



DentaQuest, LLC

Maryland Medicare Programs

Office Reference Manual

Please refer to your Participation Agreement for plans in which you contract.

Johns Hopkins Health Plans Advantage MD

**11100 W. Liberty Drive
Milwaukee, WI 53224
(800) 508-6757**

www.dentaquestgov.com

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**DentaQuest, LLC.
Address and Telephone Numbers**

Provider Services:

PO Box 2906
Milwaukee, WI 53201-2906
(800) 508-6757

Fax numbers:

- Claims to be processed:
(262) 834-3589
- Claims payment issues: (262) 241-7379

Email Addresses:

- Claims Questions:
denclaims@DentaQuest.com
- Eligibility or Benefit Questions:
denelig.benefits@DentaQuest.com

Member Services:

- Johns Hopkins Health Plans
Advantage MD
(844) 231-8318

DentaQuest Fraud Hotline:

- (800) 237-9139

**Department of Health Care & Hygiene Fraud
Hot Line:**

- (866) 770-7175

General TTY Number (Hearing Impaired):

- (800) 466-7566
- TTY 711

Authorizations:

DentaQuest – UM Department
PO Box 2906
Milwaukee, WI 53201-2906

Credentialing:

PO Box 2906
Milwaukee, WI 53201-2906
Credentialing Hotline: (800) 233-1468
Fax: (262) 241-4077

Claims should be sent to:

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

Electronic Claims should be sent:

Direct entry on the web –
www.dentaquestgov.com

Or,

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

Provider Appeals should be sent to:

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



DentaQuest, LLC

Statement of Member's 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's/Plan's members' rights and responsibilities policies.

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. 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.
3. All Members, have the responsibility to participate in understanding their health problems and developing mutually agreed upon treatment goals to the degree possible.

DentaQuest, LLC

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. If a recommended course of treatment is not covered, e.g., not approved by Plan/DentaQuest, the participating Provider must notify the Member in writing and obtain a signature of waiver if the Provider intends to charge the Member for such a non-compensable service.**
7. To be informed of the status of their credentialing or credentialing application, upon request.

* * *

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.

Table of Contents

1.00	Patient Eligibility Verification Procedures	8
1.01	Plan Eligibility	8
1.02	Member Identification Card	8
1.03	DentaQuest’s Eligibility Systems	9
	Access to eligibility information via the Internet	9
	Access to eligibility information via the IVR line	10
2.00	Payment for Non-Covered Services	12
3.00	Electronic Attachments	12
4.00	Participating Hospitals	12
5.00	Review & Claim Submission Procedures (claim filing options) and Encounter Data	12
5.01	Submitting X-Rays for Prior Authorization or Claims that Require Prepayment Review	13
	Electronic submission using the new web portal	13
5.02	Electronic Prior Authorization or Claim Submission Including Claims Requiring Prepayment Review Utilizing DentaQuest’s Internet Website	13
5.03	Electronic Claim Submission via Clearinghouse	14
5.04	HIPAA Compliant 837D File	14
5.05	NPI Requirements for Submission of Electronic Claims	14
5.06	Paper Claim Submission	15
	Claims must be submitted on ADA approved claim forms or other forms approved in advance by DentaQuest	15
5.07	Coordination of Benefits (COB)	15
5.08	Filing Limits	16
5.09	Receipt and Audit of Claims	16
5.10	Direct Deposit	16
6.00	Health Insurance Portability and Accountability Act (HIPAA)	18
7.00	Provider Complaints and Appeals Process	19
8.00	Member Inquiries, Complaints, Grievances and Appeals (Policies 200 Series)	21

8.01	Johns Hopkins Health Plans Advantage MD Member Inquiries, Complaints, Grievances and Appeals Process.....	21
9.00	Utilization Management Program (Policies 500 series).....	22
9.01	Introduction.....	22
9.02	Community Practice Patterns.....	22
9.03	Evaluation.....	22
9.04	Results.....	22
9.05	Fraud and Abuse (Policies 700 Series).....	23
10.00	Quality Improvement Program (Policies 200 Series).....	24
11.00	Credentialing (Policies 300 Series).....	25
12.00	The Patient Record.....	26
13.00	Patient Recall System Requirements.....	29
14.00	Radiology Requirements.....	30
14.01	Criteria for Radiographs.....	32
	GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS.....	33
	http://www.ada.org/sections/professionalResources/pdfs/topics_radiography_chart.pdf.....	34
15.00	Clinical Criteria.....	35
15.01	Criteria for Dental Extractions.....	36
15.02	Criteria for Cast Crowns.....	36
15.03	Criteria for Endodontics.....	38
15.04	Criteria for Stainless Steel Crowns.....	39
15.05	Criteria for Review of Operating Room (OR) Cases.....	40
15.06	Criteria for Removable Prosthodontics (Full and Partial Dentures).....	41
15.07	Criteria for the Excision of Bone Tissue.....	43
15.08	Criteria for the Determination of a Non-Restorable Tooth.....	44
15.09	Criteria for General Anesthesia and Intravenous (IV) Sedation.....	44
15.10	Criteria for Periodontal Treatment.....	45
16.00	Cultural Competency Program.....	47

17.00 Reimbursement of Services Rendered.....	48
APPENDIX A: LINKS TO ONLINE HIPAA RESOURCES	4
INSTRUCTIONS.....	10
Maintenance Type.....	10
ACCOUNT HOLDER INFORMATION	10
Review Date	12

APPENDIX A.....	Attachments
General Definitions.....	A-1
Additional Resources.....	A-2
• Acknowledgment of Disclosure & Acceptance of Member Financial Responsibility	
Consent Form.....	A-3
• Links to Online HIPAA Resources	A-4
• ADA Claim Form	A-5
• ADA Claim Form Instructions	A-6
• Initial Clinical Exam Form.....	A-7
• Recall Exam Form	A-8
• Authorization for Dental Treatment.....	A-9
• Direct Deposit Form	A-10
• Medical & Dental History Form.....	A-11
• Request for Transfer of Records	A-13

APPENDIX B.....	Covered Benefits
Member’s Covered Benefits	B-1
DentaQuest Review Process.....	B-2
Covered Benefits (Exhibits)	
Johns Hopkins Health Plans Advantage MD Select HMO.....	Exhibit A

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 will receive a Plan ID Card. Participating Providers are responsible for verifying that Members are eligible at the time services are rendered and to determine if recipients have other health insurance.

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

Sample of the Johns Hopkins Health Plans Advantage MD I.D. Cards:



JOHNS HOPKINS
HEALTH PLANS

Johns Hopkins Advantage MD Select
(HMO)

Member Name

NEW ID CA JHH VA 001 PLAN

Effective Date: January 01, 2024

Member ID: 100500579
Health Plan: H1339 001
PCP: NO PCP SELECTED
Phone#:

In-Network

Office Visit Copay: \$0.00
Specialist Copay: \$40.00
Urgent Care Copay: \$55.00
ER Copay: \$100.00

RxBIN: 004336
RxPCN: MEDDADV
RxGRP: RX23DU

There are no out-of-network benefits.
Members are fully liable for the cost of
out-of-network services.

CVS caremark®

MedicareRx
Prescription Drug Coverage

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.

1.03 DentaQuest's Eligibility Systems

Participating Providers may access Member eligibility information through DentaQuest's Interactive Voice Response (IVR) system or through the "Providers Only" section of DentaQuest's website at www.DentaQuest.com. The eligibility information received from either system will be the same information you would receive by calling DentaQuest's Provider Services 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 Provider Services 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 instructions on how to complete Provider Self Registration contact DentaQuest's Provider Services Department at (800) 508-6757. 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 Provider Services Department at (800) 508-6757. 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 Provider Services 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 NPI Number, Tax Identification Number, and the Member's identification number. 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.

Members must be eligible on the date of service for payment to be made. However, please note that due to possible eligibility status changes, the information provided by either system does not guarantee payment.



Directions for using DentaQuest's IVR to verify eligibility:

Entering system with the National Provider Identification number (NPI) and Tax Identification (TIN) number

1. Call DentaQuest Customer Service at 800.508.6757
2. After the greeting, stay on the line for English or press 1 for Spanish.
3. When prompted, press or say 1 if you know you're NPI (National Provider Identification number) and Tax ID number.
4. When prompted, enter the last 4 digits of your Tax ID number.
5. IVR validates caller:
 - If provider is found – continues to enter member information
 - If provider is not found – continues to limited options
6. When prompted, enter the members information
 - Member ID (12 digit number only)
 - DOB
7. IVR validates member information:
 - If member is found – continues to main menu
 - If member is not found – prompted to re-enter information
8. Main Menu (when both provider and member are found in the system)
 - Eligibility, Claims, Authorizations, Benefit Summary, Benefit Detail, Procedure History, Web Support and all other inquiries.

If you are having difficulty accessing either the IVR or website, please contact the Provider Services Department at (800) 508-6757. They will be able to assist you in utilizing either system.

2.00 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 paragraph. **Provider may bill a Member for non-Covered Services if the Provider obtains a signed and dated waiver from the Member prior to rendering such service that indicates:**

- *The service(s) to be provided*
- *The Member's cost for each service*
- *DentaQuest, Plan and Agency will not pay for or be liable for said service(s)*
- *Member will be financially liable for such service(s).*

A recommended Member Consent Form can be found in this manual on APPENDIX A and on the DentaQuest Provider Web Portal.

3.00 Electronic Attachments

DentaQuest accepts dental radiographs electronically via FastAttach™ for review requests. DentaQuest, in conjunction with National Electronic Attachment, LLC (NEA), allows Participating Providers the opportunity to submit all claims electronically, even those that require attachments. This program allows transmissions via secure Internet lines for radiographs, periodontic charts, intraoral pictures, narratives and EOBs. FastAttach™ is inexpensive and easy to use, reduces administrative costs, eliminates lost or damaged attachments and accelerates claims and prior authorization processing. It is compatible with most claims clearinghouse or practice management systems.

For more information or to sign up for FastAttach, go to www.fast.nea.com or call NEA at: 1(800)782-5150.

4.00 Participating Hospitals

Upon approval, Participating Providers are required to administer services at Plan's participating hospitals when services are not able to be rendered in the office.

To get the most current list of Medicare plans participating hospitals, please visit their web sites at:

- Johns Hopkins Health Plans Advantage MD: <https://www.hopkinsmedicine.org/>

5.00 Review & Claim Submission Procedures (claim filing options) and Encounter Data

For each plan that DentaQuest administers, the plans may require review of certain procedures to ensure that procedures meet the requirements of federal and state laws and regulations and medical necessity criteria. DentaQuest performs the review using one of two processes – “prior authorization” or “prepayment review”. “Prior Authorization” requires that the provider obtain permission to perform the procedure prior to performing the service. “Prior Authorization” requires specific documentation to establish medical necessity or justification for the procedure. “Prepayment Review” is the review of claims prior to determination and payment. “Prepayment Review” requires documentation to establish medical necessity or justification for the procedure. For procedures that require “Prepayment Review”, providers may opt to submit a “Prior Authorization” request prior to performing the procedure. If DentaQuest approves the “Prior Authorization” request, it will satisfy the “Prepayment Review” process. The Exhibits for each plan indicate which procedures require Review, which type of Review, and the documentation that the provider will need to submit to support his or her request. Utilization management decision making is based on appropriate care and service, and does NOT reward for issuing denials, and does NOT offer incentives to encourage

inappropriate utilization. DentaQuest does not make decisions about hiring, promoting, or terminating practitioners or other staff based on the likelihood, or on the perceived likelihood, that the practitioner or staff member supports, or tends to support, denial of benefits.

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

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

DentaQuest utilizes claims submissions and information to collect encounter data.

5.01 Submitting X-Rays for Prior Authorization or Claims that Require Prepayment Review

Electronic submission using the new web portal

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

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

Acceptable methods of mounted radiographs are:

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

Unacceptable methods of mounted radiographs are:

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

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

5.02 Electronic Prior Authorization or Claim Submission Including Claims Requiring Prepayment Review Utilizing DentaQuest's Internet Website

Participating Providers may submit Prior Authorizations or Claims including claims requiring Prepayment Review directly to DentaQuest by utilizing the "Dentist" section of

our website. Submitting Prior Authorizations or 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 prior authorizations or claims via the website, simply log on to www.DentaQuest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. If you have not received instruction on how to complete Provider Self Registration contact DentaQuest's Provider Services Department at (800) 508-6757. Once logged in, select "Claims/Prior Authorizations" and then either "Dental Pre-Auth Entry" or "Dental Claim Entry" depending if you are submitting a Prior authorization or a claim.

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

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

5.03 Electronic Claim Submission via Clearinghouse

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

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

5.04 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.

5.05 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 Dental.

- Providers must register for the appropriate NPI classification at the following website <https://nppes.cms.hhs.gov/NPPES/Welcome.do> and provide this information to DentaQuest Dental in its entirety.

All providers must register for an Individual NPI. You may also be required to register for a group NPI (or as part of a group) dependant upon your designation.

When submitting claims to DentaQuest Dental 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 Dental 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.

5.06 Paper Claim Submission

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

- Member name, identification number, and date of birth must be listed on all claims submitted. If the Member identification number is missing or miscoded on the claim form, the patient cannot be identified. This could result in the claim being returned to the submitting Provider office, causing a delay in payment.
- The paper claim must contain an acceptable provider signature.
- The Provider and office location information must be clearly identified on the claim. Frequently, if only the dentist signature is used for identification, the dentist's name cannot be clearly identified. Please include either a typed dentist (practice) name or the DentaQuest Provider identification number.
- The paper claim form must contain a valid provider NPI (National Provider Identification) number. In the event of not having this box on the claim form, the NPI must still be included on the form. The ADA claim form only supplies 2 fields to enter NPI. On paper claims, the Type 2 NPI identifies the payee, and may be submitted in conjunction with a Type 1 NPI to identify the dentist who provided the treatment. For example, on a standard ADA Dental Claim Form, the treating dentist's NPI is entered in field 54 and the billing entity's NPI is entered in field 49.
- The date of service must be provided on the claim form for each service line submitted.
- Approved ADA dental codes as published in the current CDT book or as defined in this manual must be used to define all services.
- List all quadrants, tooth numbers and surfaces for dental codes that necessitate identification (extractions, root canals, amalgams and resin fillings). Missing tooth and surface identification codes can result in the delay or denial of claim payment.
- Affix the proper postage when mailing bulk documentation. DentaQuest does not accept postage due mail. This mail will be returned to the sender and will result in delay of payment.

Claims should be mailed to the following address:

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

5.07 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.

5.08 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.

5.09 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 Provider Services 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.

5.10 Direct Deposit

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

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

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

DentaQuest, LLC
Attn: Provider Enrollment & Credentialing
PO Box 2906
Milwaukee, WI 53201-2906
Fax: (262) 241-4077

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

6.00 Health Insurance Portability and Accountability Act (HIPAA)

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

DentaQuest has implemented various operational policies and procedures also compliant with the Privacy Standards. DentaQuest is compliant with Administrative Simplification and Security Standards. One aspect of our compliance plan is to work cooperatively with our providers to comply with the HIPAA regulations. In relation to the Privacy Standards, provider contracts reflect the appropriate HIPAA compliance language.

The 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 recognized by the American Dental Association's Current Dental Terminology (CDT) codes. Effective the date of this manual, DentaQuest will require providers to submit all claims with the current CDT codes. In addition, all paper claims must be submitted on the current approved ADA claim form.

Note: Copies of DentaQuest's HIPAA policies are available upon request by contacting DentaQuest's Provider Services Department at 800-508-6757 or via e-mail at denelig.benefits@DentaQuest.com.

7.00 Provider Complaints and Appeals Process

A provider may choose to file an Appeal without first filing a Complaint. In addition, a provider may file a Complaint and if the provider is unhappy with the outcome, the provider can then request an Appeal of the matter.

Written notices of appeal must be submitted to:

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

Providers have the right to submit documentation with their Complaint or Appeal. It is advantageous for the provider to clearly outline his/her Complaint or Appeal and to provide supporting information. The provider should indicate why a decision should be made in the provider's favor. Complaints and Appeals will be responded to in writing within thirty (30) calendar days of receipt.

Providers also have the right to request and receive a written copy of DentaQuest's utilization management criteria, in cases where the Complaint or Appeal is related to a clinical decision/denial, or other applicable health plan policies or procedures relevant to the decision or action that is the subject of the Complaint or Appeal. These can be requested by contacting Customer Service at 800-508-6757. (Policies 200.010, 200.011, 200.013, 200.017C, 200.019) or via e-mail at denclaims@dentaquest.com.

- A. Complaint:** A verbal or written expression that indicates dissatisfaction or dispute with DentaQuest or the Plan's policies, procedure, claims, denials, or any aspect of DentaQuest or the health plan functions. A provider has 60 days from the date of the incident, such as the original remit date or date of an adverse determination to file a Complaint.
- B. Appeal:** The formal mechanism which allows the provider the right to have actions taken by DentaQuest or the health plan reviewed when the provider:
- a) has a claim for reimbursement or request for authorization of service delivery denied or not acted upon with reasonable promptness.
 - b) is aggrieved by any rule or policy or procedure or decision by DentaQuest
Or the health plan.
- Appeals must be filed within 60 days of the action taken by DentaQuest or the health plan that gave rise to the Appeal. Appeals must be filed in writing.
- C. Complaints and Appeals may be Clinical or Administrative in nature.**
- a) Clinical Complaints and Appeals result from DentaQuest or health plan actions that were based, in whole or in part, on medical judgment (i.e. medical necessity determination; experimental or investigational determinations; cosmetic determinations).
 - b) Administrative Complaints and Appeals result from DentaQuest or health plan actions that are not clinical. Issues for review as Administrative Complaint or Appeals can include, but are not limited to, health plan policy, procedure, claims payment, or any non-clinical aspect of DentaQuest or health plan functions.
- D. Expedited Appeal:** Expedited requests are available for circumstances when waiting the usual timeframes for a decision would seriously jeopardize (a) the life or health of a member or in the case of a pregnant member, the member's

unborn child; or (b) a member's ability to attain, maintain, or regain maximum function. A verbal request indicating the need for an expedited review should be made directly to Provider Services at 800-508-6757. Those requests for an expedited review that meet the above criteria will have determinations made within seventy-two (72) hours.

- E. **Peer to Peer Review**: Providers may contact Provider Services at any time and request to speak to a Dental Director regarding a clinical decision made by DentaQuest. When submitting a formal appeal, there is an opportunity for Providers or their representatives to present their cases in person to the Peer Review Committee.

8.00 Member Inquiries, Complaints, Grievances and Appeals (Policies 200 Series)

A. Grievance: An expression of dissatisfaction about, but not limited to, issues related to quality of care or services provided and aspects of inter-personal relationships such as rudeness of a provider or employee or failure to respect the Member's rights. Member grievances will be resolved within thirty (30) calendar days.

B. Appeal: A request for a review of any matter about an action which is defined as a denial of a requested service or the failure of DentaQuest or the health plan to act within timeframes for the health plan's prior authorization review process. Member appeals will be resolved within thirty (30) calendar days.

C. Complaint: Complaint means a written or oral expression of dissatisfaction, which indicates a dispute with any aspect of DentaQuest or the Plan's policies, service, or network providers. A Complaint may include dissatisfaction with the Provider, appropriateness of services rendered, timeliness or ability of services provided or any other issue considered unsatisfactory.

D. Member Inquiry: An inquiry is a request from a member for information to clarify health plan policy, benefits, procedures, or any aspect of the health plan's function where there is no expression of dissatisfaction.

8.01 Johns Hopkins Health Plans Advantage MD Member Inquiries, Complaints, Grievances and Appeals Process

DentaQuest has established a procedure to investigate and resolve Complaints, Grievances and Appeals received from Members in a timely manner and in accordance with the applicable statutes, regulations and policies adopted by State and Plan Contract requirements. Member Complaints, Grievances and Appeals should be directed to Johns Hopkins Health Plans Advantage MD at 877-293-5325.

Note: Copies of DentaQuest policies and procedures can be requested by contacting DentaQuest Member Services at 844-231-8318 (Policies 200.010, 200.011, 200.013, 200.017C, 200.019) or via e-mail at denclaims@dentaquest.com.

9.00 Utilization Management Program (Policies 500 series)

9.01 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. In State Medical Assistance Dental Programs (Medicaid), the State Legislature annually appropriates or “budgets” the amount of dollars available for reimbursement to the dentists as well as the fees for each procedure. 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.

9.02 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. 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.

9.03 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.

9.04 Results

Therefore, with the objective of ensuring the fair and appropriate distribution of these “budgeted” Medicaid Assistance Dental Program dollars to dentists, 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.

9.05 Fraud and Abuse (Policies 700 Series)

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

Fraud: In insurance fraud, “fraud” is the intentional submission of a “document or statement” that contains a material misrepresentation made by an individual/entity knowing that the document/statement contains false or misleading information for the purpose of receiving benefits to which they would not have otherwise been entitled.

Waste: Is defined as a loss through carelessness, inefficiency, or ignorance.

Abuse: Is considered an action that is not consistent with generally accepted standards and practices related to that industry.

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. Suspected fraudulent behavior should be reported to DentaQuest.

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

It is the responsibility of **everyone** to report suspected Fraud, Waste and Abuse. The avenues for reporting are:

- **DentaQuest Fraud Hotline - 800.237.9139**
- <http://www.dentaquest.com/report-fraud/>

10. 00 Quality Improvement Program (Policies 200 Series)

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 Provider Services Department at 800-508-6757 or via e-mail at: denelig.benefits@DentaQuest.com

11.00 Credentialing (Policies 300 Series)

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 300.004)

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 300.013)

Procedures for Discipline and Termination (Policies 300.004 and 300.013)

Re-credentialing (Policy 300.009)

Network Providers are re-credentialed at least every 36 months.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Provider Services Department at 800-508-6757 or via e-mail at denelig.benefits@DentaQuest.com.

12.00 The Patient Record

A. Organization

1. The record must have areas for documentation of the following information:

- a. Registration data including a complete health history.
- b. Medical alert predominantly displayed inside the chart.
- c. Initial examination data.
- d. Radiographs.
- e. Periodontal and Occlusal status.
- f. Treatment plan/Alternative treatment plan.
- g. Progress notes to include diagnosis, preventive services, treatment rendered, and medical/dental consultations.
- h. Miscellaneous items (correspondence, referrals, and clinical laboratory reports).

2. The design of the record must provide the capability or periodic update, without the loss of documentation of the previous status, of the following information:

- a. Health history.
- b. Medical alert.
- c. Examination/Recall data.
- d. Periodontal status.
- e. Treatment plan.

3. The design of the record must ensure that all permanent components of the record are attached or secured within the record.

4. The design of the record must ensure that all components must be readily identified to the patient (i.e., patient name, and identification number on each page).

5. The organization of the record system must require that individual records be assigned to each patient.

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

1. Adequate documentation of registration information which requires entry of these items:

- a. Patient's first and last name.
- b. Date of birth.
- c. Sex.
- d. Address.
- e. Telephone number.
- f. Name and telephone number of the person to contact in case of emergency.

2. An adequate health history that requires documentation of these items:

- a. Current medical treatment.
- b. Significant past illnesses.
- c. Current medications.
- d. Drug allergies.
- e. Hematologic disorders
- f. Cardiovascular disorders.
- g. Respiratory disorders.
- h. Endocrine disorders.
- i. Communicable diseases.
- j. Neurologic disorders.
- k. Signature and date by patient.

- l. Signature and date by reviewing dentist.
- m. History of alcohol and/or tobacco usage including smokeless tobacco.

3. An adequate update of health history at subsequent recall examinations which requires documentation of these items:

- a. Significant changes in health status.
- b. Current medical treatment.
- c. Current medications.
- d. Dental problems/concerns.
- e. Signature and date by reviewing dentist.

4. A conspicuously placed medical alert inside the chart that documents highly significant terms from health history. These items are:

- a. Health problems which contraindicate certain types of dental treatment.
- b. Health problems that require precautions or pre-medication prior to dental treatment.
- c. Current medications that may contraindicate the use of certain types of drugs or dental treatment.
- d. Drug sensitivities.
- e. Infectious diseases that may endanger personnel or other patients.

5. Adequate documentation of the initial clinical examination which is dated and requires descriptions of findings in these items:

- a. Blood pressure. (Recommended)
- b. Head/neck examination.
- c. Soft tissue examination.
- d. Periodontal assessment.
- e. Occlusal classification.
- f. Dentition charting.

6. Adequate documentation of the patient's status at subsequent Periodic/Recall examinations which is dated and requires descriptions of changes/new findings in these items:

- a. Blood pressure. (Recommended)
- b. Head/neck examination.
- c. Soft tissue examination.
- d. Periodontal assessment.
- e. Dentition charting.

7. Radiographs which are:

- a. Identified by patient name.
- b. Dated.
- c. Designated by patient's left and right side.
- d. Mounted (if intraoral films).

8. An indication of the patient's clinical problems/diagnosis.

9. Adequate documentation of the treatment plan (including any alternate treatment options) that specifically describes all the services planned for the patient by entry of these items:

- a. Procedure.
- b. Localization (area of mouth, tooth number, surface).

10. An Adequate documentation of the periodontal status, if necessary, which is dated and requires charting of the location and severity of these items:

- a. Periodontal pocket depth.
- b. Furcation involvement.
- c. Mobility.
- d. Recession.

- e. Adequacy of attached gingiva.
- f. Missing teeth.

11. An adequate documentation of the patient's oral hygiene status and preventive efforts which requires entry of these items:

- a. Gingival status.
- b. Amount of plaque.
- c. Amount of calculus.
- d. Education provided to the patient.
- e. Patient receptiveness/compliance.
- f. Recall interval.
- g. Date.

12. An adequate documentation of medical and dental consultations within and outside the practice which requires entry of these items:

- a. Provider to whom consultation is directed.
- b. Information/services requested.
- c. Consultant's response.

13. Adequate documentation of treatment rendered which requires entry of these items:

- a. Date of service/procedure.
- b. b. Description of service, procedure and observation. Documentation in treatment record must contain documentation to support the level of American Dental Association Current Dental Terminology code billed as detailed in the nomenclature and descriptors. Documentation must be written on a tooth by tooth basis for a per tooth code, on a quadrant basis for a quadrant code and on a per arch basis for an arch code.
- c. Type and dosage of anesthetics and medications given or prescribed.
- d. Localization of procedure/observation. (tooth #, quadrant etc.)
- e. Signature of the Provider who rendered the service.

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

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

C. Compliance

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

13.00 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 Member 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, text, email 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.**
- **Emergency care** must be available **24 hours a day, 7 days a week.**
- **Urgent care** must be available within **48 hours.**
- **Routine care** must be available within **one month.**

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

14.00 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 high risk factors for caries
 - a. Child – Primary Dentition

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

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

The Panel recommends that posterior bitewings be performed at intervals of 24-36 months for dentulous adult patients who show no clinical caries and are not at an increased risk for the development of caries.
3. Patients with periodontal disease, or a history of periodontal treatment for Child – Primary and Transitional Dentition, Adolescent and Dentulous Adult

The Panel recommends an individualized radiographic survey consisting of selected periapicals and/or bitewing radiographs of areas with clinical evidence or a history of periodontal disease, (except nonspecific gingivitis).
4. Growth and Development Assessment
 - a. Child – Primary Dentition

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

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

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

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

5.01 Criteria for Radiographs

American Dental Association (ADA) and American Association of Pediatric Dentists (AAPD) guidelines promote, that the number and type of radiographs should be based on the risk level of the patient and whether or not the provider can visualize the entire tooth. The following link describes current ADA and AAPD guidelines for radiographs. ***This chart is included in the next page.***

http://www.ada.org/sections/professionalResources/pdfs/topics_radiography_chart.pdf

It is a fairly common occurrence for providers to perform a panoramic film instead of a full mouth series. Panoramic films alone are not considered sufficient for the diagnosis of decay, and must be accompanied by a set of bitewing X-rays if they are to be used as an aid for full diagnostic purposes. In cases where a provider is combining a panoramic film and bitewings, the benefit will equal that of a full mouth series. This recoding of services aligns with the concept of medical necessity (reflective of the level of service that can be furnished safely and for which no equally effective and more conservative or less costly treatment is available statewide) and, according to the ADA, is a result of requests from the dental community.

GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS

The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient’s health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

Type of Encounter	Patient Age and Dental Developmental Stage				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
New patient* Being evaluated for dental diseases and dental development	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall patient* with no clinical caries or at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable
Recall patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.				Not applicable
Patient for monitoring of growth and development	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development. Panoramic or periapical exam to assess developing third molars	Usually not indicated	
Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/ endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.				

***Clinical situations for which radiographs may be indicated include but are not limited to:**

A. Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical erosion

****Factors increasing risk for caries may include but are not limited to:**

1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects
11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care

Document created: November 2004

From: American Dental Association, US Food & Drug Administration. The Selection of Patients For Dental Radiograph Examination. Available on www.ada.org

http://www.ada.org/sections/professionalResources/pdfs/topics_radiography_chart.pdf

15.00 Clinical Criteria

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

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. 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 all-inclusive or absolute*. Additional narrative information is appreciated when there may be a special situation.

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

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

These clinical criteria will be used for making medical necessity determinations for prior authorizations, post payment review and retrospective review. Failure to submit the required documentation may result in a disallowed request and/or a denied payment of a claim related to that request. Some services require prior authorization and some services require pre-payment review, this is detailed in the Benefits Covered Section(s) in the "Review Required" column.

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

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

Documentation in the treatment record must justify the need for the procedure performed due to medical necessity, for all procedures rendered. Appropriate diagnostic pre-operative radiographs clearly showing the adjacent and opposing teeth and substantiating any pathology or caries present are required. Post-operative radiographs are required for endodontic procedures and permanent crown placement to confirm quality of care. In the event that

radiographs are not available or cannot be obtained, diagnostic quality intraoral photographs must substantiate the need for procedures rendered.

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.

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.

15.01 Criteria for Dental Extractions

Not all procedures require review.

Documentation needed for review procedure:

- Appropriate radiographs showing clearly the adjacent and opposing 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.

Criteria

The prophylactic removal of asymptomatic teeth (i.e. third molars) or teeth exhibiting no overt clinical pathology (for orthodontics) may be covered subject to consultant review.

- The removal of primary teeth whose exfoliation is imminent does not meet criteria.
- Alveoloplasty (code D7310) in conjunction with three or more extractions in the same quadrant will be covered subject to consultant review.

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

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

Criteria

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

Root canal therapy must meet the following criteria:

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

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.

15.04 Criteria for Stainless Steel Crowns

In most cases, review is not required for some plans, please reference the plan exhibits 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, 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 if radiographs are not available.

Criteria

- In general, criteria for stainless steel crowns will be met only for teeth needing multi-surface 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/obturated. Filling material does not extend excessively beyond the apex.

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

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

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 subosseous and/or furcation caries.
- Tooth has advanced periodontal disease.
- Tooth is a primary tooth with exfoliation imminent.
- Crowns are being planned to alter vertical dimension.

15.05 Criteria for Review of Operating Room (OR) Cases

All Operating Room (OR) Cases MUST be reviewed.

Provider must submit the following documents for review to DentaQuest's Short Procedure Unit (SPU) via fax or mail at:

**DentaQuest, LLC
Attention: SPU Department
PO Box 2906
Milwaukee, WI 53201-2906
Fax: (262) 834-3575**

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

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

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

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

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

Criteria

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

- Members requiring extensive operative procedures such as multiple restorations, treatment of multiple abscesses, and/or oral surgical procedures if 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.*

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

15.06 Criteria for Removable Prosthodontics (Full and Partial Dentures)

Documentation needed for review of procedure:

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

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

Criteria 1

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

- A denture is determined to be an initial placement if the patient has never worn 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.

Approval 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 2

- 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.
- A new prosthesis will not be reimbursed for within 24 months of reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted.
- Adjustments will be reimbursed at one per calendar year per denture.
- Repairs will be reimbursed at two repairs per denture per year, with five total denture repairs per 5 years.
- Relines will be reimbursed once per denture every 36 months.
- Replacement of lost, stolen, or broken dentures less than 5 years of age usually will not meet criteria for approval 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.

15.07 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 review and may be reimbursed for when submitted in conjunction with a treatment plan that includes removable prosthetics. These determinations will be made by the appropriate dental specialist/consultant.

Review requirements:

- Appropriate radiographs and/or intraoral photographs/bone scans which clearly identify the lateral exostosis must be submitted for 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.

15.08 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.

15.09 Criteria for General Anesthesia and Intravenous (IV) Sedation

Documentation needed for review of procedure:

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

Criteria

Requests for general anesthesia or IV sedation will be authorized (for procedures Covered by health plan) if any of the following criteria are met:

Extensive or complex oral surgical procedures such as:

- Impacted wisdom teeth.
- Surgical root recovery from maxillary antrum.
- Surgical exposure of impacted or unerupted cuspids.

- Radical excision of lesions in excess of 1.25 cm.

And/or one of the following medical conditions:

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

15.10 Criteria for Periodontal Treatment

Documentation needed for review of procedure:

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

Periodontal scaling and root planning, per quadrant involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of pre-surgical procedures in others.

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

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

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

Criteria

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

16.00 Cultural Competency Program

DentaQuest incorporates measures to promote cultural sensitivity/awareness in the delivery of Member services as well as healthcare services. Services to Members are delivered in a manner sensitive to the Member's cultural background and his/her religious beliefs, values and traditions. It is the policy of DentaQuest to provide Medicare, Medicaid, Commercial and DentaQuest employee information in a culturally competent manner that assists all individuals, including those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds or physical or mental disabilities issues in obtaining health care services. DentaQuest incorporates measures to track bias/discrimination issues that hinder or prevent to be administered in accordance with the American with Disabilities Act, and other applicable Federal and State laws, to its Members and DentaQuest employees and report appropriate occurrences to the Complaint and Grievance Department or the Human Resources Department.

DentaQuest ensures that its staff is trained in cultural awareness to provide a competent system of service, which acknowledges and incorporates the importance of culture, language, and the values and traditions of Members.

DentaQuest ensures that its staff is trained in cultural awareness to provide a competent system of service, which acknowledges and incorporates the importance of culture, language, and the values and traditions of all DentaQuest's employees.

DentaQuest supports Providers in efforts to work in a cross-cultural environment and to ensure the adaptation of services to meet Members cultural and linguistic needs.

A copy of DentaQuest's Cultural Competency Plan is available at no charge upon request by contacting DentaQuest's Provider Services Department at 800-508-6757 or via e-mail at: denelig.benefits@DentaQuestusa.com.

17.00 Reimbursement of Services Rendered

Reimbursement will only occur for services that are medically necessary and do not duplicate another provider's service. "Medically necessary" is defined as services that meet the following conditions:

- a) necessary to protect life, prevent significant illness or significant disability or alleviate severe pain
- b) individualized, specific and consistent with symptoms or confirm diagnosis of the illness or injury under treatment and not in excess of the patient's needs
- c) consistent with generally accepted professional medical standards as determined by the Medicaid program, and not be experimental or investigational
- d) reflective of the level of service that can be furnished safely and for which no equally effective and more conservative or less costly treatment is available statewide

In addition, the services must meet the following criteria:

- The services cannot be experimental or investigational; and
- The services must be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

The fact that a provider has prescribed, recommended, or approved care, goods, or services do not, in itself, make such care, goods or services medically necessary or a covered service.

APPENDIX A - Attachments

General Definitions

The following definitions apply to this Office Reference Manual:

- A. *(Note: as per state requirements) "DHMH" means the Department of Health and Mental Hygiene.*
- B. "Contract" means the document specifying the services provided by DentaQuest to:
- an employer, directly or on behalf of the State of Maryland, as agreed upon between an employer or Plan and DentaQuest (a "Commercial Contract");
 - a Medicare beneficiary, directly or on behalf of a Plan, as agreed upon between the Center for Medicaid and Medicare Services ("CMS") or Plan and DentaQuest (a "Medicare Contract").
- C. "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.
- D. "DentaQuest Service Area" shall be defined as the State of Maryland.
- E. "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.
- F. "Member" means any individual who is eligible to receive Covered Services pursuant to a Contract and the eligible dependents of such individuals. A Member enrolled pursuant to a Commercial Contract is referred to as a "Commercial Member." A Member enrolled pursuant to a Medicaid Contract is referred to as a "Medicaid Member." A Member enrolled pursuant to a Medicare Contract is referred to as a "Medicare Member."
- G. "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
- I. "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.
- J. "Plan Certificate" means the document that outlines the benefits available to Members.
- K. "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.
- L. "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

Welcome to the DentaQuest provider forms and attachment resource page. The links below provide methods to access and acquire both electronic and printable forms addressed within this document. To view copies please visit our website at www.DentaQuest.com. Once you have entered the website, click "Login" located at the top right corner. You will then be able to log in using your User ID and Password. Once logged in, select the link "Related Documents" to access the following resources:

- Acknowledgment of Disclosure & Acceptance of Member Financial Responsibility Consent Form
- Authorization for Dental Treatment
- Dental Claim Form
- Direct Deposit Form
- Initial Clinical Exam
- Instructions for Dental Claim Form

- Medical and Dental History
- Recall Examination Form
- Request for Transfer of Records

You may also find copies of these forms in this manual.



MEDICARE MEMBER DISCLOSURE OF ACCEPTANCE OF FINANCIAL RESPONSIBILITY FOR NON-COVERED SERVICES

Medicare Member Name ("Member")	
Treating Provider ("Provider")	
Office/Location Name	
Office/Location Address	

The Medicare Member, or the Member's legal representative, hereby acknowledges that he or she has been informed that the following health care services to be provided to the Member have not been approved for payment under the CMS Medicare guidelines and health benefit program.

Accordingly, the undersigned agrees that the Member or the Member's legal representative, not the applicable health benefit program, will bear full financial responsibility for payment of all charges for these services and attests to receiving a copy of the Provider's denial letter from DentaQuest.

Code	Description	Date of Service month/day/year	Tooth	Surface	Arch	Cost
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

Name of Member or Member's Legal Representative

Signature

Date

Name of Provider's Office Representative/Witness

Signature

Date

APPENDIX A: LINKS TO ONLINE HIPAA RESOURCES

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

American Dental Association (ADA)

- The Dental Content Committee develops and maintains standards for the dental claims form and dental procedures codes. www.ada.org

Association for Electronic Health Care Transactions (AFEHCT)

- A healthcare association dedicated to promoting the interchange of electronic healthcare information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan at www.cms.gov/hipaa/hipaa2/.
- This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. www.cms.gov/medicaid/hipaa/admsimp

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard setting organizations, and transaction change request system. www.hipaa-dsmo.org

Office for Civil Rights (OCR)

- OCR is the office within Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. The WPC website is www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- WEDI is a workgroup dedicated to improving health care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org



American Dental Association
www.ada.org

Comprehensive completion instructions for the ADA Dental Claim Form are found in Section 4 of the ADA Publication titled *CDT-200712008*. Five relevant extracts from that section follow:

GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #10 window envelope. Please fold the form using the 'tick-marks' printed in the margin.
- B. In the upper-right of the form, a blank space is provided for the convenience of the payer or insurance company, to allow the assignment of a claim or control number.
- C. All Items in the form must be completed unless it is noted on the form or in the following instructions that completion is not required.
- D. When a name and address field is required, the full name of an individual or a full business name, address and zip code must be entered.
- E. All dates must include the four-digit year.
- F. If the number of procedures reported exceeds the number of lines available on one claim form, the remaining procedures must be listed on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the form in its entirety and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may indicate the amount the primary carrier paid in the "Remarks" field (Item # 35).

NATIONAL PROVIDER IDENTIFIER (NPI)

49 and 54 NPI (National Provider Identifier): This is an identifier assigned by the Federal government to all providers considered to be HIPAA covered entities. Dentists who are not covered entities may elect to obtain an NPI at their discretion, or may be enumerated if required by a participating provider agreement with a third-party payer or applicable state law/regulation. An NPI is unique to an individual dentist (Type 1 NPI), or dental entity (Type 2 NPI), and has no intrinsic meaning. Additional information on NPI and enumeration can be obtained from the ADA's Internet Web Site: www.ada.org/goto/mpi

ADDITIONAL PROVIDER IDENTIFIER

52A and 58 Additional Provider ID: This is an identifier assigned to the billing dentist or dental entity other than a Social Security Number (SSN) or Tax Identification Number (TIN). It is not the provider's NPI. The additional identifier is sometimes referred to as a Legacy Identifier (LID). LIDs may not be unique as they are assigned by different entities (e.g., third-party payer; Federal government). Some Legacy IDs have an intrinsic meaning.

PROVIDER SPECIALTY CODES

56A Provider Specialty Code: Enter the code that indicates the type of dental professional who delivered the treatment. Available codes describing treating dentists are listed below. The general code listed as 'Dentist' may be used instead of any other dental practitioner code.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122:100000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

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

Should there be any updates to ADA Dental Claim Form completion instructions, the updates will be posted on the ADA's web site at: www.ada.org/goto/dentalcode

RECALL EXAMINATION

PATIENT'S NAME _____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY _____

	OK		OK	CLINICAL FINDINGS/COMMENTS
LYMPH NODES		TMJ		
PHARYNX		TONGUE		
TONSILS		VESTIBULES		
SOFT PALATE		BUCCAL MUCOSA		
HARD PALATE		GINGIVA		
FLOOR OF MOUTH		PROSTHESIS		
LIPS		PERIO EXAM		
SKIN		ORAL HYGIENE		
RADIOGRAPHS		B/P	RDH/DDS	

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

COMMENTS: _____

RECALL EXAMINATION

PATIENT'S NAME _____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY _____

	OK		OK	CLINICAL FINDINGS/COMMENTS
LYMPH NODES		TMJ		
PHARYNX		TONGUE		
TONSILS		VESTIBULES		
SOFT PALATE		BUCCAL MUCOSA		
HARD PALATE		GINGIVA		
FLOOR OF MOUTH		PROSTHESIS		
LIPS		PERIO EXAM		
SKIN		ORAL HYGIENE		
RADIOGRAPHS		B/P	RDH/DDS	

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

COMMENTS: _____

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

Authorization for Dental Treatment

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

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

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

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

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

Procedure(s): _____

Tooth Number(s): _____

Date: _____

Dentist: _____

Patient Name: _____

Legal Guardian/
Patient Signature: _____

Witness: _____

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

MEDICAL AND DENTAL HISTORY

Patient Name: _____ Date of Birth: _____

Address: _____

Why are you here today? _____

Are you having pain or discomfort at this time? Yes/No _____

If yes, what type and where? _____

Have you been under the care of a medical doctor during the past two years? Yes/No _____

Medical Doctor's Name: _____

Address: _____

Telephone: _____

Have you taken any medication or drugs during the past two years? Yes/No _____

Are you now taking any medication, drugs, or pills? Yes/No _____

If yes, please list medications: _____

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

Yes/No _____

If yes, please list: _____

When you walk up stairs or take a walk, do you ever have to stop because of pain in your chest, shortness or breath, or because you are very tired? Yes/No _____

Do your ankles swell during the day? Yes/No _____

Do you use more than two pillows to sleep? Yes/No _____

Have you lost or gained more than 10 pounds in the past year? Yes/No _____

Do you ever wake up from sleep and feel short of breath? Yes/No _____

Are you on a special diet? Yes/No _____

Has your medical doctor ever said you have cancer or a tumor? Yes/No _____

If yes, where? _____

Do you use tobacco products (smoke or chew tobacco)? Yes/No _____

If yes, how often and how much? _____

Do you drink alcoholic beverages (beer, wine, whiskey, etc.)? Yes/No _____

Do you have or have you had any disease, or condition not listed? Yes/No _____

If yes, please list: _____

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

Heart Disease or Attack	Yes/No _____	Stroke	Yes/No _____	Hepatitis C	Yes/No _____
Heart Failure	Yes/No _____	Kidney Trouble	Yes/No _____	Arteriosclerosis (hardening of arteries)	Yes/No _____
Angina Pectoris	Yes/No _____	High Blood Pressure	Yes/No _____	Ulcers	Yes/No _____
Congenital Heart Disease	Yes/No _____	Venereal Disease	Yes/No _____	AIDS	Yes/No _____
Diabetes	Yes/No _____	Heart Murmur	Yes/No _____	Blood Transfusion	Yes/No _____
HIV Positive	Yes/No _____	Glaucoma	Yes/No _____	Cold sores/Fever blisters/ Herpes	Yes/No _____
High Blood Pressure	Yes/No _____	Cortisone Medication	Yes/No _____	Artificial Heart Valve	Yes/No _____
Mitral Valve Prolapse	Yes/No _____	Cosmetic Surgery	Yes/No _____	Heart Pacemaker	Yes/No _____
Emphysema	Yes/No _____	Anemia	Yes/No _____	Sickle Cell Disease	Yes/No _____
Chronic Cough	Yes/No _____	Heart Surgery	Yes/No _____	Asthma	Yes/No _____
Tuberculosis	Yes/No _____	Bruise Easily	Yes/No _____	Yellow Jaundice	Yes/No _____
Liver Disease	Yes/No _____	Rheumatic fever	Yes/No _____	Rheumatism	Yes/No _____
Arthritis	Yes/No _____	Epilepsy or Seizures	Yes/No _____	Fainting or Dizzy Spells	Yes/No _____
Allergies or Hives	Yes/No _____	Nervousness	Yes/No _____	Chemotherapy	Yes/No _____
Sinus Trouble	Yes/No _____	Radiation Therapy	Yes/No _____	Drug Addiction	Yes/No _____
Pain in Jaw Joints	Yes/No _____	Thyroid Problems	Yes/No _____	Psychiatric Treatment	Yes/No _____
Hay Fever	Yes/No _____	Hepatitis A (infectious)	Yes/No _____		
Artificial Joints (Hip, Knee, etc.)	Yes/No _____	Hepatitis B (serum)	Yes/No _____		

For Women Only:

Are you pregnant? Yes/No _____
 If yes, what month? _____
 Are you nursing? Yes/No _____
 Are you taking birth control pills? Yes/No _____

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

Patient Signature: _____ Date: _____

Dentist's Signature: _____ Date: _____

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

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

Request for Transfer of Records

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

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

Please have these records sent to:

Signed: _____ Date: _____
(Patient)

Signed: _____ Date: _____
(Parent, Legal Guardian or Custodian of the Patient, if Patient is a Minor)

Address: _____

Address: _____

Phone: _____

APPENDIX B

Member's Covered Benefits (See Exhibits)

This section identifies covered benefits, provides specific criteria for coverage and defines individual age and benefit limitations for Members. Providers with benefit questions should contact DentaQuest's Provider Services Department directly at:

- MD General Provider Services Queue:
(800) 508-6757

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 and. 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:

1. the ADA approved service code to submit when billing,
2. brief description of the covered service and any other applicable benefit limitations,
3. any age limits imposed on coverage,
4. a description of documentation, in addition to a completed ADA claim form, that must be submitted when a claim that requires prepayment review or request for prior authorization is submitted,
5. an indicator of whether or not the service is subject to review which includes prior authorization or prepayment review

DentaQuest Review Process
(for Prior Authorization or Claims that require Prepayment Review)

IMPORTANT

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

“Review Required” means either Prior Authorization or Prepayment review. Prepayment review requires that the provider must submit the indicated documentation to show medical necessity.

The information below explains how and when to submit documentation to DentaQuest. The information refers to the “Review Required,” “Benefit Limitations,” and “Documentation Required” fields in the Benefits Covered tables (Exhibits). In this section, documentation may be requested to be sent prior to beginning treatment or “with claim” after completion of treatment.

See the SAMPLE text below that reflects when documentation is requested:

Review Required	Benefit Limitations	Documentation Required	When to Submit Documentation
Yes	One per 1 Lifetime per patient. PRIOR AUTHORIZATION IS REQUIRED.	Study model or OrthoCad, x-rays	Send documentation prior to beginning treatment
Yes	One per 1 Lifetime per patient per quadrant. PRE-PAYMENT REVIEW REQUIRED.	narrative of medical necessity	Send documentation with claim after treatment

See the SAMPLE text below that reflects when documentation is not requested:

Review Required	Benefit Limitations	Documentation Required	When to Submit Documentation
No	One per 12 Months per patient.		No documentation needed prior to beginning treatment or with claim after treatment

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Diagnostic services include the oral examination, and selected radiographs needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the member's oral health.

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

Reimbursement for radiographs is limited to those films required for proper treatment and/or diagnosis. DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations. All radiographs must be of good diagnostic quality properly mounted, dated and identified with the recipient's name and date of birth. Substandard radiographs will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

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	Copay(\$)
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	\$0.00
D0140	limited oral evaluation-problem focused	All Ages		No	Three of (D0140) per 12 Month(s) Per patient. Not allowed with routine services.	\$0.00
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.	\$0.00
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	\$0.00
D0170	re-evaluation, limited problem focused	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	\$0.00
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.	\$0.00
D0210	intraoral - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	\$0.00
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Day(s) Per patient.	\$0.00
D0230	intraoral - periapical each additional radiographic image	All Ages		No		\$0.00
D0240	intraoral - occlusal radiographic image	All Ages		No	Two of (D0240) per 24 Month(s) Per patient.	\$0.00
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	\$0.00
D0273	bitewings - three radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	\$0.00
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	\$0.00
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	\$0.00
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0277, D0330) per 36 Month(s) Per patient.	\$0.00
D0372	intraoral tomosynthesis - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0277, D0330, D0372) per 12 Month(s) Per patient.	\$0.00
D0373	intraoral tomosynthesis - bitewing radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	\$0.00
D0374	intraoral tomosynthesis - periapical radiographic image	All Ages		No	One of (D0374) per 12 Month(s) Per patient.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

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	Copay(\$)
D1110	prophylaxis - adult	All Ages		No	Two of (D1110, D4346, D4910) per 12 Month(s) Per patient.	\$0.00
D1206	topical application of fluoride varnish	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	\$0.00
D1208	topical application of fluoride - excluding varnish	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Please remember, despite these plans mentioning HMOs, which is for the Medical program, the dental network portion utilizes the Medicare PPO Network. Annual Maximum for all covered benefits, except Diagnostic and Preventive. Annual Maximum is \$2500 The annual maximum is based on the calendar year, January through December. Johns Hopkins Advantage MD D-SNP (HMO) annual maximum benefit will refresh on January 1. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest.

Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least twelve months, unless there is recurrent decay or material failure. Payment will be made for only one single surface restoration per tooth surface. For example, two separate occlusal (O) restorations on the same tooth are to be billed as one occlusal restoration. However, for example it is permissible to bill for multiple, but separate restorations involving the same tooth surface, such as a mesial-facial (MF) and a distal-facial (DF) restoration on the same anterior tooth.

The acid etching procedure is considered part of the restoration and is not billed as a separate procedure.

Local anesthetic is included in the restorative service or surgical fee and is not separately reimbursed.

A sedative restoration is considered a temporary restoration only and not a base under a restoration.

Bases, copalite, or calcium hydroxide liners placed under a restoration are considered part of the restorations and are not billable as separate procedures.

BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE CEMENTATION DATE.

Restorative pins are reimbursed on a per tooth basis, regardless of the number of pins placed.

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**.

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	Copay(\$)
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D2160	amalgam - three surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	Oneof(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.	\$0.00
D2161	amalgam - four or more surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	Oneof(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.	\$0.00
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M-R	No	Oneof(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.	\$0.00
D2331	resin-based composite - two surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M-R	No	Oneof(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.	\$0.00
D2332	resin-based composite - three surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M-R	No	Oneof(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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D2335	resin-based composite - four or more surfaces (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M-R	No	Oneof(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.	\$0.00
D2390	resin-based composite crown, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M-R	No	Oneof(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.	\$0.00
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28- 32, A,B,I-L,S, T	No	Oneof(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.	\$0.00
D2392	resin-based composite - two surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28- 32, A,B,I-L,S, T	No	Oneof(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.	\$0.00
D2393	resin-based composite - three surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28- 32, A,B,I-L,S, T	No	Oneof(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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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	Oneof(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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
D2630	inlay-pore/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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
D2799	interim crown	All Ages	Teeth 1 - 32	No	Disallow - included in the crown benefit	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
D2940	protective restoration	All Ages	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
D2999	unspecified restorative procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Please remember, despite these plans mentioning HMOs, which is for the Medical program, the dental network portion utilizes the Medicare PPO Network. Annual Maximum for all covered benefits, except Diagnostic and Preventive. The annual maximum is based on the calendar year, January through December. Johns Hopkins Advantage MD D-SNP (HMO) annual maximum benefit will refresh on January 1. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest.

Payment for conventional root canal treatment is limited to treatment of permanent teeth.

The standard of acceptability employed for endodontic procedures requires that the canal(s) be completely filled apically and laterally. In cases where the root canal filling does not meet DentaQuest's treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after any post payment review by the DentaQuest Consultants. A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment. Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g. Sargenti filling material) is not covered. Pulpotomies will be limited to primary teeth or permanent teeth with incomplete root development. The fee for root canal therapy for permanent teeth includes diagnosis, extirpation treatment, temporary fillings, filling and obturation of root canals, and progress radiographs. A completed fill radiograph is also included.

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

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	Yes	One of (D3430) per 1 Lifetime Per patient per tooth.	\$0.00
D3999	unspecified endodontic procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service.	\$0.00

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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	\$0.00
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	\$0.00
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	\$0.00
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	\$0.00
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	\$0.00
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	\$0.00
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	\$0.00
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	\$0.00
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.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
D4910	periodontal maintenance procedures	All Ages		No	Four of (D4910) per 12 Month(s) Per patient.	\$0.00
D4999	unspecified periodontal procedure, by report	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00

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Provision for removable prostheses when masticatory function is impaired, or when existing prostheses is unserviceable and when evidence is submitted that indicates that the masticatory insufficiencies are likely to impair the general health of the member.

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

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).

BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED ON THE CEMENTATION DATE.

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

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D5110	complete denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	\$0.00
D5120	complete denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
D5130	immediate denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	\$0.00
D5140	immediate denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
D5211	maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	\$0.00
D5212	mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	\$0.00

**Exhibit A Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Prosthodontics, removable

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No	Oneof(D5110, D5130, D5211, D5213, D5221,D5223, D5225, D5227,D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	\$0.00
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222,D5224, D5226, D5228,D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
D5221	immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	All Ages		No	Oneof(D5110, D5130, D5211, D5213, D5221,D5223, D5225, D5227,D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	\$0.00
D5222	immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222,D5224, D5226, D5228,D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	Oneof(D5110, D5130, D5211, D5213, D5221,D5223, D5225, D5227,D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	\$0.00
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222,D5224, D5226, D5228,D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
D5225	maxillary partial denture-flexible base	All Ages		No	Oneof(D5110, D5130, D5211, D5213, D5221,D5223, D5225, D5227,D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	\$0.00
D5226	mandibular partial denture-flexible base	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222,D5224, D5226, D5228,D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	All Ages		No	Oneof(D5110, D5130, D5211, D5213, D5221,D5223, D5225, D5227,D5863, D5864, D6110, D6112) per 60 Month(s) Per patient.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Prosthodontics, removable

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
D5410	adjust complete denture - maxillary	All Ages		No	Two of (D5410) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	\$0.00
D5411	adjust complete denture - mandibular	All Ages		No	Two of (D5411) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	\$0.00
D5421	adjust partial denture-maxillary	All Ages		No	Two of (D5421) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	\$0.00
D5422	adjust partial denture - mandibular	All Ages		No	Two of (D5422) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	\$0.00
D5511	repair broken complete denture base, mandibular	All Ages		No	One of (D5511) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	\$0.00
D5512	repair broken complete denture base, maxillary	All Ages		No	One of (D5512) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	\$0.00
D5520	replace missing or broken teeth - complete denture (each 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).	\$0.00
D5611	repair resin partial denture base, mandibular	All Ages		No	One of (D5611) per 12 Month(s) Per patient per arch.	\$0.00
D5612	repair resin partial denture base, maxillary	All Ages		No	One of (D5612) per 12 Month(s) Per patient per arch.	\$0.00
D5621	repair cast partial framework, mandibular	All Ages		No	One of (D5621) per 12 Month(s) Per patient per arch.	\$0.00
D5622	repair cast partial framework, maxillary	All Ages		No	One of (D5622) per 12 Month(s) Per patient per arch.	\$0.00
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.	\$0.00
D5640	replace broken teeth-per tooth	All Ages	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Prosthodontics, removable

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D5650	add tooth to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5650) per 12 Month(s) Per patient per tooth.	\$0.00
D5660	add clasp to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5660) per 12 Month(s) Per patient per tooth.	\$0.00
D5710	rebase complete maxillary denture	All Ages		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5711	rebase complete mandibular denture	All Ages		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5720	rebase maxillary partial denture	All Ages		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5721	rebase mandibular partial denture	All Ages		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
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).	\$0.00
D5730	reline complete maxillary denture (chairside)	All Ages		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5731	reline complete mandibular denture (chairside)	All Ages		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5740	reline maxillary partial denture (chairside)	All Ages		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5741	reline mandibular partial denture (chairside)	All Ages		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5750	reline complete maxillary denture (laboratory)	All Ages		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5751	reline complete mandibular denture (laboratory)	All Ages		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Prosthodontics, removable

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D5760	reline maxillary partial denture (laboratory)	All Ages		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
D5761	reline mandibular partial denture (laboratory)	All Ages		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	\$0.00
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 per arch. (After 6 months have elapsed since initial placement).	\$0.00
D5850	tissue conditioning, maxillary	All Ages		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	\$0.00
D5851	tissue conditioning, mandibular	All Ages		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	\$0.00
D5863	Overdenture - complete maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	\$0.00
D5864	Overdenture - partial maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	\$0.00
D5865	Overdenture - complete mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	\$0.00
D5866	Overdenture - partial mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	\$0.00
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.	\$0.00
D5899	unspecified removable prosthodontic procedure, by report	All Ages		Yes		\$0.00

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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	Copay(\$)
D5999	unspecified maxillofacial prosthesis, by report	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

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	Copay(\$)
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.	\$0.00
D6013	surgical placement of mini implant	All Ages	Teeth 1 - 32	Yes	One of (D6010, D6013) per 60 Month(s) Per patient per tooth.	\$0.00
D6056	prefabricated abutment	All Ages	Teeth 1 - 32	Yes	One of (D6056, D6057) per 60 Month(s) Per patient per tooth.	\$0.00
D6057	custom abutment	All Ages	Teeth 1 - 32	Yes	One of (D6056, D6057) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
D6065	implant supported porcelain/ceramiccrown	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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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, D6194, D6195) per60 Month(s)Per patient per tooth.	\$0.00
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, D6194, D6195) per60 Month(s)Per patient per tooth.	\$0.00
D6068	abutment supported retainer for porcelain/ceramic FPO	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, D6194, D6195) per60 Month(s)Per patient per tooth.	\$0.00
D6069	abutment supported retainer for porcelain fused to metal FPO(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, D6194, D6195) per60 Month(s)Per patient per tooth.	\$0.00
D6070	abutment supported retainer for porcelain fused to metal FPO (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, D6194, D6195) per60 Month(s)Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D6071	abutment supported retainer for porcelain fused to metal FPO (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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
D6072	abutment supported retainer for cast metal FPO(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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
D6073	abutment supported retainer for cast metal FPO (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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
D6074	abutment supported retainer for cast metal FPO (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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
D6075	implant supported retainer for ceramic FPO	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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D6076	Implant Supported Retainer for FPO-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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
D6077	Implant Supported Retainer for Metal FPO- 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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per60 Month(s) Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
D6090	repair implant 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.	\$0.00
D6091	replacement of attachment-implant/abutment prosthesis	All Ages		No	One of (D6091) per 12 Month(s) Per patient. Only after 6 months of initial placement.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
D6099	Implant supported retainer for FPO-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, D6194, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
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.	\$0.00
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.	\$0.00
D6110	Implant/abutment supported removable dentur for edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D6110, D6112) per 60 Month(s) Per patient.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D6110, D6112) per 60 Month(s) Per patient.	\$0.00
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D6111, D6113) per 60 Month(s) Per patient.	\$0.00
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, D6085, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per quadrant.	\$0.00
D6121	Implant supported retainer for metal FPO- 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, D6085, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per quadrant.	\$0.00
D6122	Implant supported retainer for metal FPO- 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, D6085, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 60 Month(s) Per patient per quadrant.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D6123	Implant supported retainer for metal FPO- 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,D6085, D6086,D6087, D6088, D6094,D6097, D6098,D6099, D6120, D6121,D6122, D6123, D6195) per 60 Month(s) Per patient per quadrant.	\$0.00
D6191	semi-precision abutment - placement	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,D6085, D6086,D6087, D6088, D6094,D6097, D6098,D6099, D6120, D6121,D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
D6192	semi-precision attachment - placement	All Ages	Teeth 1 - 32	Yes	Zero of (D6058, D6059, D6060, D6061, D6062,D6063, D6064, D6065,D6066, D6067,D6068, D6069, D6070,D6071, D6072,D6073, D6074, D6075,D6076, D6077,D6082, D6083, D6084,D6085, D6086,D6087, D6088, D6094,D6097, D6098,D6099, D6120, D6121,D6122, D6123, D6195) per 60 Month(s) Per patient per tooth.	\$0.00
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,D6085, D6086,D6087, D6088, D6094,D6097, D6098,D6099, D6120, D6121,D6122, D6123, D6195) per 60 Month(s) Per patient per quadrant.	\$0.00
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	Yes	One of (D6197) per 12 Month(s) Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Please remember, despite these plans mentioning HMOs, which is for the Medical program, the dental network portion utilizes the Medicare PPO Network. Annual Maximum for all covered benefits, except Diagnostic and Preventive. The annual maximum is based on the calendar year, January through December. Johns Hopkins Advantage MD D-SNP (HMO) annual maximum benefit will refresh on January 1. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest.

Fixed prosthetics will only be covered under special circumstances when no other acceptable less expensive dental service will adequately accomplish the treatment objectives.

Acid etch bonded bridges should be considered as less expensive alternate treatment if circumstances permit. Candidates for fixed prosthetics must have demonstrated very good to excellent oral hygiene and dental health awareness.

A fixed prosthetic will generally only be approved when it replaces a maximum of 2 missing anterior teeth or 1 posterior tooth. Exceptions can be made on a per case basis.

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

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

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D6205	pantie - 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.	\$0.00
D6210	pantie - 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.	\$0.00
D6211	pantie-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.	\$0.00
D6212	pantie - 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.	\$0.00
D6214	Pantie - 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.	\$0.00
D6240	pantie-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.	\$0.00

**Exhibit I Benefits Covered for
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
D6241	pantie-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)per60 Month(s) Per patient per tooth.	\$0.00
D6242	pantie-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)per60 Month(s) Per patient per tooth.	\$0.00
D6243	Pantie - 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)per60 Month(s) Per patient per tooth.	\$0.00
D6245	prosthodontics fixed, pantie - porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214,D6240, D6241, D6242,D6243, D6245,D6250, D6251, D6252)per60 Month(s) Per patient per tooth.	\$0.00
D6250	pantie-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)per60 Month(s) Per patient per tooth.	\$0.00
D6251	pantie-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)per60 Month(s) Per patient per tooth.	\$0.00
D6252	pantie-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)per60 Month(s) Per patient per tooth.	\$0.00
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.	\$0.00

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit I Benefits Covered for
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit I Benefits Covered for
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
D6780	crown-3/4 est 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, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	\$0.00
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.	\$0.00
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.	\$0.00
D6999	fixed prosthodontic procedure	All Ages	Teeth 1 - 32	Yes	Narrative of medical necessity and description of service	\$0.00

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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 or demonstrated malocclusion causing a shifting of existing dentition.

The incidental removal of a cyst or lesion attached to the root(s) of an extraction is considered part of the extraction or surgical fee and should not be billed as a separate procedure.

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

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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 - 3, 5, 12, 14 - 19, 30 - 32, 51 - 53, 55, 62, 64 - 69, 80-82	Yes	One of (D7210) per 1 Lifetime Per patient per tooth.	\$0.00
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 4, 6 - 11, 13, 20 - 29, 54, 56 - 61, 63, 70 - 79, 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.	\$0.00
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.	\$0.00
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.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
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.	\$0.00
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.	\$0.00
D7260	oroantral fistula closure	All Ages		No	Two of (D7260) per 1 Lifetime Per patient per arch.	\$0.00
D7261	primary closure of a sinus perforation	All Ages		No	Two of (D7261) per 1 Lifetime Per patient per arch.	\$0.00
D7284	excisional biopsy of minor salivary glands	All Ages		Yes		\$0.00
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	All Ages		No		\$0.00
D7286	incisional biopsy of oral tissue-soft	All Ages		No		\$0.00
D7310	alveoplasty 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.	\$0.00
D7311	alveoplasty 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.	\$0.00
D7320	alveoplasty 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.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
D7350	vestibuloplasty - ridge extension	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7350) per 1 Lifetime Per patient per arch.	\$0.00
D7410	radical excision - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00
D7411	excision of benign lesion greater than 1.25 cm	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00
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.	\$0.00
D7472	removal of torus palatinus	All Ages		Yes	One of (D7472) per 1 Lifetime Per patient. regardless of the provider.	\$0.00
D7473	removal of torus mandibularis	All Ages		Yes	Two of (D7473) per 1 Lifetime Per patient. regardless of the provider.	\$0.00
D7485	surgical reduction of osseous tuberosity	All Ages		Yes	Two of (D7485) per 1 Lifetime Per patient. regardless of the provider.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		\$0.00
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		\$0.00
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	All Ages	Teeth 1 - 32, A - T	No	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	\$0.00
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	All Ages	Teeth 1 - 32, A - T	No	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	\$0.00
D7961	buccal / labial frenectomy (frenulectomy)	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7961, D7963) per 1 Lifetime Per patient per arch.	\$0.00
D7962	lingual frenectomy (frenulectomy)	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7962) per 1 Lifetime Per patient per arch.	\$0.00
D7963	frenuloplasty	All Ages		No	One of (D7961, D7963) per 1 Lifetime Per patient per arch.	\$0.00
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.	\$0.00
D7971	excision of pericoronal gingiva	All Ages	Teeth 1 - 32	No	One of (D7971) per 1 Lifetime Per patient per tooth.	\$0.00
D7999	unspecified oral surgery procedure, by report	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00

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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	Copay(\$)
D9110	palliative treatment of dental pain - per visit	All Ages		No	Not allowed with anything other than D0140 and x-rays.	\$0.00
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		Yes	One of (D9222) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	\$0.00
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		Yes	Three of (D9223) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	\$0.00
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		Yes	One of (D9230) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day. Narrative, treatment record (including anesthesia records).	\$0.00
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		Yes	One of (D9239) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	\$0.00
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		Yes	Three of (D9243) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	\$0.00
D9248	non-intravenous moderate sedation	All Ages		Yes	One of (D9248) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	\$0.00
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.	\$0.00

**Exhibit I Benefits Covered for
Johns Hopkins Advantage MD Select HMO**

Adjunctive General Services

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Copay(\$)
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.	\$0.00
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.	\$0.00
D9910	application of desensitizing medicament	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	\$0.00
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.	\$0.00
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	\$0.00
D9951	occlusal adjustment - limited	All Ages		Yes	One of (D9951) per 12 Month(s) Per patient. Narrative of medical necessity and description of service	\$0.00
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	\$0.00
D9995	teledentistry - synchronous; real-time encounter	All Ages		No	One of (D9995, D9996) per 1 Day(s) Per Provider OR Location. D9995 or D9996 must be billed with exam code. Cannot be billed as standalone code.	\$0.00
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. D9995 or D9996 must be billed with exam code. Cannot be billed as standalone code.	\$0.00
D9999	unspecified adjunctive procedure, by report	All Ages		Yes	Narrative of medical necessity and description of service	\$0.00