes | | |
| D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft | 0-18 | Teeth 1 - 32, 51 - 82 | Yes | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Periodontics | | | | | | |
|--------------|---|----------------|---|------------------------|---|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | 0-18 | Teeth 1 - 32, 51 - 82 | Yes | | |
| D4283 | autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | 0-18 | Teeth 1 - 32 | Yes | Two of (D4283, D4285) per 36 Month(s) Per patient per quadrant. | |
| D4285 | non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | 0-18 | Teeth 1 - 32 | Yes | Two of (D4283, D4285) per 36 Month(s) Per patient per quadrant. | |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4341) per 24 Month(s) Per patient per quadrant. | |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4342) per 24 Month(s) Per patient per quadrant. | |
| D4355 | full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | 0-18 | | No | | |
| D4910 | periodontal maintenance procedures | 0-18 | | No | Four of (D4910) per 12 Month(s) Per patient. 4 in 12 months combined with adult prophylaxis after the completion of active periodontal therapy not to be combined with D1110 or D1120 | |
| D4999 | unspecified periodontal procedure, by report | 0-18 | | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High covers Complete or Partial Dentures, Fixed Bridges, Replacement Dentures or Fixed Bridges at 50%. Rebase or Reline Dentures, Repair of Dentures or Fixed Bridges, Adding Teeth and Recementing of Fixed Bridges at 80% of the contracted rate. Family Low and Family Preventative cover Prosthodontics at 40% of the contracted rate.

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.

Authorization for partial dentures to replace posterior teeth will not be allowed if there are in each quadrant at least three (3) peridontially sound posterior teeth in fairly good position and occlusion with opposing dentition.

Authorization for cast partial dentures for anterior teeth generally will not be given unless one or more anterior teeth in the same arch are missing. Partial dentures are not a covered benefit when 8 or more posterior teeth are in occlusion.

Dentures will not be preauthorized when:

Dental history reveals that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable because of physiological or psychological reasons, or repair, relining or rebasing of the patient's present dentures will make them serviceable.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

BILLING AND REIMBURSEMENT FOR CAST CROWNS AND POST & CORES OR REMOVABLE PROSTHETICS SHALL BE BASED ON THE CEMENTATION OR INSERTION DATE.

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 | 0-18 | | No | One of (D5110, D5130, D5211, D5213) per 60 Month(s) Per patient. | |
| D5120 | complete denture - mandibular | 0-18 | | No | One of (D5120, D5140, D5212, D5214) per 60 Month(s) Per patient. | |
| D5130 | immediate denture - maxillary | 0-18 | | No | One of (D5110, D5130, D5211, D5213) per 60 Month(s) Per patient. | |
| D5140 | immediate denture - mandibular | 0-18 | | No | One of (D5120, D5140, D5212, D5214) per 60 Month(s) Per patient. | |
| D5211 | maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth) | 0-18 | | No | One of (D5110, D5130, D5211, D5213) per 60 Month(s) Per patient. | |
| D5212 | mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth) | 0-18 | | No | One of (D5120, D5140, D5212, D5214) per 60 Month(s) Per patient. | |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 0-18 | | No | One of (D5110, D5130, D5211, D5213) per 60 Month(s) Per patient. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| 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) | 0-18 | | No | One of (D5120, D5140, D5212, D5214) per 60 Month(s) Per patient. | |
| D5221 | immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | 16 - 18 | | No | One of (D5110, D5130, D5211, D5213, D5223, D5225, D5863, D5864, D6110, D6112, D6114, D6116) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5222 | immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | 16 - 18 | | No | One of (D5120, D5140, D5212, D5214, D5224, D5226, D5865, D5866, D6111, D6113, D6115, D6117) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5223 | immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 16 - 18 | | No | One of (D5110, D5130, D5211, D5213, D5221, D5225, D5863, D5864, D6110, D6112, D6114, D6116) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |
| D5224 | immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 16 - 18 | | No | One of (D5120, D5140, D5212, D5214, D5222, D5226, D5865, D5866, D6111, D6113, D6115, D6117) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |
| D5227 | immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | 0-18 | | No | One of (D5227) per 60 Month(s) Per patient. | |
| D5228 | immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | 0-18 | | No | One of (D5228) per 60 Month(s) Per patient. | |
| D5282 | Removable unilateral partial denture--one piececast metal (including clasps and teeth), maxillary | 16 - 18 | | No | One of (D5282) per 60 Month(s) Per patient. | |
| D5283 | Removable unilateral partial denture--one piececast metal (including clasps and teeth), mandibular | 16 - 18 | | No | One of (D5283) per 60 Month(s) Per patient. | |
| D5410 | adjust complete denture - maxillary | 0-18 | | No | Not allowed within 6 months of initial placement. | |
| D5411 | adjust complete denture - mandibular | 0-18 | | No | Not allowed within 6 months of initial placement. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Prosthodontics, removable

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|--|-----------------------|----------------------|-------------------------------|---|-------------------------------|
| D5421 | adjust partial denture-maxillary | 0-18 | | No | Not allowed within 6 months of initial placement. | |
| D5422 | adjust partial denture - mandibular | 0-18 | | No | Not allowed within 6 months of initial placement. | |
| D5511 | repair broken complete denture base, mandibular | 0-18 | | No | One of (D5511) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5512 | repair broken complete denture base, maxillary | 0-18 | | No | One of (D5512) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | 0-18 | Teeth 1 - 32 | No | Not covered within 6 months of placement. | |
| D5611 | repair resin partial denture base, mandibular | 0-18 | | No | One of (D5611) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5612 | repair resin partial denture base, maxillary | 0-18 | | No | One of (D5612) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5621 | repair cast partial framework, mandibular | 0-18 | | No | One of (D5621) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5622 | repair cast partial framework, maxillary | 0-18 | | No | One of (D5622) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5630 | repair or replace broken retentive/clasping materials per tooth | 0-18 | Teeth 1 - 32 | No | | |
| D5640 | replace broken teeth-per tooth | 0-18 | Teeth 1 - 32 | No | | |
| D5650 | add tooth to existing partial denture | 0-18 | Teeth 1 - 32 | No | | |
| D5660 | add clasp to existing partial denture | 0-18 | Teeth 1 - 32 | No | | |
| D5670 | replace all teeth and acrylic on cast metal framework (maxillary) | 0-18 | | No | One of (D5670) per 60 Month(s) Per patient. | |
| D5671 | replace all teeth and acrylic on cast metal framework (mandibular) | 0-18 | | No | One of (D5671) per 60 Month(s) Per patient. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Prosthodontics, removable | | | | | | |
|---------------------------|---|----------------|---------------------------|------------------------|---|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5710 | rebase complete maxillary denture | 0-18 | | No | One of (D5710) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5711 | rebase complete mandibular denture | 0-18 | | No | One of (D5711) per 36 Month(s) Per patient. | |
| D5720 | rebase maxillary partial denture | 0-18 | | No | One of (D5720) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5721 | rebase mandibular partial denture | 0-18 | | No | One of (D5721) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5725 | rebase hybrid prosthesis | 0-18 | Per Arch (01, 02, LA, UA) | No | One of (D5725) per 36 Month(s) Per patient. | |
| D5730 | reline complete maxillary denture (chairside) | 0-18 | | No | One of (D5730) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5731 | reline complete mandibular denture (chairside) | 0-18 | | No | One of (D5731) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5740 | reline maxillary partial denture (chairside) | 0-18 | | No | One of (D5740) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5741 | reline mandibular partial denture (chairside) | 0-18 | | No | One of (D5741) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5750 | reline complete maxillary denture (laboratory) | 0-18 | | No | One of (D5750) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5751 | reline complete mandibular denture (laboratory) | 0-18 | | No | One of (D5751) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5760 | reline maxillary partial denture (laboratory) | 0-18 | | No | One of (D5760) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5761 | reline mandibular partial denture (laboratory) | 0-18 | | No | One of (D5761) per 36 Month(s) Per patient. Not allowed within 6 months of initial placement. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Prosthodontics, removable | | | | | | |
|----------------------------------|---|-----------------------|---------------------------|-------------------------------|---|-------------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5765 | soft liner for complete or partial removable denture – indirect | 0-18 | Per Arch (01, 02, LA, UA) | No | One of (D5765) per 36 Month(s) Per patient. | |
| D5850 | tissue conditioning, maxillary | 0-18 | | No | Not allowed within 6 months of initial placement. | |
| D5851 | tissue conditioning, mandibular | 0-18 | | No | Not allowed within 6 months of initial placement. | |
| D5899 | unspecified removable prosthodontic procedure, by report | 0-18 | | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

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

| Maxillofacial Prosthetics | | | | | | |
|---------------------------|---|----------------|---------------|------------------------|---------------------|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5999 | unspecified maxillofacial prosthesis, by report | 0-18 | | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

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 | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6040 | surgical placement:eposteal implnt | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6050 | surgical placement-transosteal implant | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6053 | implant/abutment supported removable denture for completely edentulous arch | 0-18 | Per Arch (01, 02, LA, UA) | Yes | | narr. of med. necessity, pre-op x-ray(s) |
| D6054 | implant/abutment supported removable denture for partially edentulous arch | 0-18 | Per Arch (01, 02, LA, UA) | Yes | | narr. of med. necessity, pre-op x-ray(s) |
| D6055 | connecting bar - implant supported or abutment supported | 0-18 | Teeth 1 - 32 | Yes | One of (D6055) per 60 Month(s) Per patient. | narr. of med. necessity, pre-op x-ray(s) |
| D6056 | prefabricated abutment | 0-18 | Teeth 1 - 32 | Yes | One of (D2952, D2953, D2954, D2957, D6056, D6057, D6970, D6972, D6976, D6977) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6058 | abutment supported porcelain/ceramic crown | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Implant Services | | | | | | |
|------------------|--|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6059 | abutment supported porcelain fused to metal crown (high noble metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6060 | abutment supported porcelain fused to metal crown (predominantly base metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6061 | abutment supported porcelain fused to metal crown (noble metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6062 | abutment supported cast metal crown (high noble metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Implant Services | | | | | | |
|------------------|--|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6063 | abutment supported cast metal crown (predominantly base metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6064 | abutment supported cast metal crown (noble metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6065 | implant supported porcelain/ceramic crown | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6066 | Implant Supported Crown-Porcelain Fused to High Noble Alloys | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Implant Services | | | | | | |
|------------------|---|----------------|---------------|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6067 | Implant Supported Crown- High Noble Alloys | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6068 | abutment supported retainer for porcelain/ceramic FPD | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6545, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6069 | abutment supported retainer for porcelain fused to metal FPD (high noble metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Implant Services | | | | | | |
|------------------|---|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6070 | abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6071 | abutment supported retainer for porcelain fused to metal FPD (noble metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6072 | abutment supported retainer for cast metal FPD (high noble metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6073 | abutment supported retainer for cast metal FPD (predominantly base metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Implant Services | | | | | | |
|------------------|---|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6074 | abutment supported retainer for cast metal FPD (noble metal) | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6075 | implant supported retainer for ceramic FPD | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6076 | Implant Supported Retainer for FPD-Porcelain Fused to High Noble Alloys | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6077 | Implant Supported Retainer for Metal FPD- High Noble Alloys | 0-18 | Teeth 1 - 32 | Yes | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094, D6194, D6210) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Implant Services | | | | | | |
|------------------|---|----------------|---------------|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6078 | implant/abutment supported fixed denture for completely edentulous arch | 0-18 | Teeth 1 - 32 | Yes | One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6079 | implant/abutment supported fixed denture for partially edentulous arch | 0-18 | Teeth 1 - 32 | Yes | One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6080 | implant maintenance procedure | 0-18 | Teeth 1 - 32 | Yes | One of (D6080) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6090 | repair implant prosthesis | 0-18 | Teeth 1 - 32 | Yes | One of (D6090, D6095, D6100) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6091 | replacement of attachment-implant/abutment prosthesis | 0-18 | | Yes | One of (D6091) per 60 Month(s) Per patient. | narr. of med. necessity, pre-op x-ray(s) |
| D6092 | re-cement or re-bond implant/abutment supported crown | 0-18 | | Yes | One of (D6092) per 6 Month(s) Per patient per tooth. Once per tooth after 6 months have elapsed from the initial seating date by the same dentist/dental office. | |
| D6093 | re-cement or re-bond implant/abutment supported fixed partial denture | 0-18 | | Yes | One of (D6093) per 6 Month(s) Per patient per tooth. Once per tooth after 6 months have elapsed from the initial seating date by the same dentist/dental office. | |
| D6094 | Abutment supported crown-titanium and titanium alloys | 0-18 | Teeth 1 - 32 | Yes | One of (D6094) per 60 Month(s) Per patient per tooth. | |
| D6095 | repair implant abutment | 0-18 | Teeth 1 - 32 | Yes | One of (D6090, D6095, D6100) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6100 | surgical removal of implant body | 0-18 | Teeth 1 - 32 | Yes | One of (D6100) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Implant Services | | | | | | |
|------------------|--|----------------|---------------------------|------------------------|---|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6101 | debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure | 0-18 | Teeth 1 - 32, 51 - 82 | Yes | One of (D6101) per 60 Month(s) Per patient per tooth. | |
| D6102 | debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure | 0-18 | Teeth 1 - 32, 51 - 82 | Yes | One of (D6102) per 60 Month(s) Per patient per tooth. | |
| D6103 | bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately | 0-18 | Teeth 1 - 32, 51 - 82 | Yes | | |
| D6104 | Bone graft at time of implant placement | 0-18 | Teeth 1 - 32, 51 - 82 | Yes | | |
| D6110 | Implant/abutment supported removable denture for edentulous arch - maxillary | 0-18 | Per Arch (01, 02, LA, UA) | No | One of (D6110) per 60 Month(s) Per patient per tooth. | |
| D6111 | Implant/abutment supported removable denture for edentulous arch - mandibular | 0-18 | Per Arch (01, 02, LA, UA) | No | One of (D6111) per 60 Month(s) Per patient per tooth. | |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch - maxillary | 0-18 | Per Arch (01, 02, LA, UA) | No | One of (D6112) per 60 Month(s) Per patient per tooth. | |
| D6113 | Implant/abutment supported removable denture for partially edentulous arch - mandibular | 0-18 | Per Arch (01, 02, LA, UA) | No | One of (D6113) per 60 Month(s) Per patient per tooth. | |
| D6114 | Implant/abutment supported fixed denture for edentulous arch - maxillary | 0-18 | Teeth 1 - 32 | No | One of (D6114) per 60 Month(s) Per patient per tooth. | |
| D6115 | Implant/abutment supported fixed denture for edentulous arch - mandibular | 0-18 | Teeth 1 - 32 | No | One of (D6115) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Implant Services | | | | | | |
|------------------|---|----------------|---------------|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch - maxillary | 0-18 | Teeth 1 - 32 | No | One of (D6116) per 60 Month(s) Per patient per tooth. | |
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch - mandibular | 0-18 | Teeth 1 - 32 | No | One of (D6117) per 60 Month(s) Per patient per tooth. | |
| D6120 | Implant supported retainer- porcelain fused to titanium and titanium alloys | 0-18 | Teeth 1 - 32 | No | One of (D6120) per 60 Month(s) Per patient per tooth. | |
| D6121 | Implant supported retainer for metal FPD- predominately base alloys | 0-18 | Teeth 1 - 32 | No | One of (D6121) per 60 Month(s) Per patient per tooth. | |
| D6122 | Implant supported retainer for metal FPD- noble alloys | 0-18 | Teeth 1 - 32 | No | One of (D6122) per 60 Month(s) Per patient per tooth. | |
| D6123 | Implant supported retainer for metal FPD- titanium and titanium alloys | 0-18 | Teeth 1 - 32 | No | One of (D6123) per 60 Month(s) Per patient per tooth. | |
| D6190 | radiographic/surgical implant index, by report | 0-18 | Teeth 1 - 32 | Yes | One of (D6190) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6199 | unspecified implant procedure | 0-18 | Teeth 1 - 32 | Yes | By Report | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High covers Complete or Partial Dentures, Fixed Bridges, Replacement Dentures or Fixed Bridges at 50%. Rebase or Reline Dentures, Repair of Dentures or Fixed Bridges, Adding Teeth and Recementing of Fixed Bridges at 80% of the contracted rate. Pediatric Low covers Prosthodontics at 40% of the contracted rate.

BILLING AND REIMBURSEMENT FOR CROWNS AND POST & CORES OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED UPON THE CEMENTATION DATE.

Periapical radiographs are required for each tooth involved in the authorization request. The criteria used by DentaQuest is noted below:

- At least one abutment tooth requires a crown (based on traditional requirements of medical necessity and dental disease).
- The space cannot be filled with a removable partial denture.
- The purpose is to prevent the drifting of teeth in all dimensions (anterior, posterior, lateral, and the opposing arch).
- Each abutment or each pontic constitutes a unit in a bridge.
- Porcelain is allowed on all teeth.

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.

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 | 0-18 | Teeth 1 - 32 | Yes | One of (D6205) per 60 Month(s) Per patient. | |
| D6210 | pontic - cast high noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | |
| D6211 | pontic-cast base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | |
| D6212 | pontic - cast noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | |
| D6214 | Pontic - titanium and titanium alloys | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|---|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6240 | pontic-porcelain fused-high noble | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | |
| D6241 | pontic-porcelain fused to base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | |
| D6242 | pontic-porcelain fused-noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | |
| D6245 | prosthodontics fixed, pontic - porcelain/ceramic | 0-18 | Teeth 1 - 32 | Yes | One of (D6010, D6012, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth. | |
| D6250 | pontic-resin with high noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D6250) per 60 Month(s) Per patient. | |
| D6251 | pontic-resin with base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D6251) per 60 Month(s) Per patient. | |
| D6252 | pontic-resin with noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D6252) per 60 Month(s) Per patient. | |
| D6545 | retainer - cast metal fixed | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6548 | prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic | 0-18 | Teeth 1 - 32 | Yes | One of (D6548) per 60 Month(s) Per patient. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|-------------------------------------|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6740 | retainer crown, porcelain/ceramic | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6750 | crown-porcelain fused high noble | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6751 | crown-porcelain fused to base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|--|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6752 | crown-porcelain fused noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6780 | crown-3/4 cst high noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6781 | prosthodontics fixed, crown ¾ cast predominantly based metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|---|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6782 | prosthodontics fixed, crown ¾ cast noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6783 | prosthodontics fixed, crown ¾ porcelain/ceramic | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6790 | crown-full cast high noble | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|--|----------------|---|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6791 | crown - full cast base metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6792 | crown - full cast noble metal | 0-18 | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2740, D2750, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6545, D6548, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792) per 60 Month(s) Per patient per tooth. | |
| D6930 | re-cement or re-bond fixed partial denture | 0-18 | | No | One of (D6930) per 1 Lifetime Per patient. Not allowed within 6 months of initial placement. | |
| D6980 | fixed partial denture repair | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | Not allowed within 24 months of initial placement. | |
| D6999 | fixed prosthodontic procedure | 0-18 | Teeth 1 - 32 | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High covers Simple Extractions at 80% and Surgical Extractions at 50% of the contracted rate. Family Low and Family Preventative cover Simple and Surgical

Extractions at 40% of the contracted rate.

Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection.

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.

Oral and Maxillofacial Surgery

Code Description Age Limitation Teeth Covered Authorization

Required

Benefit Limitations Documentation

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 |
| D7111 | extraction, coronal remnants - primary tooth | 0-18 | Teeth 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 (D7111) per 1 Lifetime Per patient per tooth. | |
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 0-18 | 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 | | |
| D7210 | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 0-18 | 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 | | |
| D7220 | removal of impacted tooth-soft tissue | 0-18 | 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 | | |
| D7230 | removal of impacted tooth-partially bony | 0-18 | 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 | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Oral and Maxillofacial Surgery

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|--|-----------------------|--|-------------------------------|---|-------------------------------|
| D7240 | removal of impacted tooth-completely bony | 0-18 | 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 | | |
| D7241 | removal of impacted tooth-completely bony, with unusual surgical complications | 0-18 | 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 | | |
| D7250 | surgical removal of residual tooth roots (cutting procedure) | 0-18 | 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 | | |
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only | 0-18 | 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 | | |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 0-18 | Teeth 1 - 32 | No | | |
| D7280 | Surgical access of an unerupted tooth | 0-18 | Teeth 1 - 32 | No | | |
| D7283 | placement of device to facilitate eruption of impacted tooth | 0-18 | Teeth 1 - 32 | No | Only covered if Ortho is covered. | |
| D7290 | surgical repositioning of teeth | 0-18 | Teeth 1 - 32 | No | Only covered if Ortho is covered. | |
| D7291 | transseptal fiberotomy, by report | 0-18 | Teeth 1 - 32 | No | Only covered if Ortho is covered. | |
| D7310 | alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D7310) per 1 Lifetime Per patient per quadrant. | |
| D7311 | alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D7311) per 1 Lifetime Per patient per quadrant. | |
| D7320 | alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D7320) per 1 Lifetime Per patient per quadrant. | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Oral and Maxillofacial Surgery

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|---|-----------------------|--|-------------------------------|---|-------------------------------|
| D7321 | alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 0-18 | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D7321) per 1 Lifetime Per patient per quadrant. | |
| D7340 | vestibuloplasty - ridge extension (secondary epithelialization) | 0-18 | Per Arch (01, 02, LA, UA) | No | One of (D7340) per 1 Lifetime Per patient per arch. | |
| D7350 | vestibuloplasty - ridge extension | 0-18 | Per Arch (01, 02, LA, UA) | No | One of (D7350) per 1 Lifetime Per patient per arch. | |
| D7471 | removal of exostosis - per site | 0-18 | Per Arch (01, 02, LA, UA) | No | | |
| D7510 | incision and drainage of abscess - intraoral soft tissue | 0-18 | 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 | | |
| D7511 | incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 0-18 | | No | By Report | |
| D7520 | incision and drainage of abscess - extraoral soft tissue | 0-18 | | No | By Report | |
| D7521 | incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 0-18 | | No | By Report | |
| D7910 | suture small wounds up to 5 cm | 0-18 | | No | | |
| D7960 | frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure | 0-18 | | No | One of (D7960) per 1 Lifetime Per patient. Once per site. | |
| D7963 | frenuloplasty | 0-18 | | No | One of (D7963) per 1 Lifetime Per patient. Once per site. | |
| D7970 | excision of hyperplastic tissue - per arch | 0-18 | Per Arch (01, 02, LA, UA) | No | | |
| D7971 | excision of pericoronal gingiva | 0-18 | Teeth 1 - 32 | No | | |
| D7999 | unspecified oral surgery procedure, by report | 0-18 | | No | | |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High cover Orthodontia when medically necessary at 50% of the contracted rate. Family Low and Family Preventative cover Orthodontia when medically necessary at

40% of the contracted rate Case levels, criteria and requirements follow the PA Orthodontia Review Policy for submission.

Severe handicapping malocclusion is defined as an occlusion that is severely functionally compromised and is described in detail in Levels I, II, III, and IV.

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

| Orthodontics | | | | | | |
|--------------|--|----------------|---------------|------------------------|---|---------------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D8010 | limited orthodontic treatment of the primary dentition | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8020 | limited orthodontic treatment of the transitional dentition | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8030 | limited orthodontic treatment of the adolescent dentition | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8040 | limited orthodontic treatment of the adult dentition | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8070 | comprehensive orthodontic treatment of the transitional dentition | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8080 | comprehensive orthodontic treatment of the adolescent dentition | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8090 | comprehensive orthodontic treatment of the adult dentition | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8210 | removable appliance therapy (includes appliances for thumb sucking and tongue thrusting) | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8220 | fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting) | 0-18 | | Yes | | Study model or OrthoCad, x-rays |
| D8660 | pre-orthodontic treatment examination to monitor growth and development | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8670 | periodic orthodontic treatment visit | 0-18 | | Yes | Narrative of medical need with claim for prepayment review. | Study model or OrthoCad, x-rays |
| D8680 | orthodontic retention (removal of appliances) | 0-18 | | Yes | | Study model or OrthoCad, x-rays |
| D8999 | unspecified orthodontic procedure, by report | 0-18 | | Yes | | Study model or OrthoCad, x-rays |

**Exhibit A Benefits Covered for
Under 19 - Individual Pediatric High, Individual Pediatric Low, Family High, Family Low**

Pediatric High covers Adjunctive Services at 80% of the contracted rate. Family Low and Family Preventative cover Adjunctive Services at 40% of the contracted rate.

Local anesthesia is considered part of the treatment procedure, and no additional payment will be made for it. General Anesthesia is allowed with covered surgical services only.

Adjunctive general services include: IV sedation and emergency services provided for relief of dental pain.

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 | 0-18 | | No | | |
| D9120 | fixed partial denture sectioning | 0-18 | | No | | |
| D9222 | deep sedation/general anesthesia first 15 minutes | 0-18 | | No | | |
| D9223 | deep sedation/general anesthesia - each subsequent 15 minute increment | 0-18 | | No | Covered in conjunction with impacted teeth up to one hour. ALLOW 4 D9223 only with impacted teeth (D7220, D7230, D7240, D7241). | Narr / Oper Rpt |
| D9239 | intravenous moderate (conscious) sedation/analgesia- first 15 minutes | 0-18 | | No | | |
| D9243 | intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | 0-18 | | No | Covered in conjunction with impacted teeth up to one hour. ALLOW 4 D9243 only with impacted teeth (D7220, D7230, D7240, D7241). | Narr / Oper Rpt |
| D9310 | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 0-18 | | No | | |
| D9610 | therapeutic drug injection, by report | 0-18 | | No | | |
| D9930 | treatment of complications (post-surgical) - unusual circumstances, by report | 0-18 | | No | | |
| D9999 | unspecified adjunctive procedure, by report | 0-18 | | No | | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Family High, Family Low and Family Preventative cover Diagnostic and Preventative Services at 100% of the contracted rate.

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. 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.

Covered dental services that indicate "Yes" in the "Review Required" column require documentation of medical necessity and will be subject to retrospective pre-payment review. These procedures can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

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 | 19 and older | | No | Two of (D0120, D0140, D0150, D0180) per 1 Calendar year(s) Per patient. | |
| D0140 | limited oral evaluation-problem focused | 19 and older | | No | Two of (D0140) per 12 Month(s) Per patient. | narrative of medical necessity |
| D0150 | comprehensive oral evaluation - new or established patient | 19 and older | | No | One of (D0150, D0160) per 60 Month(s) Per Location. | narrative of medical necessity |
| D0160 | detailed and extensive oral eval-problem focused, by report | 19 and older | | No | One of (D0150, D0160) per 60 Month(s) Per Location. | narrative of medical necessity |
| D0180 | comprehensive periodontal evaluation - new or established patient | 19 and older | | No | One of (D0180) per 60 Month(s) Per patient. One of (D0150, D0180) per 12 Month(s) Per Provider. | narrative of medical necessity |
| D0210 | intraoral - comprehensive series of radiographic images | 19 and older | | No | One of (D0210, D0330) per 60 Month(s) Per patient. One of (D0270, D0272, D0273, D0274, D0277) per 6 Month(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. | |
| D0220 | intraoral - periapical first radiographic image | 19 and older | | No | | narrative of medical necessity |
| D0230 | intraoral - periapical each additional radiographic image | 19 and older | | No | | narrative of medical necessity |
| D0240 | intraoral - occlusal radiographic image | 19 and older | | No | Two of (D0240) per 12 Month(s) Per patient. Two of (D0240) per 12 Month(s) Per Business. | narrative of medical necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Diagnostic | | | | | | |
|------------|---|----------------|---------------|------------------------|--|--------------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D0270 | bitewing - single radiographic image | 19 and older | | No | One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. Four of (D0270) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient. | narrative of medical necessity |
| D0272 | bitewings - two radiographic images | 19 and older | | No | One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient. | narrative of medical necessity |
| D0273 | bitewings - three radiographic images | 19 and older | | No | One of (D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient. | narrative of medical necessity |
| D0274 | bitewings - four radiographic images | 19 and older | | No | One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient. | narrative of medical necessity |
| D0277 | vertical bitewings - 7 to 8 films | 19 and older | | No | One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient. | narrative of medical necessity |
| D0330 | panoramic radiographic image | 19 and older | | No | One of (D0210, D0330) per 60 Month(s) Per patient. | narrative of medical necessity |
| D0460 | pulp vitality tests | 19 and older | | No | | |
| D0999 | unspecified diagnostic procedure, by report | 19 and older | | Yes | Chlorhexidine Mouthrinse is a covered benefit only when administered and dispensed in the dentists office following scaling and root planing. Fluoride Toothpaste is a covered benefit only when administered and dispensed in the dentists office following periodontal surgery. | narrative of medical necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

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 | 19 and older | | No | Two of (D1110, D1120, D4346) per 12 Month(s) Per patient. | |
| D1352 | Preventive resin restoration is a mod. to high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit or fissure that doesn't extend into dentin: includes placmt of a sealant in radiating non-carious fissure or pits. | 19 and older | 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 (D1351, D1352) per 48 Month(s) Per patient per tooth. | |
| D1999 | Unspecified preventive procedure, by report | 19 and older | | Yes | | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Family High covers Restorative Services at 80% and Major Restorative at 50% of the contracted rate. Family Low covers Restorative Services and Major Restorative at 50% of the contracted rate.

Reimbursement includes local anesthesia. 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. 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. 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.

BILLING AND REIMBURSEMENT FOR CAST CROWNS AND POST & CORES OR REMOVABLE PROSTHETICS SHALL BE BASED ON THE CEMENTATION OR INSERTION DATE.

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.

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 | 19 and older | Teeth 1 - 32, A - T | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2150 | Amalgam - two surfaces, primary or permanent | 19 and older | Teeth 1 - 32, A - T | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2160 | amalgam - three surfaces, primary or permanent | 19 and older | Teeth 1 - 32, A - T | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2161 | amalgam - four or more surfaces, primary or permanent | 19 and older | Teeth 1 - 32, A - T | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|-------------------------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2330 | resin-based composite - one surface, anterior | 19 and older | Teeth 6 - 11, 22 - 27, C - H, M - R | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Location per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|-------------------------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2331 | resin-based composite - two surfaces, anterior | 19 and older | Teeth 6 - 11, 22 - 27, C - H, M - R | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|-------------------------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2332 | resin-based composite - three surfaces, anterior | 19 and older | Teeth 6 - 11, 22 - 27, C - H, M - R | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|-------------------------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2335 | resin-based composite - four or more surfaces or involving incisal angle (anterior) | 19 and older | Teeth 6 - 11, 22 - 27, C - H, M - R | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2390 | resin-based composite crown, anterior | 19 and older | Teeth 6 - 11, 22 - 27, C - H, M - R | No | One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|--|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2391 | resin-based composite - one surface, posterior | 19 and older | Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|--|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2392 | resin-based composite - two surfaces, posterior | 19 and older | Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|--|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2393 | resin-based composite - three surfaces, posterior | 19 and older | Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|--|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2394 | resin-based composite - four or more surfaces, posterior | 19 and older | Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T | No | One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2510 | inlay - metallic -1 surface | 19 and older | Teeth 1 - 32 | No | One of (D2510, D2610, D2650) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---------------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2520 | inlay-metallic-2 surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2530 | inlay-metallic-3+ surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2542 | onlay - metallic - two surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2543 | onlay-metallic-3 surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2544 | onlay-metallic-4+ surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|-------------------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2610 | inlay-porce/ceramic-1surface | 19 and older | Teeth 1 - 32 | No | One of (D2510, D2610, D2650) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2620 | inlay-porcelain/ceramic-2 surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2520, D2620, D2651, D6602, D6604, D6606) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2630 | inlay-porc/ceramic 3+ surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2530, D2630, D2652, D6603, D6605, D6607) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2642 | onlay-porcelain/ceramic-2 surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2643 | onlay-porcelain/ceramic-3 surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2644 | onlay-porcelain/ceramic-4+ surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|-----------------------------------|----------------|---------------|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2650 | inlay-composite/resin 1surface | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 1 Day(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2651 | inlay-composite/resin-2 surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2520, D2620, D2651, D6602, D6604, D6606) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2652 | inlay-composite/resin-3+ surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2530, D2630, D2652, D6603, D6605, D6607) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance. | narr. of med. necessity, pre-op x-ray(s) |
| D2662 | onlay-composite/resin-2 surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2642, D2662, D6608, D6610, D6612, D6614, D6634) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2663 | onlay-composite/resin-3 surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2664 | onlay-composite/resin-4+ surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2710 | crown - resin-based composite (indirect) | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2712 | crown - 3/4 resin-based composite (indirect) | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|-----------------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2720 | crown-resin with high noble metal | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2721 | crown - resin with predominantly base metal | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--------------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2722 | crown - resin with noble metal | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2740 | crown - porcelain/ceramic | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2750 | crown - porcelain fused to high noble metal | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2751 | crown - porcelain fused to predominantly base metal | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2752 | crown - porcelain fused to noble metal | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---------------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2780 | crown - ¾ cast high noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2781 | crown - ¾ cast predominantly base metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|----------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2782 | crown - ¾ cast noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|-----------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2783 | crown - ¾ porcelain/ceramic | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|------------------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2790 | crown - full cast high noble metal | 19 and older | Teeth 1 - 32 | Yes | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2791 | crown - full cast predominantly base metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|-------------------------------|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2792 | crown - full cast noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|---------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2794 | Crown- Titanium and Titanium Alloys | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2799 | interim crown | 19 and older | Teeth 1 - 32 | Yes | | Narr /Oper Rpt /Pre-Op Xray |
| D2910 | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | 19 and older | Teeth 1 - 32 | No | One of (D2910) per 12 Month(s) Per patient per tooth. | narrative of medical necessity |
| D2915 | re-cement or re-bond indirectly fabricated or prefabricated post and core | 19 and older | Teeth 1 - 32 | No | One of (D2915, D2920) per 1 Day(s) Per Business per tooth. | |
| D2920 | re-cement or re-bond crown | 19 and older | Teeth 1 - 32, A - T | No | One of (D2920) per 12 Month(s) Per patient per tooth for Posterior Teeth. | narrative of medical necessity |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth | 19 and older | Teeth A - T | No | One of (D2929) per 24 Month(s) Per Business per tooth. One of (D2929) per 24 Month(s) Per patient per tooth. | |
| D2930 | prefabricated stainless steel crown - primary tooth | 19 and older | Teeth A - T | No | One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth. One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per Business per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|--|----------------|---------------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2931 | prefabricated stainless steel crown-permanent tooth | 19 and older | Teeth 1 - 32 | Yes | One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth. One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per Business per tooth. | |
| D2932 | prefabricated resin crown | 19 and older | Teeth 1 - 32, A - T | No | One of (D2932) per 24 Month(s) Per patient per tooth. One of (D2932) per 24 Month(s) Per Business per tooth. | |
| D2933 | prefabricated stainless steel crown with resin window | 19 and older | Teeth 1 - 32, A - T | No | One of (D2929, D2933) per 24 Month(s) Per patient per tooth. One of (D2929, D2933) per 24 Month(s) Per Business per tooth. | |
| D2934 | prefabricated esthetic coated stainless steel crown - primary tooth | 19 and older | Teeth A - T | No | One of (D2934) per 24 Month(s) Per patient per tooth. One of (D2934) per 24 Month(s) Per Business per tooth. | |
| D2940 | protective restoration | 19 and older | Teeth 1 - 32, A - T | No | One of (D2940, D2941) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2950 | core buildup, including any pins when required | 19 and older | Teeth 1 - 32 | Yes | One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2951 | pin retention - per tooth, in addition to restoration | 19 and older | Teeth 1 - 32 | No | | narr. of med. necessity, pre-op x-ray(s) |
| D2952 | cast post and core in addition to crown | 19 and older | Teeth 1 - 32 | Yes | One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2954 | prefabricated post and core in addition to crown | 19 and older | Teeth 1 - 32 | Yes | One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2957 | each additional prefabricated post - same tooth | 19 and older | Teeth 1 - 32 | No | One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. | |
| D2971 | additional procedures to construct new crown under partial denture framework | 19 and older | Teeth 1 - 32 | No | One of (D2530, D2630, D2652, D6603, D6605, D6607) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Restorative | | | | | | |
|-------------|---|----------------|-----------------------|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D2980 | crown repair, by report | 19 and older | Teeth 1 - 32 | No | One of (D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 24 Month(s) Per Business per tooth. One of (D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 24 Month(s) Per patient per tooth. One of (D2980, D2982) per 12 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D2982 | Onlay repair necessitated by restorative material failure | 19 and older | Teeth 1 - 32, 51 - 82 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 24 Month(s) Per Business per tooth. One of (D2982) per 12 Month(s) Per patient per tooth. | |
| D2999 | unspecified restorative procedure, by report | 19 and older | Teeth 1 - 32, A - T | Yes | | Narr /Oper Rpt /Pre-Op Xray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Family High covers Endodontics at 50% of the contracted rate. Family Low covers Endodontics at 50% of the contracted rate.

Payment for conventional root canal treatment is limited to treatment of permanent teeth. The standard of acceptability employed for endodontic procedures requires that the canal(s) be completely filled apically and laterally. 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 any post payment review by the DentaQuest Consultants. 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. Pulpotomies will be limited to primary teeth or permanent teeth with incomplete root development. The fee for root canal therapy for permanent teeth includes diagnosis, extirpation treatment, temporary fillings, filling and obturation of root canals, and progress radiographs. A completed fill radiograph is also included.

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 | 19 and older | Teeth 1 - 32, A - T | No | One of (D3310, D3320, D3330, D3346, D3347, D3348) per 60 Month(s) Per patient per tooth. One of (D3220) per 1 Lifetime Per patient per tooth. One of (D3220) per 1 Lifetime Per Business per tooth. | Oper Rpt/ Pre-Op Xray |
| D3222 | partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | 19 and older | Teeth 1 - 32 | No | One of (D3221, D3222, D3310, D3320, D3330, D3346, D3347, D3348) per 60 Month(s) Per patient per tooth. One of (D3222) per 1 Lifetime Per patient per tooth. One of (D3222) per 1 Lifetime Per Business per tooth. | Oper Rpt/ Pre-Op Xray |
| D3230 | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 19 and older | Teeth C - H, M - R | No | | Oper Rpt/ Pre-Op Xray |
| D3240 | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 19 and older | Teeth A, B, I - L, S, T | No | | Oper Rpt/ Pre-Op Xray |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | 19 and older | Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77 | No | One of (D3310) per 1 Lifetime Per Business per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3320 | endodontic therapy, premolar tooth (excluding final restoration) | 19 and older | Teeth 4, 5, 12, 13, 20, 21, 28, 29 | No | One of (D3320) per 1 Lifetime Per Business per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3330 | endodontic therapy, molar tooth (excluding final restoration) | 19 and older | Teeth 1 - 3, 14 - 19, 30 - 32, 51 - 53, 64 - 69, 80 - 82 | No | One of (D3330) per 1 Lifetime Per Business per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3332 | incomplete endodontic therapy; inoperable or fractured tooth | 19 and older | Teeth 1 - 32 | No | One of (D3332) per 1 Lifetime Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Endodontics | | | | | | |
|-------------|---|----------------|--|------------------------|--|---|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D3346 | retreatment of previous root canal therapy-anterior | 19 and older | Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77 | No | One of (D3310, D3346) per 24 Month(s) Per Business per tooth. One of (D3310, D3346) per 24 Month(s) Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3347 | retreatment of previous root canal therapy - premolar | 19 and older | Teeth 4, 5, 12, 13, 20, 21, 28, 29 | No | One of (D3320, D3347) per 24 Month(s) Per Business per tooth. One of (D3320, D3347) per 24 Month(s) Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3348 | retreatment of previous root canal therapy-molar | 19 and older | Teeth 1 - 3, 14 - 19, 30 - 32, 51 - 53, 64 - 69, 80 - 82 | No | One of (D3330, D3348) per 24 Month(s) Per Business per tooth. One of (D3330, D3348) per 24 Month(s) Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3351 | apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | 19 and older | Teeth 1 - 32 | No | Two of (D3351) per 1 Lifetime Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3352 | apexification/recalcification - interim medication replacement | 19 and older | Teeth 1 - 32 | No | Two of (D3352) per 1 Lifetime Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3353 | apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | 19 and older | Teeth 1 - 32 | No | | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3410 | apicoectomy - anterior | 19 and older | Teeth 6 - 11, 22 - 27 | No | One of (D3410, D3421, D3425) per 1 Lifetime Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3421 | apicoectomy - premolar (first root) | 19 and older | Teeth 4, 5, 12, 13, 20, 21, 28, 29 | No | One of (D3410, D3421, D3425) per 1 Lifetime Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3425 | apicoectomy - molar (first root) | 19 and older | Teeth 1 - 3, 14 - 19, 30 - 32 | No | One of (D3410, D3421, D3425) per 1 Lifetime Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3426 | apicoectomy (each additional root) | 19 and older | Teeth 1 - 5, 12 - 21, 28 - 32 | No | | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3430 | retrograde filling - per root | 19 and older | Teeth 1 - 32 | No | | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3450 | root amputation - per root | 19 and older | Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82 | No | One of (D3450, D3920) per 1 Lifetime Per patient per tooth. | Narr. of med. necessity, pre and post-op x-ray(s) |
| D3920 | hemisection (including any root removal), not incl root canal therapy | 19 and older | Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82 | No | Two of (D3450, D3920) per 1 Lifetime Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D3999 | unspecified endodontic procedure, by report | 19 and older | Teeth 1 - 32, A - T | Yes | | Narr /Oper Rpt /Pre-Op Xray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Family High covers Periodontal Cleaning, Scaling and Root Planning at 80% and Periodontal Surgery is covered at 50% of the contracted rate. Family Low covers Periodontics at 50% of the contracted rate.

Claims for preventive dental procedure codes D1110, D1120, D1206, D1208, D1351, and D1352 will be denied when submitted for the same DOS as any D4000 series periodontal procedure codes.

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 | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4210 | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 30 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 30 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4240 | gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4240 | gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant | 30 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4241 | gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4241 | gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant | 30 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Periodontics | | | | | | |
|--------------|---|----------------|---|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D4249 | clinical crown lengthening - hard tissue | 19 and older | Teeth 1 - 32 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4260 | osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4260 | osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant | 30 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4261 | osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4261 | osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant | 30 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4263 | bone replacement graft - first site in quadrant | 19 and older | Teeth 1 - 32 | No | One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4263, D4264, D4265) per 36 Month(s) Per patient per quadrant. One of (D4263, D4264, D4265) per 36 Month(s) Per patient per tooth. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4264 | bone replacement graft - each additional site in quadrant | 19 and older | Teeth 1 - 32 | No | One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4263, D4264, D4265) per 36 Month(s) Per patient per quadrant. One of (D4263, D4264, D4265) per 36 Month(s) Per patient per tooth. | Perio Charting, pre-op radiographs and narr of med necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Periodontics | | | | | | |
|--------------|--|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D4266 | guided tissue regeneration, natural teeth – resorbable barrier, per site | 19 and older | Teeth 1 - 32 | No | One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4266, D4267) per 36 Month(s) Per patient per quadrant. One of (D4210, D4211, D4212, D4240, D4241, D4266, D4267, D4268, D4270, D4271, D4273, D4275, D4276, D4277) per 36 Month(s) Per patient per tooth. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4267 | guided tissue regeneration, natural teeth – non-resorbable barrier, per site | 19 and older | Teeth 1 - 32 | No | One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4266, D4267) per 36 Month(s) Per patient per quadrant. One of (D4210, D4211, D4212, D4240, D4241, D4266, D4267, D4268, D4270, D4271, D4273, D4275, D4276, D4277) per 36 Month(s) Per patient per tooth. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4270 | pedicle soft tissue graft procedure | 19 and older | Teeth 1 - 32 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4273 | subepithelial connective tissue graft procedure | 19 and older | Teeth 1 - 32 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4274 | distal or proximal wedge procedure | 19 and older | Teeth 1 - 32 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4275 | soft tissue allograft | 19 and older | Teeth 1 - 32 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Periodontics | | | | | | |
|--------------|---|----------------|---|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D4276 | combined connective tissue and double pedicle graft | 19 and older | Teeth 1 - 32 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft | 19 and older | Teeth 1 - 32, 51 - 82 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. | |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site | 19 and older | Teeth 1 - 32, 51 - 82 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. | |
| D4283 | autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | 19 and older | Teeth 1 - 32 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4285 | non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | 19 and older | Teeth 1 - 32 | No | One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4341, D4342) per 24 Month(s) Per Business per quadrant. One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. One of (D4210, D4240, D4241, D4260, D4261, D4274) per 24 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | 30 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4341, D4342) per 24 Month(s) Per Business per quadrant. One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. One of (D4210, D4240, D4241, D4260, D4261, D4274) per 24 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Periodontics | | | | | | |
|--------------|--|----------------|---|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | Yes | One of (D4341, D4342) per 24 Month(s) Per Business per quadrant. One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. One of (D4210, D4240, D4241, D4260, D4261, D4274) per 24 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant | 30 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D4341, D4342) per 24 Month(s) Per Business per quadrant. One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. One of (D4210, D4240, D4241, D4260, D4261, D4274) per 24 Month(s) Per patient per quadrant. | Perio Charting, pre-op radiographs and narr of med necessity |
| D4346 | scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation | 19 and older | | No | Two of (D1110, D1120, D4346) per 12 Month(s) Per patient. | |
| D4355 | full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | 19 and older | | No | One of (D4346, D4355) per 1 Lifetime Per patient. | Operative report (Operative Note) |
| D4381 | localized delivery of antimicrobial agents | 19 and older | Teeth 1 - 32 | No | One of (D4381) per 24 Month(s) Per patient per tooth. Four of (D4381) per 24 Month(s) Per patient per quadrant. One of (D4240, D4241, D4260, D4261) per 12 Month(s) Per patient per quadrant. | |
| D4910 | periodontal maintenance procedures | 19 and older | | No | One of (D4910) per 3 Month(s) Per patient. | |
| D4999 | unspecified periodontal procedure, by report | 19 and older | | Yes | | Perio Charting, pre-op radiographs and narr of med necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Family High covers Complete or Partial Dentures, Fixed Bridges, Replacement Dentures or Fixed Bridges at 50%. Rebase or Reline Dentures, Repair of Dentures or Fixed Bridges, Adding Teeth and Recementing of Fixed Bridges at 80% of the contracted rate. Family Low covers prosthodontics at 50% of the contracted rate.

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.

Authorization for partial dentures to replace posterior teeth will not be allowed if there are in each quadrant at least three (3) peridontially sound posterior teeth in fairly good position and occlusion with opposing dentition.

Authorization for cast partial dentures for anterior teeth generally will not be given unless one or more anterior teeth in the same arch are missing. Partial dentures are not a covered benefit when 8 or more posterior teeth are in occlusion.

Dentures will not be authorized when:

Dental history reveals that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable because of physiological or psychological reasons, or repair, relining or rebasing of the patient's present dentures will make them serviceable.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

BILLING AND REIMBURSEMENT FOR CAST CROWNS AND POST & CORES OR REMOVABLE PROSTHETICS SHALL BE BASED ON THE CEMENTATION OR INSERTION DATE.

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.

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 | 19 and older | | No | One of (D5110, D5130, D5863) per 60 Month(s) Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |
| D5120 | complete denture - mandibular | 19 and older | | No | One of (D5120, D5140, D5865) per 60 Month(s) Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, removable | | | | | | |
|---------------------------|--|----------------|---------------|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5130 | immediate denture - maxillary | 19 and older | | No | One of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5863, D5864, D5865, D5866) per 1 Lifetime Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |
| D5140 | immediate denture - mandibular | 19 and older | | No | One of (D5110, D5120, D5130, D5140, D5863, D5865) per 1 Lifetime Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |
| D5211 | maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth) | 19 and older | | No | One of (D5211, D5213, D5225, D5281, D5866) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5212 | mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth) | 19 and older | | No | One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 19 and older | | No | One of (D5211, D5213, D5225, D5281, D5864) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 19 and older | | No | One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5221 | immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | 19 and older | | No | One of (D5110, D5130, D5211, D5213, D5223, D5225, D5863, D5864, D6110, D6112, D6114, D6116) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5222 | immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | 19 and older | | No | One of (D5120, D5140, D5212, D5214, D5224, D5226, D5865, D5866, D6111, D6113, D6115, D6117) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5223 | immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 19 and older | | No | One of (D5110, D5130, D5211, D5213, D5221, D5225, D5863, D5864, D6110, D6112, D6114, D6116) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, removable | | | | | | |
|---------------------------|---|----------------|---------------|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5224 | immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 19 and older | | No | One of (D5120, D5140, D5212, D5214, D5222, D5226, D5865, D5866, D6111, D6113, D6115, D6117) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |
| D5225 | maxillary partial denture-flexible base | 19 and older | | No | One of (D5211, D5213, D5225, D5281, D5864) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5226 | mandibular partial denture-flexible base | 19 and older | | No | One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5227 | immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | 19 and older | | No | One of (D5227) per 60 Month(s) Per patient. | |
| D5228 | immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | 19 and older | | No | One of (D5228) per 60 Month(s) Per patient. | |
| D5282 | Removable unilateral partial denture--one piececast metal (including clasps and teeth), maxillary | 19 and older | | No | | |
| D5283 | Removable unilateral partial denture--one piececast metal (including clasps and teeth), mandibular | 19 and older | | No | | |
| D5410 | adjust complete denture - maxillary | 19 and older | | No | Two of (D5410, D5411) per 12 Month(s) Per patient per arch. | narrative of medical necessity |
| D5411 | adjust complete denture - mandibular | 19 and older | | No | Two of (D5410, D5411) per 12 Month(s) Per patient per arch. | narrative of medical necessity |
| D5421 | adjust partial denture-maxillary | 19 and older | | No | Two of (D5421, D5422) per 12 Month(s) Per patient per arch. | narrative of medical necessity |
| D5422 | adjust partial denture - mandibular | 19 and older | | No | Two of (D5421, D5422) per 12 Month(s) Per patient per arch. | narrative of medical necessity |
| D5511 | repair broken complete denture base, mandibular | 19 and older | | No | One of (D5511) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5512 | repair broken complete denture base, maxillary | 19 and older | | No | One of (D5512) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, removable | | | | | | |
|---------------------------|--|----------------|---------------|------------------------|---|--------------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | 19 and older | Teeth 1 - 32 | No | One of (D5640) per 12 Month(s) Per patient per tooth. | narrative of medical necessity |
| D5611 | repair resin partial denture base, mandibular | 19 and older | | No | One of (D5611) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5612 | repair resin partial denture base, maxillary | 19 and older | | No | One of (D5612) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5621 | repair cast partial framework, mandibular | 19 and older | | No | One of (D5621) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5622 | repair cast partial framework, maxillary | 19 and older | | No | One of (D5622) per 12 Month(s) Per patient. Not allowed within 6 months of initial placement. | |
| D5630 | repair or replace broken retentive/clasping materials per tooth | 19 and older | Teeth 1 - 32 | No | One of (D5630) per 12 Month(s) Per patient per tooth. | narrative of medical necessity |
| D5640 | replace broken teeth-per tooth | 19 and older | Teeth 1 - 32 | No | One of (D5640) per 12 Month(s) Per patient per tooth. | narrative of medical necessity |
| D5650 | add tooth to existing partial denture | 19 and older | Teeth 1 - 32 | No | One of (D5650) per 12 Month(s) Per patient per tooth. | narrative of medical necessity |
| D5660 | add clasp to existing partial denture | 19 and older | Teeth 1 - 32 | No | One of (D5660) per 12 Month(s) Per patient per tooth. | narrative of medical necessity |
| D5670 | replace all teeth and acrylic on cast metal framework (maxillary) | 19 and older | | No | One of (D5520, D5640, D5670, D5671) per 60 Month(s) Per patient per arch. | narrative of medical necessity |
| D5671 | replace all teeth and acrylic on cast metal framework (mandibular) | 19 and older | | No | One of (D5520, D5640, D5670, D5671) per 60 Month(s) Per patient per arch. | narrative of medical necessity |
| D5710 | rebase complete maxillary denture | 19 and older | | No | One of (D5730, D5731) per 18 Month(s) Per patient per arch. One of (D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) per 36 Month(s) Per patient per arch. | narrative of medical necessity |
| D5711 | rebase complete mandibular denture | 19 and older | | No | One of (D5730, D5731) per 18 Month(s) Per patient per arch. One of (D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) per 36 Month(s) Per patient per arch. | narrative of medical necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, removable | | | | | | |
|---------------------------|---|----------------|---------------|------------------------|---|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5720 | rebase maxillary partial denture | 19 and older | | No | One of (D5740, D5741) per 18 Month(s) Per patient per arch. One of (D5720, D5721, D5760, D5761) per 36 Month(s) Per patient per arch. | narrative of medical necessity |
| D5721 | rebase mandibular partial denture | 19 and older | | No | One of (D5740, D5741) per 18 Month(s) Per patient per arch. One of (D5720, D5721, D5760, D5761) per 36 Month(s) Per patient per arch. | narrative of medical necessity |
| D5730 | reline complete maxillary denture (chairside) | 19 and older | | No | One of (D5730, D5731, D5750, D5751) per 36 Month(s) Per patient per arch. One of (D5130, D5140) per 3 Month(s) Per patient per arch. | narrative of medical necessity |
| D5731 | reline complete mandibular denture (chairside) | 19 and older | | No | One of (D5730, D5731, D5750, D5751) per 36 Month(s) Per patient per arch. One of (D5130, D5140) per 3 Month(s) Per patient per arch. | narrative of medical necessity |
| D5740 | reline maxillary partial denture (chairside) | 19 and older | | No | One of (D5740, D5741, D5760, D5761) per 36 Month(s) Per patient per arch. | narrative of medical necessity |
| D5741 | reline mandibular partial denture (chairside) | 19 and older | | No | One of (D5740, D5741, D5760, D5761) per 36 Month(s) Per patient per arch. | narrative of medical necessity |
| D5750 | reline complete maxillary denture (laboratory) | 19 and older | | No | One of (D5730, D5731) per 18 Month(s) Per patient. One of (D5750, D5751) per 36 Month(s) Per patient. | narrative of medical necessity |
| D5751 | reline complete mandibular denture (laboratory) | 19 and older | | No | One of (D5730, D5731) per 18 Month(s) Per patient. One of (D5750, D5751) per 36 Month(s) Per patient. | narrative of medical necessity |
| D5760 | reline maxillary partial denture (laboratory) | 19 and older | | No | One of (D5740, D5741) per 18 Month(s) Per patient. One of (D5760, D5761) per 36 Month(s) Per patient. | narrative of medical necessity |
| D5761 | reline mandibular partial denture (laboratory) | 19 and older | | No | One of (D5740, D5741) per 18 Month(s) Per patient. One of (D5760, D5761) per 36 Month(s) Per patient. | narrative of medical necessity |
| D5820 | interim partial denture (maxillary) | 19 and older | | No | One of (D5820, D5821) per 60 Month(s) Per patient per arch. | narr. of med. necessity, pre-op x-ray(s) |
| D5821 | interim partial denture-mandibular | 19 and older | | No | One of (D5820, D5821) per 60 Month(s) Per patient per arch. | narr. of med. necessity, pre-op x-ray(s) |
| D5850 | tissue conditioning, maxillary | 19 and older | | No | Two of (D5850, D5851) per 36 Month(s) Per patient per arch. | narrative of medical necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, removable | | | | | | |
|---------------------------|--|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5851 | tissue conditioning,mandibular | 19 and older | | No | Two of (D5850, D5851) per 36 Month(s) Per patient per arch. | narrative of medical necessity |
| D5863 | Overdenture - complete maxillary | 19 and older | | No | One of (D5110, D5120, D5130, D5140, D5863, D5865) per 60 Month(s) Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |
| D5864 | Overdenture - partial maxillary | 19 and older | | No | One of (D5211, D5213, D5225, D5281, D5864) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5865 | Overdenture - complete mandibular | 19 and older | | No | One of (D5110, D5120, D5130, D5140, D5863, D5865) per 60 Month(s) Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch. | Oper Rpt/ Pre-Op Xray |
| D5866 | Overdenture - partial mandibular | 19 and older | | No | One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch. | Narr of med necessity & full mouth xrays |
| D5899 | unspecified removable prosthodontic procedure, by report | 19 and older | | Yes | | Narr /Oper Rpt /Pre-Op Xray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

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

| Maxillofacial Prosthetics | | | | | | |
|---------------------------|---|----------------|---------------|------------------------|---------------------|-----------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D5999 | unspecified maxillofacial prosthesis, by report | 19 and older | | Yes | | Narr /Oper Rpt /Pre-Op Xray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Family High covers Complete or Partial Dentures, Fixed Bridges, Replacement Dentures or Fixed Bridges at 50%. Rebase or Reline Dentures, Repair of Dentures or Fixed Bridges, Adding Teeth and Recementing of Fixed Bridges at 80% of the contracted rate. Family Low covers prosthodontics at 50% of the contracted rate.

BILLING AND REIMBURSEMENT FOR CROWNS AND POST & CORES OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED UPON THE CEMENTATION DATE.

Periapical radiographs are required for each tooth involved in the authorization request. The criteria used by DentaQuest is noted below:

- At least one abutment tooth requires a crown (based on traditional requirements of medical necessity and dental disease).
- The space cannot be filled with a removable partial denture.
- The purpose is to prevent the drifting of teeth in all dimensions (anterior, posterior, lateral, and the opposing arch).
- Each abutment or each pontic constitutes a unit in a bridge.
- Porcelain is allowed on all teeth.

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.

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 | 19 and older | Teeth 1 - 32 | No | One of (D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6602, D6603, D6604, D6605, D6606, D6607) per 60 Month(s) Per patient per tooth. | |
| D6210 | pontic - cast high noble metal | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |
| D6211 | pontic-cast base metal | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|--|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6212 | pontic - cast noble metal | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |
| D6214 | Pontic - titanium and titanium alloys | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |
| D6240 | pontic-porcelain fused-high noble | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |
| D6241 | pontic-porcelain fused to base metal | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |
| D6242 | pontic-porcelain fused-noble metal | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |
| D6243 | Pontic - Porcelain fused to titanium and titanium alloys | 19 and older | Teeth 1 - 32 | No | | |
| D6245 | prosthodontics fixed, pontic - porcelain/ceramic | 19 and older | Teeth 1 - 32 | No | | |
| D6250 | pontic-resin with high noble metal | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|---|----------------|---------------|------------------------|--|------------------------|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6251 | pontic-resin with base metal | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |
| D6252 | pontic-resin with noble metal | 19 and older | Teeth 1 - 32 | No | One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. | |
| D6545 | retainer - cast metal fixed | 19 and older | Teeth 1 - 32 | No | One of (D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |
| D6602 | inlay - cast high noble metal, two surfaces | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthetics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|---|-----------------------|----------------------|-------------------------------|--|--|
| D6603 | inlay - cast high noble metal, three or more surfaces | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6604 | inlay - cast predominantly base metal, two surfaces | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|---|-----------------------|----------------------|-------------------------------|--|--|
| D6605 | inlay - cast predominantly base metal, three or more surfaces | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6606 | inlay - cast noble metal, two surfaces | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|---|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6607 | inlay - cast noble metal, three or more surfaces | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6608 | onlay - porcelain/ceramic, two surfaces | 19 and older | Teeth 1 - 32 | No | One of (D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6609 | onlay - porcelain/ceramic, three or more surfaces | 19 and older | Teeth 1 - 32 | No | One of (D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |
| D6610 | onlay - cast high noble metal, two surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | |
| D6611 | onlay - cast high noble metal, three or more surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2543, D2643, D2663, D6609, D6611, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|---|----------------|---------------|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6612 | onlay - cast predominantly base metal, two surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | |
| D6613 | onlay - cast predominantly base metal, three or more surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2543, D2643, D2663, D6609, D6611, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | |
| D6614 | onlay - cast noble metal, two surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | |
| D6615 | onlay - cast noble metal, three or more surfaces | 19 and older | Teeth 1 - 32 | No | One of (D2543, D2643, D2663, D6609, D6611, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | |
| D6624 | inlay - titanium | 19 and older | Teeth 1 - 32 | No | One of (D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 6 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|--|-----------------------|----------------------|-------------------------------|---|-------------------------------|
| D6634 | onlay - titanium | 19 and older | Teeth 1 - 32 | No | One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth. | |
| D6710 | crown - indirect resin based composite | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|-----------------------------------|-----------------------|----------------------|-------------------------------|---|-------------------------------|
| D6720 | crown-resin with high noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |
| D6721 | crown-resin with base metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|-----------------------------------|-----------------------|----------------------|-------------------------------|---|-------------------------------|
| D6722 | crown-resin with noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |
| D6740 | retainer crown, porcelain/ceramic | 19 and older | Teeth 1 - 32 | No | | |
| D6750 | crown-porcelain fused high noble | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|-------------------------------------|-----------------------|----------------------|-------------------------------|---|-------------------------------|
| D6751 | crown-porcelain fused to base metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |
| D6752 | crown-porcelain fused noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|--|-----------------------|----------------------|-------------------------------|---|-------------------------------|
| D6780 | crown-3/4 cst high noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |
| D6781 | prosthodontics fixed, crown ¾ cast predominantly based metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|--|-----------------------|----------------------|-------------------------------|---|-------------------------------|
| D6782 | prosthodontics fixed, crown ¾ cast noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |
| D6790 | crown-full cast high noble | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|-------------------------------|-----------------------|----------------------|-------------------------------|---|-------------------------------|
| D6791 | crown - full cast base metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |
| D6792 | crown - full cast noble metal | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

| Prosthodontics, fixed | | | | | | |
|-----------------------|---|----------------|---|------------------------|--|--|
| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
| D6794 | Retainer crown - titanium and titanium alloys | 19 and older | 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, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. | |
| D6930 | re-cement or re-bond fixed partial denture | 19 and older | | No | One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 6 Month(s) Per Business per tooth. One of (D6930) per 1 Lifetime Per patient per tooth. | narrative of medical necessity |
| D6980 | fixed partial denture repair | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 24 Month(s) Per Business per tooth. One of (D2710, D2712) per 24 Month(s) Per patient per tooth. One of (D6090, D6095, D6100, D6980) per 12 Month(s) Per patient per tooth. | narr. of med. necessity, pre-op x-ray(s) |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Prosthodontics, fixed

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|-------------------------------|-----------------------|----------------------|-------------------------------|----------------------------|-------------------------------|
| D6999 | fixed prosthodontic procedure | 19 and older | Teeth 1 - 32 | Yes | | Narr /Oper Rpt /Pre-Op Xray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Family High covers Simple Extractions at 80% of the contracted rate and Surgical Extractions at 50% of the contracted rate. Family Low covers Simple and Surgical Extractions at 50% of the contracted rate.

Reimbursement includes local anesthesia and routine post-operative care.

The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection.

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 |
| D7111 | extraction, coronal remnants - primary tooth | 19 and older | Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS | No | | pre-operative x-ray(s) |
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 19 and older | 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 | | pre-operative x-ray(s) |
| D7210 | surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 19 and older | 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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth. | Narr of med necessity & full mouth xrays |
| D7220 | removal of impacted tooth-soft tissue | 19 and older | 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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth. | Med EOB -I; Narr/Oper Rpt /Pre-OpXray |
| D7230 | removal of impacted tooth-partially bony | 19 and older | 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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth. | Med EOB -I; Narr/Oper Rpt /Pre-OpXray |
| D7240 | removal of impacted tooth-completely bony | 19 and older | 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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth. | Med EOB -I; Narr/Oper Rpt /Pre-OpXray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Oral and Maxillofacial Surgery

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|--|-----------------------|--|-------------------------------|--|---------------------------------------|
| D7241 | removal of impacted tooth-completely bony, with unusual surgical complications | 19 and older | 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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth. | Med EOB -I; Narr/Oper Rpt /Pre-OpXray |
| D7250 | surgical removal of residual tooth roots (cutting procedure) | 19 and older | 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. | Med EOB -I; Narr/Oper Rpt /Pre-OpXray |
| D7260 | oroantral fistula closure | 19 and older | | No | One of (D7260) per 1 Lifetime Per patient per tooth. | Narr /Oper Rpt /Pre-Op Xray |
| D7261 | primary closure of a sinus perforation | 19 and older | | No | One of (D7261) per 1 Lifetime Per patient. | Narr /Oper Rpt /Pre-Op Xray |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 19 and older | Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77 | No | One of (D7270) per 1 Lifetime Per patient per tooth. | |
| D7285 | incisional biopsy of oral tissue-hard (bone, tooth) | 19 and older | | No | | |
| D7286 | incisional biopsy of oral tissue-soft | 19 and older | | No | | |
| D7288 | brush biopsy - transepithelial sample collection | 19 and older | | No | | |
| D7310 | alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. | narrative of medical necessity |
| D7311 | alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D7310, D7311) per 1 Lifetime Per patient per quadrant. | narrative of medical necessity |
| D7320 | alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. | narrative of medical necessity |
| D7321 | alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 19 and older | Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR) | No | One of (D7320, D7321) per 1 Lifetime Per patient per quadrant. | narrative of medical necessity |
| D7340 | vestibuloplasty - ridge extension (secondary epithelialization) | 19 and older | Per Arch (01, 02, LA, UA) | No | One of (D7340, D7350) per 1 Lifetime Per patient per arch. | narrative of medical necessity |
| D7350 | vestibuloplasty - ridge extension | 19 and older | Per Arch (01, 02, LA, UA) | No | One of (D7340, D7350) per 1 Lifetime Per patient per arch. | narrative of medical necessity |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Oral and Maxillofacial Surgery

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|--|-----------------------|---------------------------|-------------------------------|---|-------------------------------|
| D7410 | radical excision - lesion diameter up to 1.25cm | 19 and older | | No | | |
| D7411 | excision of benign lesion greater than 1.25 cm | 19 and older | | No | | |
| D7412 | excision of benign lesion, complicated | 19 and older | | No | | |
| D7413 | excision of malignant lesion up to 1.25 cm | 19 and older | | No | | |
| D7414 | excision of malignant lesion greater than 1.25 cm | 19 and older | | No | | |
| D7415 | excision of malignant lesion, complicated | 19 and older | | No | | |
| D7440 | excision of malignant tumor - lesion diameter up to 1.25cm | 19 and older | | No | | |
| D7441 | excision of malignant tumor - lesion diameter greater than 1.25cm | 19 and older | | No | | |
| D7450 | removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm | 19 and older | | No | | |
| D7451 | removal of odontogenic cyst or tumor - lesion greater than 1.25cm | 19 and older | | No | | |
| D7460 | removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm | 19 and older | | No | | |
| D7461 | removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm | 19 and older | | No | | |
| D7465 | destruction of lesion(s) by physical or chemical method, by report | 19 and older | | No | | |
| D7471 | removal of exostosis - per site | 19 and older | Per Arch (01, 02, LA, UA) | No | One of (D7471, D7472, D7473) per 1 Lifetime Per patient per arch. | Narr / Oper Rpt |
| D7472 | removal of torus palatinus | 19 and older | | No | One of (D7471, D7472, D7473) per 1 Lifetime Per patient per arch. | Narr / Oper Rpt |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Oral and Maxillofacial Surgery

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|---|-----------------------|--|-------------------------------|----------------------------|--|
| D7510 | incision and drainage of abscess - intraoral soft tissue | 19 and older | 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 | | Narr /Oper Rpt /Medical EOB |
| D7511 | incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 19 and older | | No | | Narr /Oper Rpt /Medical EOB |
| D7520 | incision and drainage of abscess - extraoral soft tissue | 19 and older | | No | | |
| D7521 | incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 19 and older | | No | | |
| D7540 | removal of reaction-producing foreign bodies, musculoskeletal system | 19 and older | | No | | |
| D7560 | maxillary sinusotomy for removal of tooth fragment or foreign body | 19 and older | | No | | narr. of med. necessity, pathology rpt |
| D7620 | maxilla - closed reduction | 19 and older | | No | | |
| D7640 | mandible - closed reduction | 19 and older | | No | | |
| D7660 | malar and/or zygomatic arch-closed | 19 and older | | No | | |
| D7670 | alveolus stabilization of teeth, closed reduction splinting | 19 and older | | No | | |
| D7720 | maxilla - closed reduction | 19 and older | | No | | |
| D7740 | mandible - closed reduction | 19 and older | | No | | |
| D7760 | malar and/or zygomatic arch-closed reduction | 19 and older | | No | | |
| D7771 | alveolus, closed reduction stabilization of teeth | 19 and older | | No | | |
| D7910 | suture small wounds up to 5 cm | 19 and older | | No | | |
| D7911 | complicated suture-up to 5 cm | 19 and older | | No | | |
| D7912 | complex suture - greater than 5cm | 19 and older | | No | | |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Oral and Maxillofacial Surgery

| Code | Description | Age Limitation | Teeth Covered | Authorization Required | Benefit Limitations | Documentation Required |
|-------------|---|-----------------------|---------------------------|-------------------------------|---|-------------------------------|
| D7960 | frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure | 19 and older | | No | One of (D7960) per 1 Lifetime Per patient per arch. | Narr / Oper Rpt |
| D7963 | frenuloplasty | 19 and older | | No | Two of (D7963) per 1 Lifetime Per patient. | Narr / Oper Rpt |
| D7970 | excision of hyperplastic tissue - per arch | 19 and older | Per Arch (01, 02, LA, UA) | No | | |
| D7971 | excision of pericoronal gingiva | 19 and older | Teeth 1 - 32 | No | | |
| D7972 | surgical reduction of fibrous tuberosity | 19 and older | | No | | |
| D7980 | surgical sialolithotomy | 19 and older | | No | | |
| D7981 | excision of salivary gland, by report | 19 and older | | No | | |
| D7982 | sialodochoplasty | 19 and older | | No | | |
| D7999 | unspecified oral surgery procedure, by report | 19 and older | | Yes | | Narr /Oper Rpt /Pre-Op Xray |

**Exhibit B Benefits Covered for
Over 19 - Family High, Family Low**

Family High covers Adjunctive Services at 80% of the contracted rate. Family Low covers Adjunctive Services at 50% of the contracted rate.

Local anesthesia is considered part of the treatment procedure, and no additional payment will be made for it. General Anesthesia is allowed with covered surgical services only.

Adjunctive general services include: IV sedation and emergency services provided for relief of dental pain.

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 | 19 and older | | No | Three of (D3221, D7510, D9110) per 12 Month(s) Per Business. | Narr of med necessity & full mouth xrays |
| D9120 | fixed partial denture sectioning | 19 and older | | No | One of (D9120) per 1 Lifetime Per patient per arch. | Narr of med necessity & full mouth xrays |
| D9222 | deep sedation/general anesthesia first 15 minutes | 19 and older | | No | | |
| D9223 | deep sedation/general anesthesia - each subsequent 15 minute increment | 19 and older | | No | Covered in conjunction with impacted teeth up to one hour. ALLOW 4 D9223 only with impacted teeth (D7220, D7230, D7240, D7241). | Narr / Oper Rpt |
| D9239 | intravenous moderate (conscious) sedation/analgesia- first 15 minutes | 19 and older | | No | | |
| D9243 | intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment | 19 and older | | No | Covered in conjunction with impacted teeth up to one hour. ALLOW 4 D9243 only with impacted teeth (D7220, D7230, D7240, D7241). | Narr / Oper Rpt |
| D9999 | unspecified adjunctive procedure, by report | 19 and older | | Yes | | Narr /Oper Rpt /Pre-Op Xray |