



Please Refer to Your Participation Agreement for Plans You Are Contracted For

SCAN Health Plan Medicare Advantage Texas

2026 Office Reference Manual

**PO Box 2906
Milwaukee, WI 53201-2906**

www.dentaquest.com

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Address and Phone Numbers

DentaQuest Provider Services:
877-227-1625

DentaQuest Member Services:
877-227-1625

SCAN Member Services:
(800) 559-3500

Embrace/Embrace Together:
855-828-7226

**Sutter Senior
Advantage/SCAN Compass:**
800-749-9358

Village Health:
800-399-7226

TTY:
Federal Relay Service 7-1-1

DentaQuest Fraud Hotline
1-800-237-9139

Credentialing Hotline:
1-800-233-1468
Fax: 1-262-241-4077

Credentialing
PO Box 2906
Milwaukee, WI 53201-2906

Claims should be sent to:

DentaQuest Claims
PO Box 2906
Milwaukee, WI 53201-2906

Electronic Claims should be sent:
Direct entry on the web - <http://www.dentaquest.com>

Or

Via Clearinghouse -
Payer ID#: CX014
DentaQuest, LLC
P.O. Box 2906
Milwaukee, WI 53201

Claims questions: denclaims@DentaQuest.com

Authorizations should be sent to:

DentaQuest Authorizations
P.O. Box 2906
Milwaukee, WI 53201-2906
Fax: 262-241-7150 or 888-313-28

Statement of Members Rights and Responsibilities

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

1. All Members have a right to receive pertinent written and up-to-date information about DentaQuest, the managed care services DentaQuest provides, the Participating Providers and dental offices, as well as Member rights and responsibilities.
2. All Members have a right to privacy and to be treated with respect and recognition of their dignity when receiving dental care.
3. All Members have the right to fully participate with caregivers in the decision making process surrounding their health care.
4. All Members have the right to be fully informed about the appropriate or medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed.
5. All Members have the right to voice a complaint against DentaQuest, or any of its participating dental offices, or any of the care provided by these groups or people, when their performance has not met the Member's expectations.
6. All Members have the right to appeal any decisions related to patient care and treatment. Members may also request an external review or second opinion.
7. All Members have the right to make recommendations regarding DentaQuest/Plan members' rights and responsibilities policies.
8. Right to be provided with policies and procedures
9. Right to refuse care from specific practitioners
10. Have access to your medical records in accordance with applicable Federal and State laws
11. Be free from harm, including unnecessary physical restraints or isolation, excessive medication, physical or mental abuse or neglect
12. Be free of hazardous procedures
13. Receive information on available treatment options or alternative courses of care
14. Refuse treatment and be informed of the consequences of such refusal
15. Be afforded a choice of specialist among participating providers
16. Obtain a current directory of participating providers in the Plan including addresses and telephone numbers, and a listing of providers who accept members who speak languages other than English
17. Obtain assistance and referral to providers with experience in treatment of patients with chronic disabilities

18. Be free from balance billing by providers for medically necessary services that were authorized by the Plan, except as permitted for copayments in your plan

Likewise:

1. All Members have the responsibility to provide, to the best of their abilities, accurate information that DentaQuest and its participating dentists need in order to provide the highest quality of health care services.
2. Know about your dental and health care and the rules for getting care.
3. Schedule your appointments, be on time, and call if you are going to be late to or miss your appointment.
4. Use your ID cards when you go to appointments or get services and do not let anyone else use your card.
5. Be respectful to the providers who are giving you care.
6. Know the name of your PCP and your care manager if you have one
7. All Members have a responsibility to closely follow the treatment plans and home care instructions for the care that they have agreed upon with their health care practitioners.
8. Ask for more information if you do not understand your care or health condition.
9. Tell the Plan and DMAHS about your concerns, questions or problems.
10. All Members, have the responsibility to participate in understanding their health problems and developing mutually agreed upon treatment goals to the degree possible.

Statement of Provider Rights and Responsibilities Providers shall have the right to:

1. Communicate with patients, including Members regarding dental treatment options.
2. 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. File an appeal or complaint pursuant to the procedures of Plan/DentaQuest.
4. Supply accurate, relevant, factual information to a Member in connection with an appeal or complaint filed by the Member.
5. Object to policies, procedures, or decisions made by Plan/DentaQuest.
6. Charge members for non-covered services if those services are either
 - A.) clearly excluded from coverage in the Member Handbook/Evidence of coverage or
 - B.) if provider has received a denial of coverage (ION) from Plan/DentaQuest.
7. To be informed of the status of their credentialing or recredentialing application, upon request.

* * *

All contracted dental specialists must be board certified.

All contracted dentists must have, or have confirmations of application submission, of valid DEA and CDS certificates.

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.

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1.00 Patient Eligibility Verification Procedures

1.01 Plan Eligibility

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

1.02 Member Identification Card

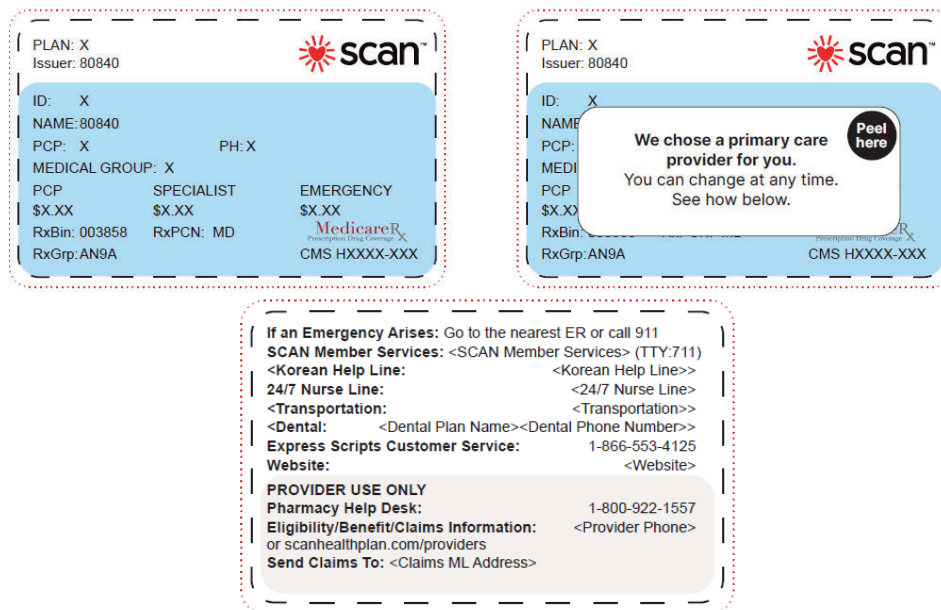
Members receive identification cards from their Plan. Participating Providers are responsible for verifying that Members are eligible at the time services are rendered and to determine if recipients have other health insurance.

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

Members will receive a Plan ID Card.

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.

Sample of SCAN Health Plan Medicare Advantage I.D. Cards:



1.03 DentaQuest Eligibility Systems

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

Access to eligibility information via the Internet

DentaQuest's Internet currently allows Providers to verify a Member's eligibility as well as submit claims directly to DentaQuest. You can verify the Member's eligibility on-line by entering the Member's date of birth, the expected date of service and the Member's identification number or last name and first initial. To access the eligibility information via DentaQuest's website, simply log on to the website at www.dentaquest.com. Once you have entered the website, click on "Dentist". From there choose your "State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. If you have not received instruction on how to complete Provider Self Registration contact DentaQuest's Customer Service Department at 1- 877-227-1625.

Once logged in, select "eligibility look up" and enter the applicable information for each Member you are inquiring about. You are able to check on an unlimited number of patients and can print off the summary of eligibility given by the system for your records.

Access to eligibility information via the IVR line

To access the IVR, simply call DentaQuest's Customer Service Department at 1-877-227-1625. The IVR system will be able to answer all of your eligibility questions for as many Members as you wish to check. Once you have completed your eligibility checks, you will have the option to transfer to a Customer Service Representative to answer any additional questions, i.e. Member history, which you may have. Using your telephone keypad, you can request eligibility information on a Medicaid or Medicare Member by entering your 6 digit DentaQuest location number, the Member's recipient identification number and an expected date of service. Specific directions for utilizing the IVR to check eligibility are listed below. After our system analyzes the information, the patient's eligibility for coverage of dental services will be verified. If the system is unable to verify the Member information you entered, you will be transferred to a Customer Service Representative.

Directions for using DentaQuest's IVR to verify eligibility:

Entering system with Tax and Location ID's

1. Call DentaQuest Customer Service at 1- 877-227-1625.
2. After the greeting, stay on the line for English or press 1 for Spanish.
3. When prompted, press or say 2 for Eligibility.
4. When prompted, press or say 1 if you know your NPI (National Provider Identification number) and Tax ID number.
5. If you do not have this information, press or say 2. When prompted, enter your User ID (previously referred to as Location ID) and the last 4 digits of your Tax ID number.
6. Does the member's ID have **numbers and letters** in it? If so, press or say 1. When prompted, enter the member ID.
7. Does the member's ID have **only numbers** in it? If so, press or say 2. When prompted, enter the member ID.
8. Upon system verification of the Member's eligibility, you will be prompted to repeat the information given, verify the eligibility of another member, get benefit information, get limited claim history on this member, or get fax confirmation of this call.

Due to eligibility status changes, the information provided by either system does not guarantee payment.

If you are having difficulty accessing either the IVR or website, please contact the Customer Service Department at 1-877-227-1625. They will be able to assist you in utilizing either system.

2.00 Claim Submission Procedures

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

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

2.01 Payment for Non-Covered Services

Participating Providers shall hold Members, DentaQuest, Plan and Agency harmless for the payment of non-Covered Services except as provided in this section.

Provider may bill a Member for non-Covered Services:

1. If those services are clearly excluded from coverage in the Member Handbook/Evidence of Coverage OR,
2. If a denial of coverage (IDN) letter has been received from Plan/DentaQuest for those services.

Once Plan non-coverage has been established, Providers may choose to obtain a written waiver from the Member prior to rendering such service that indicates the services to be provided; and the member will be financially liable for such services. A **"Medicare Dental Non Covered Services Disclosure Form"** template can be found at www.DentaQuest.com and in the Additional Resources section of this document.

2.02 Electronic Attachments

DentaQuest accepts dental radiographs electronically via FastAttach™ for authorization requests. DentaQuest, in conjunction with National Electronic Attachment, Inc. (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

2.03 Submitting Claims with X-Rays

Electronic submission using the provider web portal

Electronic submission using National Electronic Attachment (NEA) is recommended. 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 2018 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.

2.04 Electronic Claim Submission Utilizing DentaQuest's Website

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

To submit claims via the website, simply log on to www.dentaquest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your 'State'. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. 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 Provider Services department at 1-877-227-1625.

2.05 Electronic Claim Submission via Clearinghouse

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.

2.06 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.

2.07 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/> and provide this information to DentaQuest in its entirety.
- All providers must register for an Individual NPI. You may also be required to register for a group NPI (or as part of a group) dependent upon your designation.

- When submitting claims to DentaQuest you must submit all forms of NPI properly and in their entirety for claims to be accepted and processed accurately. If you registered as part of a group, your claims must be submitted with both the Group and Individual NPI's. These numbers are not interchangeable and could cause your claims to be returned to you as non-compliant.
- If you are presently submitting claims to DentaQuest through a clearinghouse or through a direct integration you need to review your integration to assure that it is in compliance with the revised HIPAA compliant 837D format. This information can be found on the 837D Companion Guide located on the Provider Web Portal.

2.08 Paper Claim Submission

Claims must be submitted on ADA approved claim forms (2018 or newer).

- 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.
- 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

2.09 Dispute Resolution /Provider Appeals Procedure

Participating Providers that disagree with determinations made by the DentaQuest dental directors may submit a written Notice of Appeal to DentaQuest that specifies the nature and rationale of the disagreement. This notice and additional support information must be sent to DentaQuest within 60 days from the date of the original determination to be reconsidered by DentaQuest's Peer Review Committee.

DentaQuest, LLC
Attention: Provider Appeals
PO Box 2906
Milwaukee, WI 53201-2906

All notices received shall be submitted to DentaQuest's Peer Review Committee for review and reconsideration. The Committee will respond in writing with its decision to the Provider.

2.10 Coordination of Benefits (COB)

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

2.11 Continuation of Care

DentaQuest understands that members may have been receiving treatment for services approved prior to January 1st, 2026. In order to ensure a seamless experience for both members and your practice, submit the following information:

- Claim for with services rendered
- Attach a copy of the approval provided by the previous dental vendor

2.12 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.

2.13 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.

2.14 Direct Deposit

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

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

- Complete and sign the Direct Deposit Authorization Form that can be found on the website dentaquest.com
- Attach a voided check to the form. The authorization cannot be processed without a voided check.
- Return the Direct Deposit Authorization Form and voided check to DentaQuest.
 - Via Fax-1-262-241-4077
 - Via Mail - DentaQuest
ATTN: PDA Department PO Box 2906
Milwaukee, WI 53201-2906

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

Providers enrolled in the Direct Deposit process must notify DentaQuest of any changes to bank accounts such as: changes in routing or account numbers, or a switch to a different bank. All changes must be submitted via the Direct Deposit Authorization Form. Changes to bank accounts or banking information typically take 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 the Direct Deposit Program are required to access their remittance statements online and will no longer receive paper remittance statements. Electronic remittance statements are located on DentaQuest's Provider Web Portal (PWP). Providers may access their remittance statements by following these steps:

1. Go to www.dentaquest.com
2. Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go.
3. Log in using your password and ID

4. Once logged in, select "Claims/Pre-Authorizations" and then "Remittance Advice Search".
5. The remittance will display on the screen.

3.00 Health Insurance Portability and Accountability Act (HIPAA)

As a healthcare provider, your office is required to comply with all aspects of the HIPAA regulations in effect as indicated in the final publications of the various rules covered by HIPAA. DentaQuest has implemented various operational policies and procedures to ensure that it is compliant with the Privacy, Administrative Simplification and Security Standards of HIPAA. One aspect of our compliance plan is working cooperatively with our providers to comply with the HIPAA regulations. In relation to the Privacy Standards, DentaQuest has previously modified its provider contracts to reflect the appropriate HIPAA compliance language. These contractual updates include the following 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-5) recognized by the ADA. Effective the date of this manual, DentaQuest will require providers to submit all claims with the proper CDT-5 codes listed in this manual. In addition, all paper claims must be submitted on the current approved ADA claim form.

3.01 HIPAA Companion Guide

To view a copy of the most recent Companion Guide please visit our website at www.dentaquest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and ID.

Once you have logged in, click on the link named "Related Documents" (located under the picture on the right hand side of the screen).

4.00 Inquiries, Complaints and Grievances

Inquiries, complaints and grievances for SCAN Health Plan should be sent to:

Attn: SCAN Grievance and Appeals Department
P.O. Box 22644
Long Beach, CA 90801-5644

Phone: Call 1-800-559-3500 (TTY: 711)
Fax: Send a fax to 1-562-989-0958

5.00 Utilization Management Program

5.01 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. Since there is usually no patient co-payment, these dollars represent all the reimbursement available to the dentist. These "budgeted" dollars, being limited in nature, make the fair and appropriate distribution to the dentists of crucial importance.

5.02 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.

5.03 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

5.04 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.

5.05 Fraud and Abuse

DentaQuest is committed to detecting, reporting and preventing potential fraud and abuse. Fraud and abuse are defined as:

Fraud: Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under federal or state law.

Member Abuse: Intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, sexual abuse or sexual assault.

Provider Fraud: Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to the program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care may be referred to the appropriate state regulatory agency.

Member Fraud: If a Provider suspects a member of ID fraud, drug-seeking behavior, or any other fraudulent behavior should be reported to DentaQuest.

6.00 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 recredentialing.

Member satisfaction surveys.

Provider satisfaction surveys.

Random Chart Audits.

Complaint Monitoring and Trending.

Peer Review Process.

Utilization Management and practice patterns.

Initial Site Reviews and Dental Record Reviews.

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 1-855-398-8411 or via e-mail at:

denelig.benefits@dentaquest.com

7.00 Credentialing

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

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

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

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

Appeal of Credentialing Committee Recommendations. (Policy 300.017)

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.

Discipline of Providers (Policy 300.019)

Procedures for Discipline and Termination (Policies 300.017-300.025) Recredentialing (Policy 300.016)

Network Providers are recredentialled at least every 24 months.

8.00 The Patient Record

i. Organization

- a. The record must have areas for documentation of the following information:
 - I. Registration data including a complete health history.
 - II. Medical alert predominantly displayed inside chart jacket.
 - III. Initial examination data.
 - IV. Radiographs.
 - V. Periodontal and Occlusal status.
 - VI. Treatment plan/Alternative treatment plan.
 - VII. Progress notes to include diagnosis, preventive services, treatment rendered, and medical/dental consultations.
 - VIII. Miscellaneous items (correspondence, referrals, and clinical laboratory reports).
- b. 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:
 - I. Health history.
 - II. Medical alert.
 - III. Examination/Recall data.
 - IV. Periodontal status.
 - V. Treatment plan.
- c. The design of the record must ensure that all permanent components of the record are attached or secured within the record.
- d. 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).
- e. The organization of the record system must require that individual records be assigned to each patient.

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

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

iii. 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.
- iv. 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.
- v. 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.
- vi. 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.
- vii. 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.
- viii. Radiographs which are:
- a. Identified by patient name.
 - b. Dated.
 - c. Designated by patient's left and right side.

- d. Mounted (if intraoral films).
- ix. An indication of the patient's clinical problems/diagnosis.
- x. 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).
- xi. 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.
- xii. 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.
- xiii. 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.
- xiv. 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.

xv. Adequate documentation of the specialty care performed by another dentist that includes:

- a. Patient examination.
- b. Treatment plan.
- c. Treatment status.

xvi. Compliance

- a. The patient record has one explicitly defined format that is currently in use.
- b. There is consistent use of each component of the patient record by all staff.
- c. The components of the record that are required for complete documentation of each patient's status and care are present.
- d. Entries in the records are legible.
- e. Entries of symbols and abbreviations in the records are uniform, easily interpreted and are commonly understood in the practice.
- f. Evaluate the cultural and linguistic needs of the member when maintaining records
- g. Audits of dental records are performed to monitor compliance with dental record standards

9.00 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 enrollee that has sought dental treatment.

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

"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."

"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."

Dental offices indicate that patients sometimes fail to show up for appointments. DentaQuest offers the following suggestions to decrease the "no show" rate.

Contact the Member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.

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

In conjunction with its office claim audits described in section 4, DentaQuest will measure

compliance with the requirement to maintain a patient recall system.

DentaQuest Dentists are expected to meet minimum standards with regards to appointment availability.

Urgent care must be available within 72 hours of referral.

Emergency care must be available within 48 hours.

Preventative & Routine Care must be available within 30 days of referral.

Standard wait time in office must not be more than 45 minutes.

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

10.00 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 highrisk 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.

11.00 Clinical Criteria

The criteria outlined in DentaQuest's Provider Office Reference Manual (ORM) are based around procedure codes as defined in the American Dental Association's Code Manuals and AHCA guidance. Documentation requests for information regarding treatment using these codes are determined by generally accepted dental standards for review, 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 review and payment decisions and are not intended to be al/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. Postoperative radiographs are required for endodontic procedures and permanent crown placement to confirm quality of care. If 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.

11.01 Criteria for Dental Extractions

Not all procedures require review.

Documentation needed for review procedure:

Appropriate radiographs showing clearly the adjacent teeth should be submitted for review: bitewings, periapicals or panorex.

Treatment rendered under emergency conditions, when review 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.

Narrative demonstrating medical necessity.

Surgical extractions of erupted teeth are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone and/or section of the tooth and closure to remove the tooth. Elevation of mucoperiosteal flap and removal of bone and/or sectioning of the tooth for the convenience of the provider is not a surgical extraction.

The removal of primary teeth whose exfoliation is imminent is not a covered benefit. In most cases, extractions that render a patient edentulous must be deferred until authorization to construct a denture has been given. Extractions performed as a part of a course of orthodontics are covered only if the orthodontic case is a covered benefit.

Criteria

The prophylactic removal of asymptomatic teeth (i.e. third molars) or teeth exhibiting no overt clinical pathology (except for orthodontics) is not a covered service. DentaQuest will not reimburse for any surgical extraction of third molars which are asymptomatic or do not exhibit any evidence of pathology or which were extracted for prophylactic reasons only.

1. GP, pedo or ortho determines patient may need 3rd molars extracted - no referral is necessary
 - a. Can refer patient directly to DQ oral surgeon.
 - b. Provider or member can call DQ - 1-877-227-1625. DQ will assist member in finding an OS
2. Oral Surgeon - Submission of treatment for approval
 - a. Non-emergency
 - i. Pre-payment review - perform treatment and submit documentation with claim - no guarantee provider will get paid for service - procedure must meet medical necessity guidelines for DQ to pay.
 - ii. Prior authorization - submit documentation prior to performing treatment. If DQ approves, provider is guaranteed payment as long as patient is eligible on date of service.
 - b. Emergency (treatment necessary within 24 hours) - if want prior approval - fax request to (262) 387-3736. Requests must still include documentation when required

3. Documentation of medical necessity for oral surgery - evidence of diagnosed pathology or demonstrable need (including ortho), rather than anticipated future pathology.
 - a. Pathology
 - i. Provider must submit narrative and x-rays or photos describing pathology
 - ii. Each tooth must show pathology
 - iii. Symptomology or impactions without pathology may not be enough
 - b. Demonstrable need
 - i. Narrative describing need
 - ii. Supporting documentation (e.g. x-rays, photos, hospital admissions, etc.)
 - c. Extractions in conjunction with approved orthodontic treatment
 - i. Provider must submit request for extractions from orthodontist
 - ii. Needs to be an approved orthodontic case
 - iii. To expedite process, provider may also want to submit orthodontic approval
4. General Approval vs. Denial Guidelines
 - a. Probable Approval
 - i. Pathology =
 1. Non-restorable Decay
 2. Tooth erupting on an angle and impinging on 2nd molars
 3. Recurrent Pericoronitis
 4. Dentigerous Cyst or other growth
 5. Internal or External Root Resorption
 6. 3rd molar has over-erupted due to lack of opposing tooth contact
 - ii. Demonstrable need =
 1. In conjunction with approved orthodontics where orthodontist requests the 3rd molars be removed to guarantee the success of the orthodontic case (provide referral from ortho and prior auth approval of ortho if possible)
 2. Pain with no pathology - On a per tooth basis, provider must furnish a narrative that describes pain that is more than normal eruption pain - for example: a description of duration, intensity, medications, or other factors that are more than normal eruption pain - the description of such factors is necessary to demonstrate need
 - b. Probable Denial
 - i. Impaction or Symptomology =
 1. Impaction with no other pathology
 2. Pain or discomfort with unknown pathology ii. Other 3rd molars have pathology (if one, two, or three teeth show pathology, DQ will not automatically approve the extraction of the remaining non-pathologic teeth)
5. Denials
 - a. If administrative denial (e.g. lack of documentation) - Resubmit according to deficiencies noted in EOB
 - b. If clinical denial:
 - i. Resubmit with documentation showing additional clinical evidence for extraction
 - ii. Advise member service is not covered
 - iii. Member can appeal following appeal process in member handbook 2. Provider and member may work out an out of pocket arrangement
6. The extraction of primary or permanent teeth does not require authorization unless:

- a. Teeth are impacted wisdom teeth
- b. Residual roots requiring surgical removal
- c. Surgical extraction of erupted teeth.

The removal of primary teeth whose exfoliation is imminent does not meet criteria.

Alveoloplasty (code D7310) is a covered service only when the procedure is done in conjunction with four or more extractions in the same quadrant. D7310 will not pay for surgical extracts. Smoothing and contouring of ridges in conjunction with the surgical removal of a tooth is considered an inclusive part of the complete surgical extraction procedure unless rationale is submitted indicating necessity of the additional surgical bone removal. D7310 will pay with simple extractions (D7140). It is set to not pay with surgical extractions (where as part of extraction bone is removed - so alveoloplasty (bone remove and smoothing) with surgical extractions is redundant).

11.02 Criteria for Cast Crowns

Documentation needed for review of procedure:

Appropriate radiographs showing clearly the adjacent and opposing teeth should be submitted for review: bitewings, periapicals or panorex.

Treatment rendered without necessary review 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.

Approval for Crowns will not meet criteria if:

A more cost-effective means of restoration is possible that provides quality care and meets the standard of care.

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.

11.03 Criteria for Endodontics

Not all procedures require review.

Documentation needed for review of procedure:

Sufficient and appropriate radiographs showing clearly the adjacent teeth and a preoperative radiograph of the tooth to be treated; bitewings, periapicals or panorex. A dated post-operative radiograph must be submitted for review for payment.

Treatment rendered under emergency conditions, when review is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth, preoperative radiograph and dated post-operative radiograph of the tooth treated with the claim for retrospective review for payment. In cases where pathology is not apparent, a written narrative justifying treatment is required.

Criteria

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

Root canal therapy must meet the following criteria:

Fill should be sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the dentist's ability to fill the canal to the apex.

Fill must be properly condensed/obturated. Filling material does not extend excessively beyond the apex.

Root canal treatment limited to permanent teeth or retained primary teeth with no succedaneous permanent teeth.

Approval 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% bone support.

Root canal therapy is in anticipation of placement of an overdenture.

A filling material not accepted by the Federal Food and Drug Administration (e.g. Sargenti filling material) is used.

Retreatment of previous root canal therapy is a separate procedure (codes D3346, D3347 and D3348) and is generally not a covered service (check the member's plan for covered services).

Other Considerations

Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obliteration of root canal(s), and progress radiographs, including a root canal fill radiograph.

In cases where the root canal filling does not meet DentaQuest's treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after DentaQuest reviews the circumstances.

11.04 Criteria for Stainless Steel Crowns

For most plans, review is not required. Please reference the plan exhibit to determine if review is required for your plan. Where review is required for primary or permanent teeth, the following criteria apply:

Documentation needed for review of procedure:

Appropriate radiographs or digital photographic images showing clearly the adjacent teeth should be submitted for review: bitewings, periapical or panorex.

Treatment rendered under emergency conditions, when review 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.

Narrative demonstrating medical necessity if radiographs are not available.

Criteria

In general, criteria for stainless steel crowns will be met only for teeth needing multisurface restorations where amalgams and other 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 should involve four or more surfaces and at least 50% of the incisal edge.

Primary molars must 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.

An approval for a crown on a permanent tooth 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 dentist's ability to fill the canal to the apex.

The filling must be properly condensed/obtured. 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.

Approval of treatment using stainless steel crowns will not meet criteria if:

A more cost-effective means of restoration is possible that provides quality care and meets the standard of care.

Tooth has sub osseous 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.

11.05 Criteria for Review 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.

Providers should refer to section 3.00, Participating Hospitals for further clarification on hospital authorization procedures.

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.

11.06 Criteria for Removable Prosthodontics (Full and Partial Dentures)

Documentation needed for authorization of procedure:

Treatment plan.

Appropriate radiographs clearly showing the adjacent and opposing teeth must be submitted for authorization review: bitewings, periapicals or panorex.

Treatment rendered without necessary authorization will still require appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.

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 partial denture that replaces only posterior permanent teeth must include three or more teeth on the dentures that are anatomically correct (natural size, shape, and color) to be compensable (excluding third molars).

Partial dentures must include one anterior tooth and/or 3 posterior teeth (excluding third molars).

A denture is determined to be an initial placement if the patient has never worn a 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 that time has elapsed:

Adjustments will be reimbursed at one per calendar year per denture.

Repairs will be reimbursed at two repairs per denture per year, with five total denture repairs per 5 years.

Relines will be reimbursed once per denture every 36 months.

A new prosthesis will not be reimbursed for within 24 months of reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted.

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.

11.07 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. Documentation needed for authorization of procedure:

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

11.08 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.

11.09 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 noncompliant.
- 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

11.10 Criteria for Periodontal Treatment Not all procedures require authorization.

Documentation needed for authorization of any periodontal procedures:

- Radiographs - periapicals or bitewings preferred.
- Complete periodontal charting with AAP Case Type.
- Treatment plan
- Narrative of medical necessity

Periodontal scaling and root planing (D4341), 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 presurgical 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) affected teeth 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.
- Other periodontal procedures will be reviewed for medical necessity and appropriateness of care according to the ADA definitions of code terminology.

11.11 Criteria for Implants

Implants will only be considered when a single tooth is missing in an arch (excluding third molars) or as support for an implant supported full denture (maximum allowance is 4 implants on the maxillary arch and 2 implants on the mandibular arch)

Dentulous arch:

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

Edentulous arch:

- Only allowed in completely edentulous arches
- When indicated, Four Maxillary and Two Mandibular implants are the maximum amount allowed to retain a denture, subject to plan limits
- Patient should have a history of failed attempt at full denture in same arch
- Evidence of inadequate bone to support a traditional prosthesis

APPENDIX A

General Definitions

The following definitions apply to this Office Reference Manual:

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

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

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

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

C. "DentaQuest" shall refer to DentaQuest USA Insurance Company, Inc.

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

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

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

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

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

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

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

Additional Resources

To view copies of the resources below please visit our website at www.DentaQuest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your "State". You will then be able to log in using your password and User ID. Once logged in, select the link "Related Documents" to access the following resources:

- Dental Claim Form
- Instruction for Dental Claim Form
- Initial Clinical Exam Form
- Recall Examination Form
- Electronic Funds Transfer Form
- Medical and Dental History
- Request for Transfer of Records
- HIPAA Companion Guide
- Medicare Advantage Financial Waiver

If you do not have internet access, to have a copy mailed, you may also contact DentaQuest Customer Service at 1-877-227-1625

APPENDIX B

SCAN Health Plan Information Texas

Review the corresponding Exhibit for covered services by CDT code, prior authorization requirements, and benefit limitations.

Plan Name	Max Annual Allowance	Exhibit Name
SCAN MyChoice Texas (HMO)	No Max Allowance	Exhibit A
SCAN Balance Texas (HMO C-SNP) SCAN Classic Texas (HMO)	\$3,500	Exhibit B
SCAN Strive Texas (HMO C-SNP)	\$4,000	Exhibit B

Exhibits

This section identifies covered benefits, provides specific criteria for coverage, and defines individual age and benefit limitations for SCAN Medicare Advantage Members.

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

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

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

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

American Dental Association
211 East Chicago Avenue Chicago, IL 60611
800.947.4746

Furthermore, DentaQuest subscribes to the definition of services performed as described in the CDT manual.

The benefit tables (Exhibits) are all inclusive for covered services. Each category of service is contained in a separate table and lists:

the ADA approved service code to submit when billing, brief description of the covered service, any age limits imposed on coverage, a description of documentation, in addition to a completed ADA claim form, that must be submitted when a claim or request for prior authorization is submitted, an indicator of whether the service is subject to prior authorization, any other applicable benefit limitations.

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 to submit documentation if an authorization is required:

"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 should be submitted with the claim (authorization not required):

"Authorization Required" Field	"Documentation Required" Field	Treatment Condition	When to Submit Documentation
No	Documentation Requested	Non-emergency (Routine) or Emergency	Send documentation with claim after treatment

Exhibit A Benefits Covered for SCAN MyChoice Texas (HMO)

Diagnostic services include the oral examinations, 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 x-rays 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 when required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations. All radiographs, must be of good diagnostic quality, include member's full name, date films taken, and identify the patients left and right side. 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.

Please review Appendix B for preventive plans.

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120, D0160) per 12 Month(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Two of (D0140) per 12 Month(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	Two of (D0120, D0150, D0180) per 12 Month(s) Per patient. One of (D0150, D0180) per 12 Month(s) Per Provider OR Location.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	Two of (D0120, D0160) per 12 Month(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	Two of (D0120, D0150, D0180) per 12 Month(s) Per patient. One of (D0150, D0180) per 12 Month(s) Per Provider OR Location.	
D0270	bitewing - single radiographic image	All Ages		No	Two of (D0270, D0272) per 12 Month(s) Per patient.	

**Exhibit A Benefits Covered for
SCAN MyChoice Texas (HMO)**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0272	bitewings - two radiographic images	All Ages		No	Two of (D0270, D0272) per 12 Month(s) Per patient.	
D0701	panoramic radiographic image – image capture only	All Ages		No	One of (D0701) per 12 Month(s) Per patient.	
D0702	2-D cephalometric radiographic image – image capture only	All Ages		No	One of (D0702) per 12 Month(s) Per patient.	
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	All Ages		No	One of (D0703) per 12 Month(s) Per patient.	
D0705	extra-oral posterior dental radiographic image – image capture only	All Ages		No	One of (D0705) per 12 Month(s) Per patient.	
D0706	intraoral – occlusal radiographic image – image capture only	All Ages		No	One of (D0706) per 12 Month(s) Per patient.	
D0707	intraoral – periapical radiographic image – image capture only	All Ages		No	One of (D0707) per 12 Month(s) Per patient.	
D0708	intraoral – bitewing radiographic image – image capture only	All Ages		No	One of (D0708) per 12 Month(s) Per patient.	
D0709	intraoral – comprehensive series of radiographic images – image capture only	All Ages		No	One of (D0709) per 12 Month(s) Per patient.	

**Exhibit A Benefits Covered for
SCAN MyChoice Texas (HMO)**

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.

Please review Appendix B for preventive plans.

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	prophy/laxis - adult	All Ages		No	Two of (D1110, D4346) per 12 Month(s) Per patient.	
D1206	topical application of fluoride varnish	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	

Exhibit A Benefits Covered for SCAN MyChoice Texas (HMO)

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.

Please review Appendix B for preventive plans.

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
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 12 Month(s) Per patient per quadrant.	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 12 Month(s) Per patient per quadrant.	
D4346	scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation	All Ages		No	Two of (D1110, D4346) per 12 Month(s) Per patient.	
D4910	periodontal maintenance procedures	All Ages		No	One of (D4910) per 12 Month(s) Per patient.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Diagnostic services include the oral examinations, 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 x-rays 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 when required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations. All radiographs, must be of good diagnostic quality, include member's full name, date films taken, and identify the patients left and right side. 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.

Please review Appendix B for plan specific annual max allowance.

D0120, D0140, D0150, D0160, D0180, D0270, D0272, D0701, D0702, D0703, D0705, D0706, D0707, D0708, D0709, D1110, D1206, D1208, D4341, D4342, D4346, D4910, D9110, D9995 and D9996 do not apply to the annual max allowance.

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Three of (D0140) per 12 Month(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0150, D0180) per 36 Month(s) Per Provider OR Location. One of (D0120, D0150, D0180) per 6 Month(s) Per Provider OR Location.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	
D0170	re-evaluation, limited problem focused	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0150, D0180) per 36 Month(s) Per Provider OR Location. One of (D0120, D0150, D0180) per 6 Month(s) Per Provider OR Location.	
D0210	intraoral - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Day(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	All Ages		No		
D0240	intraoral - occlusal radiographic image	All Ages		No	Two of (D0240) per 24 Month(s) Per patient.	
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0273	bitewings - three radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	All Ages		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0373	intraoral tomosynthesis – bitewing radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0374	intraoral tomosynthesis – periapical radiographic image	All Ages		No	One of (D0374) per 12 Month(s) Per patient.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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.

Please review Appendix B for plan specific annual max allowance.

D0120, D0140, D0150, D0160, D0180, D0270, D0272, D0701, D0702, D0703, D0705, D0706, D0707, D0708, D0709, D1110, D1206, D1208, D4341, D4342, D4346, D4910, D9110, D9995 and D9996 do not apply to the annual max allowance.

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

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	All Ages		No	Two of (D1110, D4346, D4910) per 12 Month(s) Per patient.	
D1206	topical application of fluoride varnish	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Reimbursement includes local anesthesia.

Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least twelve months. It is DentaQuest's expectation that replacement prior to published frequency remain the responsibility of the treating provider.

A replacement of an identical restorative service in less than 36 months by the same provider is not considered the standard of care for quality by DentaQuest. If there are special circumstances requiring this repeat service, please send in a prior authorization request along with a narrative establishing medical necessity.

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**.

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.

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.

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.

Please review Appendix B for plan specific annual max allowance.

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

Restorative					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations Documentation Required
D2140	Amalgam - one surface, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2150	Amalgam - two surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2160	amalgam - three surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2161	amalgam - four or more surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2331	resin-based composite - two surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2332	resin-based composite - three surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2335	resin-based composite - four or more surfaces (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2390	resin-based composite crown, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2392	resin-based composite - two surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2393	resin-based composite - three surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2394	resin-based composite - four or more surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2510	inlay - metallic -1 surface	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2520	inlay-metallic-2 surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2530	inlay-metallic-3+ surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Code	Description	Age Limitation	Restorative			Documentation Required
			Teeth Covered	Authorization Required	Benefit Limitations	
D2542	onlay - metallic - two surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2543	onlay-metallic-3 surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2544	onlay-metallic-4+ surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2610	inlay-porce/ceramic-1surface	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2620	inlay-porcelain/ceramic-2 surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2630	inlay-porc/ceramic 3+ surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2642	onlay-porcelain/ceramic-2 surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2643	onlay-porcelain/ceramic-3 surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2644	onlay-porcelain/ceramic-4+ surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2650	inlay-composite/resin 1surface	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2651	inlay-composite/resin-2 surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2652	inlay-composite/resin-3+ surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2662	onlay-composite/resin-2 surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2663	onlay-composite/resin-3 surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	
D2664	onlay-composite/resin-4+ surfaces	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2710	crown - resin-based composite (indirect)	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2712	crown - 3/4 resin-based composite (indirect)	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2720	crown-resin with high noble metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2721	crown - resin with predominantly base metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2722	crown - resin with noble metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2740	crown - porcelain/ceramic	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2750	crown - porcelain fused to high noble metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2751	crown - porcelain fused to predominantly base metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2752	crown - porcelain fused to noble metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2780	crown - ¾ cast high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2781	crown - ¾ cast predominantly base metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2782	crown - ¾ cast noble metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2783	crown - ¾ porcelain/ceramic	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2790	crown - full cast high noble metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2791	crown - full cast predominantly base metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2792	crown - full cast noble metal	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2794	Crown- Titanium and Titanium Alloys	All Ages	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, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2799	interim crown	All Ages	Teeth 1 - 32	No	Disallow - included in the crown benefit	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No	One of (D2910) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	All Ages	Teeth 1 - 32	No	One of (D2915) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2920	re-cement or re-bond crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2920) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2940	Placement of interim direct restoration.	All Ages	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	
D2950	core buildup, including any pins when required	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2951	pin retention - per tooth, in addition to restoration	All Ages	Teeth 1 - 32	No	One of (D2951) per 60 Month(s) Per patient per tooth. With resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	cast post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2953	each additional cast post - same tooth	All Ages	Teeth 1 - 32	No	One of (D2953) per 60 Month(s) Per patient per tooth. When billed with D2952.	
D2954	prefabricated post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2980	crown repair, by report	All Ages	Teeth 1 - 32	No	One of (D2980) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2990	Resin infiltration of incipient smooth surface lesions	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface.	
D2999	unspecified restorative procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes		Narrative of medical necessity and description of service

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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.
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 o medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form.

Please review Appendix B for plan specific annual max allowance.

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

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3221	pulpal debridement, primary and permanent teeth	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3331	treatment of root canal obstruction; non-surgical access	All Ages	Teeth 1 - 32	No	One of (D3331) per 1 Lifetime Per patient per tooth.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3346	retreatment of previous root canal therapy-anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3346) per 1 Lifetime Per patient per tooth.	
D3347	retreatment of previous root canal therapy - premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3347) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy-molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3348) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3421	apicoectomy - premolar (first root)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3421) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3425) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3426	apicoectomy (each additional root)	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32	Yes	One of (D3426) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	Yes	One of (D3430) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3999	unspecified endodontic procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes		Narrative of medical necessity and description of service

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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.

Please review Appendix B for plan specific annual max allowance.

D0120, D0140, D0150, D0160, D0180, D0270, D0272, D0701, D0702, D0703, D0705, D0706, D0707, D0708, D0709, D1110, D1206, D1208, D4341, D4342, D4346, D4910, D9110, D9995 and D9996 do not apply to the annual max allowance.

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 36 Month(s) Per patient per quadrant.	Radiographs, perio charting and photographs
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 36 Month(s) Per patient per quadrant.	Radiographs, perio charting and photographs
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240, D4241) per 36 Month(s) Per patient per quadrant.	Radiographs and perio charting
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240, D4241) per 36 Month(s) Per patient per quadrant.	Radiographs and perio charting
D4249	clinical crown lengthening - hard tissue	All Ages	Teeth 1 - 32	Yes	One of (D4249) per 1 Lifetime Per patient per tooth.	Radiographs and perio charting
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260, D4261) per 36 Month(s) Per patient per quadrant.	Radiographs and perio charting
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260, D4261) per 36 Month(s) Per patient per quadrant.	Radiographs and perio charting
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 36 Month(s) Per patient per quadrant.	Radiographs and perio charting

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 36 Month(s) Per patient per quadrant.	
D4346	scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation	All Ages		No	Two of (D1110, D4346, D4910) per 12 Month(s) Per patient.	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4355) per 36 Month(s) Per patient.	
D4910	periodontal maintenance procedures	All Ages		No	Four of (D4910) per 12 Month(s) Per patient.	
D4999	unspecified periodontal procedure, by report	All Ages		Yes		Narrative of medical necessity and description of service

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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) periodontially 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.

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.

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.

Please review Appendix B for plan specific annual max allowance.

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

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D5120	complete denture - mandibular	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5130	immediate denture - maxillary	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D5140	immediate denture - mandibular	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D5211	maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D5212	mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D5222	immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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)	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D5225	maxillary partial denture-flexible base	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D5226	mandibular partial denture-flexible base	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D5410	adjust complete denture - maxillary	All Ages	Teeth 1 - 16	No	Two of (D5410) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5411	adjust complete denture - mandibular	All Ages	Teeth 17 - 32	No	Two of (D5411) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5421	adjust partial denture-maxillary	All Ages	Teeth 1 - 16	No	Two of (D5421) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5422	adjust partial denture - mandibular	All Ages	Teeth 17 - 32	No	Two of (D5422) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5511	repair broken complete denture base, mandibular	All Ages	Teeth 1 - 16	No	One of (D5511) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5512	repair broken complete denture base, maxillary	All Ages	Teeth 17 - 32	No	One of (D5512) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5520	replace missing or broken teeth - complete denture - per tooth	All Ages	Teeth 1 - 32	No	One of (D5520) per 12 Month(s) Per patient per tooth. (After 6 months have elapsed since initial placement).	
D5611	repair resin partial denture base, mandibular	All Ages	Teeth 17 - 32	No	One of (D5611) per 12 Month(s) Per patient per arch.	
D5612	repair resin partial denture base, maxillary	All Ages	Teeth 1 - 16	No	One of (D5612) per 12 Month(s) Per patient per arch.	
D5621	repair cast partial framework, mandibular	All Ages	Teeth 17 - 32	No	One of (D5621) per 12 Month(s) Per patient per arch.	
D5622	repair cast partial framework, maxillary	All Ages	Teeth 1 - 16	No	One of (D5622) per 12 Month(s) Per patient per arch.	
D5630	repair or replace broken retentive/clasping materials per tooth	All Ages	Teeth 1 - 32	No	One of (D5630) per 12 Month(s) Per patient per tooth.	
D5640	replace missing or broken teeth – partial denture – per tooth	All Ages	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	
D5650	add tooth to existing partial denture – per tooth	All Ages	Teeth 1 - 32	No	One of (D5650) per 12 Month(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5660) per 12 Month(s) Per patient per tooth.	
D5710	rebase complete maxillary denture	All Ages	Teeth 1 - 16	No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5711	rebase complete mandibular denture	All Ages	Teeth 17 - 32	No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5720	rebase maxillary partial denture	All Ages	Teeth 1 - 16	No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5721	rebase mandibular partial denture	All Ages	Teeth 17 - 32	No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5725	rebase hybrid prosthesis	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5725) per 36 Month(s) Per patient per arch. (after 6 months have elapsed since initial placement)	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5730	reline complete maxillary denture (chairside)	All Ages	Teeth 1 - 16	No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5731	reline complete mandibular denture (chairside)	All Ages	Teeth 17 - 32	No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5740	reline maxillary partial denture (chairside)	All Ages	Teeth 1 - 16	No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5741	reline mandibular partial denture (chairside)	All Ages	Teeth 17 - 32	No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5750	reline complete maxillary denture (laboratory)	All Ages	Teeth 1 - 16	No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5751	reline complete mandibular denture (laboratory)	All Ages	Teeth 17 - 32	No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5760	reline maxillary partial denture (laboratory)	All Ages	Teeth 1 - 16	No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5761	reline mandibular partial denture (laboratory)	All Ages	Teeth 17 - 32	No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5765	soft liner for complete or partial removable denture – indirect	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5765) per 36 Month(s) Per patient. (after 6 months have elapsed since initial placement)	
D5850	tissue conditioning, maxillary	All Ages	Teeth 1 - 16	No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5851	tissue conditioning, mandibular	All Ages	Teeth 17 - 32	No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5863	Overdenture - complete maxillary	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5864	Overdenture - partial maxillary	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5865	Overdenture - complete mandibular	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5866	Overdenture - partial mandibular	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5876	Use of metal substructure in removable complete dentures without a framework	All Ages	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of service as D5110, D5120, D5130, D5140.	
D5877	duplication of complete denture – maxillary	All Ages	Teeth 1 - 16	No	One of (D5110, D5130, D5877) per 60 Month(s) Per patient.	
D5878	duplication of complete denture – mandibular	All Ages	Teeth 17 - 32	No	One of (D5120, D5140, D5878) per 60 Month(s) Per patient.	
D5899	unspecified removable prosthodontic procedure, by report	All Ages		Yes		pre-operative radiographs and narrative

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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) periodontially 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.

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.

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.

Please review Appendix B for plan specific annual max allowance.

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	All Ages		Yes		Narrative of medical necessity and description of service

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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.

Please review Appendix B for plan specific annual max allowance.

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

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6010	surgical placement of implant body: endosteal implant	All Ages	Teeth 1 - 32	Yes	One of (D6010, D6013) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6013	surgical placement of mini implant	All Ages	Teeth 1 - 32	Yes	One of (D6010, D6013) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6056	prefabricated abutment	All Ages	Teeth 1 - 32	Yes	One of (D6056, D6057) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6057	custom abutment	All Ages	Teeth 1 - 32	Yes	One of (D6056, D6057) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6058	abutment supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6059	abutment supported porcelain fused to metal crown (high noble metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6061	abutment supported porcelain fused to metal crown (noble metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6062	abutment supported cast metal crown (high noble metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6063	abutment supported cast metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6064	abutment supported cast metal crown (noble metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6065	implant supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6066	Implant Supported Crown- Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6067	Implant Supported Crown- High Noble Alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6068	abutment supported retainer for porcelain/ceramic FPD	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6072	abutment supported retainer for cast metal FPD (high noble metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6074	abutment supported retainer for cast metal FPD (noble metal)	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6075	implant supported retainer for ceramic FPD	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6076	Implant Supported Retainer for FPD-Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6077	Implant Supported Retainer for Metal FPD- High Noble Alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6082	Implant supported crown- porcelain fused to predominantly base alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6083	Implant supported crown- porcelain fused to noble alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6084	Implant supported crown- porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6086	Implant supported crown- predominately base alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6087	Implant supported crown- noble alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6088	Implant supported crown- titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6090	repair of implant/abutment supported prosthesis	All Ages	Teeth 1 - 32	No	One of (D6090) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D6091	replacement of attachment- implant/abutment prosthesis	All Ages		No	One of (D6091) per 12 Month(s) Per patient per tooth. Only after 6 months of initial placement.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6092	re-cement or re-bond implant/abutment supported crown	All Ages		No	One of (D6092) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	All Ages		No	One of (D6093) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D6094	Abutment supported crown-titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6090, D6092, D6093, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6090, D6092, D6093, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6098	Implant supported retainer-porcelain fused to predominately base alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6090, D6092, D6093, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6090, D6092, D6093, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Code	Description	Age Limitation	Implant Services			Authorization Required	Benefit Limitations	Documentation Required
			Teeth Covered					
D6106	guided tissue regeneration – resorbable barrier, per implant	All Ages	Teeth 1 - 32			Yes	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6107	guided tissue regeneration – non-resorbable barrier, per implant	All Ages	Teeth 1 - 32			Yes	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	All Ages	Teeth 1 - 16			No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	All Ages	Teeth 17 - 32			No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	All Ages	Teeth 1 - 16			No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	All Ages	Teeth 17 - 32			No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	
D6120	Implant supported retainer- porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32			Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6121	Implant supported retainer for metal FPD- predominately base alloys	All Ages	Teeth 1 - 32			Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6122	Implant supported retainer for metal FPD- noble alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6090, D6092, D6093, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per patient per tooth.	Full mouth x-rays
D6123	Implant supported retainer for metal FPD- titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6191	semi-precision abutment – placement	All Ages	Teeth 1 - 32	Yes	One of (D6191) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6192	semi-precision attachment – placement	All Ages	Teeth 1 - 32	Yes	One of (D6192) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6195	Abutment Supported Retainer- Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	All Ages	Teeth 1 - 32	No	One of (D6197) per 12 Month(s) Per patient per tooth.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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.

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.

Please review Appendix B for plan specific annual max allowance.

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

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6205	pontic - indirect resin based composite	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6210	pontic - cast high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6211	pontic-cast base metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6212	pontic - cast noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6214	Pontic - titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prostodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6240	pontic-porcelain fused-high noble	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6241	pontic-porcelain fused to base metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6242	pontic-porcelain fused-noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6243	Pontic - Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6245	prostodontics fixed, pontic - porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6250	pontic-resin with high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6251	pontic-resin with base metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6252	pontic-resin with noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6545	retainer - cast metal fixed	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6549	Resin retainer-For resin bonded fixed prosthesis	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6602	inlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6603	inlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6604	inlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prostodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6605	inlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6606	inlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6607	inlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6608	onlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6609	onlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prostodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6610	onlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6611	onlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6612	onlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6613	onlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6614	onlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prostodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6615	onlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6624	inlay - titanium	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6634	onlay - titanium	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6710	crown - indirect resin based composite	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prostodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6721	crown-resin with base metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6722	crown-resin with noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6740	retainer crown, porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6750	crown-porcelain fused high noble	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6751	crown-porcelain fused to base metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6752	crown-porcelain fused noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6753	Retainer Crown- Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6780	crown-3/4 cst high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6782	prosthodontics fixed, crown ¾ cast noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prostodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6784	Retainer Crown 3/4- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6790	crown-full cast high noble	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6791	crown - full cast base metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6792	crown - full cast noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6793	interim retainer crown	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6794	Retainer crown - titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative radiographs
D6930	re-cement or re-bond fixed partial denture	All Ages		No	One of (D6930) per 24 Month(s) Per patient. Only after 6 months of initial placement.	
D6980	fixed partial denture repair	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6980) per 24 Month(s) Per patient. Only after 6 months of initial placement.	
D6999	fixed prosthodontic procedure	All Ages	Teeth 1 - 32	Yes		Narrative of medical necessity and description of service

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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.

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.

Please review Appendix B for plan specific annual max allowance.

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

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

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7241) per 1 Lifetime Per patient per tooth.	
D7250	surgical removal of residual tooth roots (cutting procedure)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7250) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7251) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D7252	partial extraction for immediate implant placement	All Ages	Teeth 1 - 32	Yes	One of (D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7252) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D7259	nerve dissection	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7259) per 1 Lifetime Per patient per quadrant. Not allowed with D7241.	pre-operative radiographs
D7260	oroantral fistula closure	All Ages		No	Two of (D7260) per 1 Lifetime Per patient per arch.	
D7261	primary closure of a sinus perforation	All Ages		No	Two of (D7261) per 1 Lifetime Per patient per arch.	
D7284	excisional biopsy of minor salivary glands	All Ages		Yes		Narrative of medical necessity and description of service
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	All Ages		No		
D7286	incisional biopsy of oral tissue-soft	All Ages		No		
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Lifetime Per patient per quadrant.	

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

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	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Lifetime Per patient per quadrant.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7340) per 1 Lifetime Per patient per arch.	
D7350	vestibuloplasty - ridge extension	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7350) per 1 Lifetime Per patient per arch.	
D7410	radical excision - lesion diameter up to 1.25cm	All Ages		Yes		Narrative of medical necessity and description of service
D7411	excision of benign lesion greater than 1.25 cm	All Ages		Yes		Narrative of medical necessity and description of service
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	All Ages		Yes		Narrative of medical necessity and description of service
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	All Ages		Yes		Narrative of medical necessity and description of service
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		Yes		Narrative of medical necessity and description of service
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		Yes		Narrative of medical necessity and description of service
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		Yes		Narrative of medical necessity and description of service
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		Yes		Narrative of medical necessity and description of service
D7471	removal of exostosis - per site	All Ages	Per Arch (01, 02, LA, UA)	Yes	Two of (D7471) per 1 Lifetime Per patient per arch. regardless of the provider.	Narrative of medical necessity and description of service
D7472	removal of torus palatinus	All Ages		Yes	One of (D7472) per 1 Lifetime Per patient. regardless of the provider.	Narrative of medical necessity and description of service

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7473	removal of torus mandibularis	All Ages		Yes	Two of (D7473) per 1 Lifetime Per patient. regardless of the provider.	Narrative of medical necessity and description of service
D7485	surgical reduction of osseous tuberosity	All Ages		Yes	Two of (D7485) per 1 Lifetime Per patient. regardless of the provider.	Narrative of medical necessity and description of service
D7510	incision and drainage of abscess - intraoral soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Not allowed in conjunction with extraction on same date of service.	
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	All Ages	Teeth 1 - 32, A - T	Yes	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	All Ages	Teeth 1 - 32, A - T	Yes	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D7961	buccal / labial frenectomy (frenulectomy)	All Ages		No	One of (D7961, D7963) per 1 Lifetime Per patient per arch.	
D7962	lingual frenectomy (frenulectomy)	All Ages		No	One of (D7962) per 1 Lifetime Per patient per arch.	
D7963	frenuloplasty	All Ages		No	One of (D7961, D7963) per 1 Lifetime Per patient per arch.	
D7970	excision of hyperplastic tissue - per arch	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7970) per 1 Lifetime Per patient per arch.	
D7971	excision of pericoronal gingiva	All Ages	Teeth 1 - 32	No	One of (D7971) per 1 Lifetime Per patient per tooth.	
D7999	unspecified oral surgery procedure, by report	All Ages		Yes		Narrative of medical necessity and description of service

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Local anesthesia is considered part of the treatment procedure, and no additional payment will be made for it. Adjunctive general services include: IV sedation and emergency services provided for relief of dental pain.

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.

Please review Appendix B for plan specific annual max allowance.

D0120, D0140, D0150, D0160, D0180, D0270, D0272, D0701, D0702, D0703, D0705, D0706, D0707, D0708, D0709, D1110, D1206, D1208, D4341, D4342, D4346, D4910, D9110, D9995 and D9996 do not apply to the annual max allowance.

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

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative treatment of dental pain - per visit	All Ages		No	Not allowed with anything other than D0140 and x-rays.	
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		Yes	One of (D9222, D9224, D9239) per 1 Day(s) Per patient.	Narrative, treatment record (including anesthesia records)
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		Yes	Three of (D9223, D9225, D9243) per 1 Day(s) Per patient.	Narrative, treatment record (including anesthesia records)
D9224	admin. of gen. anesth. with adv. airway – first 15 min. increment, or any portion thereof	All Ages		Yes	One of (D9222, D9224, D9239) per 1 Day(s) Per patient.	Narrative, treatment record (including anesthesia records)
D9225	admin. of gen. anesth. with adv. airway – each subsequent 15 min. increment, or any portion thereof	All Ages		Yes	Three of (D9223, D9225, D9243) per 1 Day(s) Per patient.	Narrative, treatment record (including anesthesia records)
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		Yes	One of (D9230) per 1 Day(s) Per patient. Not allowed with D9222, D9223, D9224, D9225, D9239, D9243, D9245, D9246, D9247.	Narrative, treatment record (including anesthesia records)
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		Yes	One of (D9222, D9224, D9239) per 1 Day(s) Per patient.	Narrative, treatment record (including anesthesia records)
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		Yes	Three of (D9223, D9225, D9243) per 1 Day(s) Per patient.	Narrative, treatment record (including anesthesia records)

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9244	in-office administration of minimal sedation – single drug – enteral	All Ages		Yes	One of (D9244, D9245, D9246, D9247) per 1 Day(s) Per patient. Not allowed with D9222, D9223, D9224, D9225, D9239, D9243	Narrative, treatment record (including anesthesia records)
D9245	administration of moderate sedation – enteral	All Ages		Yes	One of (D9244, D9245, D9246, D9247) per 1 Day(s) Per patient. Not allowed with D9222, D9223, D9224, D9225, D9239, D9243	Narrative, treatment record (including anesthesia records)
D9246	admin. of mod. sedation – non-iv parenteral – first 15 min. increment, or any portion thereof	All Ages		Yes	One of (D9244, D9245, D9246, D9247) per 1 Day(s) Per patient. Not allowed with D9222, D9223, D9224, D9225, D9239, D9243	Narrative, treatment record (including anesthesia records)
D9247	admin. of mod. sedation – non-iv parenteral – each sub. 15 min. increment, or any portion thereof	All Ages		Yes	One of (D9244, D9245, D9246, D9247) per 1 Day(s) Per patient. Not allowed with D9222, D9223, D9224, D9225, D9239, D9243	Narrative, treatment record (including anesthesia records)
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No	One of (D9310) per 1 Year(s) Per Provider OR Location. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	
D9410	house/extended care facility call	All Ages		No	One of (D9410) per 1 Day(s) Per patient. Six of (D9410) per 1 Year(s) Per patient.	
D9420	hospital or ambulatory surgical center call	All Ages		No	One of (D9420) per 1 Day(s) Per patient. Six of (D9420) per 1 Year(s) Per patient.	
D9910	application of desensitizing medicament	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	All Ages		Yes	One of (D9930) per 1 Year(s) Per patient. Not to be used for routine post-operative care or dry socket treatment.	Narrative of medical necessity and description of service
D9950	occlusion analysis-mounted case	All Ages		Yes	One of (D9950, D9952) per 60 Month(s) Per patient.	Narrative of medical necessity and description of service
D9951	occlusal adjustment - limited	All Ages		Yes	One of (D9951) per 12 Month(s) Per patient.	Narrative of medical necessity and description of service
D9952	occlusal adjustment - complete	All Ages		Yes	One of (D9950, D9952) per 60 Month(s) Per patient.	Narrative of medical necessity and description of service

**Exhibit B Benefits Covered for
SCAN Balance Texas (HMO C-SNP), SCAN Strive Texas (HMO C-SNP), SCAN Classic Texas (HMO)**

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9995	teledentistry – synchronous; real-time encounter	All Ages		No	One of (D9995, D9996) per 1 Day(s) Per Provider OR Location. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code. Indicator of modality, not separately reimbursed. Reimbursement is with exam code.	
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	All Ages		No	One of (D9995, D9996) per 1 Day(s) Per Provider OR Location. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code. Indicator of modality, not separately reimbursed. Reimbursement is with exam code.	
D9999	unspecified adjunctive procedure, by report	All Ages		Yes		Narrative of medical necessity and description of service