DentaQuest, LLC
Virginia Medicare Programs

2026

Office Reference Manual

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

VA Aetna Medicare Better Health (HMO D-SNP) and Virginia Sentara Health Plan

11100 W Liberty Dr.
Milwaukee, WI 53224
844-822-8109
www.dentaquest.com

DentaQuest, LLC
Address and Telephone Numbers

Provider Services:
PO Box 2906
Milwaukee, WI 53201-2906
844-822-8109

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**

DentaQuest Fraud Hotline:
- **800- 237-9139**

General TTY Number (Hearing Impaired):
- **800- 466-7566**
- **TTY #711**

Member Services:
- **Aetna Better Health: 800-516-2551**
- **Virginia Sentara: 800-927-6048**

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.dentaquest.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

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**.

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 listed as a covered service in the member's plan handbook (EOC) or not pre-approved by DentaQuest, the participating Provider should notify the Member in writing and obtain a signature of waiver if the Provider intends to charge the Member for 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.

Use of Your Information

You authorize DentaQuest, its affiliates, and its Plans to include your name and practice information in provider directories, in marketing, administrative and other materials, and for legal and regulatory purposes. DentaQuest and Plans may be obligated to include your name and practice information in their provider directories if required by applicable law. Additionally, your information (which may include sensitive personal information) may be used by DentaQuest, its affiliates, and Plans (as applicable) for the purposes described in your Provider Services Agreement or this ORM, including but not limited to credentialing, recredentialing, and claims adjudication. DentaQuest and its affiliates may also disclose your information to third parties, including brokers and service providers, that help us conduct our business, including the provision of services, or as allowed by law. If we disclose your personal information to third parties, we require them to protect the privacy and security of your information.

Office Reference Manual
Table of Contents

1.00 Patient Eligibility Verification Procedures

1.01 Plan Eligibility

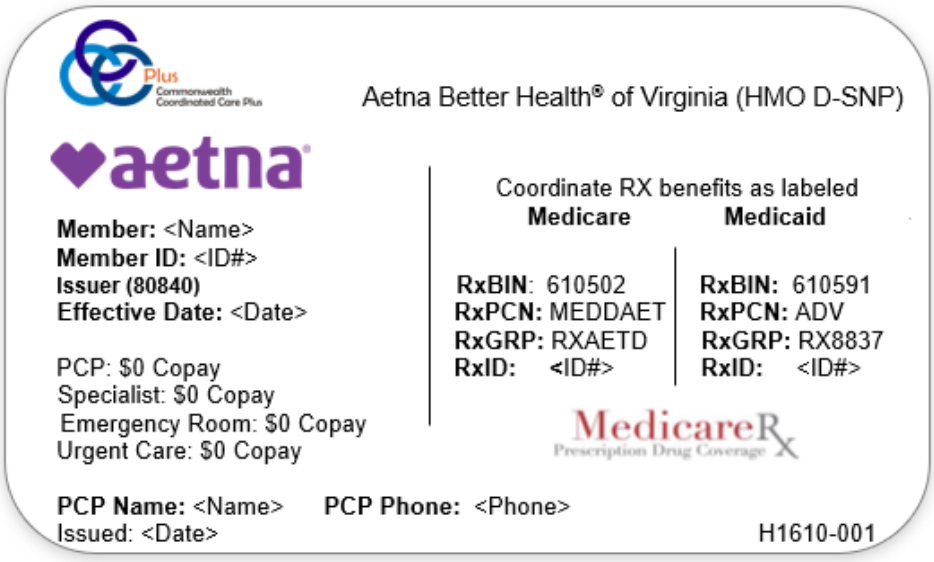
Any person who is enrolled in a Plan's program is eligible for benefits under the Plan certificate.

1.02 Member Identification Card

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 Aetna Medicare Better Health (HMO D-SNP) I.D. Card:



Sample of the Virginia Sentara Medicare I.D. Cards:

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

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 Entity TIN Number and State. If you have not received instructions on how to complete Provider Self Registration contact DentaQuest's Provider Services Department at 1-844-822-8109. 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 1-844-822-8109. 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 Member by entering your NPI Number, Tax

Identification Number and the Member's recipient 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 Provider Services Department at 1-844-822-8109.
2. After the greeting, stay on the line for English or press 1 for Spanish.
3. When prompted, enter or say your NPI (National Provider Identification 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
- 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 1-844-822-8109. 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 section.

Provider may bill a Member for non-covered services if:

- The services being rendered are clearly excluded from plan coverage in the Plan Member Handbook/Evidence of Coverage

OR

- A denial of coverage letter (IDN) has been received from DentaQuest for those services

AND, IF APPLICABLE

- The service is not covered under the Member's state Medicaid coverage.

Once non-coverage is established through one of the avenues above, Providers may choose to obtain a written waiver from the member. Please note that waivers are not recognized in Medicare regulations to provide any guarantee of Member Responsibility.

*See Page 49 for a sample form

3.00 Electronic Attachments

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

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

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

800.782.5150

4.00 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 844-822-8109. (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 65 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 844-822-8109. 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.

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 1 (877) 468-5581. 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, EDI Health Group (DentalXChange) 1-877-932-2567, Secure EDI (now InMediata) 1-877-466-9656 and Claim Remedi 1-800-763-8484, 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.

    - Via Fax – (262) 241-4077 **or**

    - Via Mail –
      DentaQuest
      Attn: Provider Enrollment & Credentialing
      PO Box 2906
      Milwaukee, WI 53201-2906

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

Providers enrolled in the Direct Deposit process must notify DentaQuest of any changes to bank accounts such as: changes in routing or account numbers, or a switch to a different bank. All changes must be submitted via the Direct Deposit Authorization Form. Changes to bank accounts or banking information typically take 2 -3 weeks. DentaQuest is not responsible for delays in funding if Providers do not properly notify DentaQuest in writing of any banking changes.

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

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

5.11 EMERGENCY Treatments and Authorizations

If a patient presents with an emergency condition that requires immediate treatment or intervention, you should always take necessary clinical steps to mitigate pain, swelling, or other symptoms that might put the members overall health at risk and completely document your findings. After treatment, please complete the appropriate authorization request, and enter EMERGENCY/ URGENT in box 35, and the appropriate narrative or descriptor of the patient's conditions, including all supporting documentation.

Please FAX this to 262-241-7150.

DentaQuest will process emergency authorization requests as high priority. After you

receive the authorization number, then and only then should you submit the claim. Our system will link the authorization number and the claim, and payment should be processed.

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 1-844-822-8109 or via e-mail at denelig.benefits@DentaQuest.com

7.00 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. Providers should respond to requests for information in a timely manner.

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. Providers should respond to requests for information in a timely manner.

D.

E. 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.

7.01 Aetna Medicare Better Health Member Inquiries, Complaints, Grievances and Appeals Process

DentaQuest has established a procedure to investigate and resolve Inquiries, 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 Aetna Medicare Better Health of Virginia at 855-463-0933.

Note: Copies of DentaQuest policies and procedures can be requested by contacting DentaQuest Member Services at 800-516-2551 (Policies 200.010, 200.011, 200.013, 200.017C, 200.019) or via e-mail at denclaims@dentaquest.com.

7.02 Virginia Sentara Medicare Member Inquiries, Complaints, Grievances and Appeals Process

DentaQuest has established a procedure to investigate and resolve Inquiries, 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 DentaQuest at 888-696-9549.

Note: Copies of DentaQuest policies and procedures can be requested by contacting DentaQuest Member Services at **800-927-6048** (Policies 200.010, 200.011, 200.013, 200.017C, 200.019) or via e-mail at denclaims@dentaquest.com .

7.03 Virginia Medicare Member Inquiries, Complaints, Grievances and Appeals Process

DentaQuest has established a procedure to investigate and resolve Inquiries, 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:

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

Note: Copies of DentaQuest policies and procedures can be requested by contacting DentaQuest Customer Service at 800-462-0167 (Policies 200.010, 200.011, 200.013, 200.017C, 200.019) or via e-mail at denclaims@dentaquest.com

8.00 Utilization Management Program (Policies 500 series)

8.01 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.

8.02 Community Practice Patterns

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

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

8.03 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
- Treatment cost effectiveness

8.04 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.

8.05 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/

9.00 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 re-credentialing
- Member satisfaction surveys
- Provider satisfaction survey
- 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 1-844-822-8109 or via e-mail at: denelig.benefits@DentaQuest.com

10.00 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 recredentialed at least every 36 months.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Provider Services Department at 1-844-822-8109 or via e-mail at denelig.benefits@DentaQuest.com.

11.00 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. 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.
b. Type and dosage of anesthetics and medications given or prescribed.
c. Localization of procedure/observation. (tooth #, quadrant etc.)
d. 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.

12.00 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 Medicaid patients sometimes fail to show up for appointments. DentaQuest offers the following suggestions to decrease the "no show" rate.

- Contact the Member by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.
- If the appointment is made through a government supported screening program, contact staff from these programs to ensure that scheduled appointments are kept.

B. Office Compliance Verification Procedures

- In conjunction with its office claim audits described in section 4, DentaQuest will measure compliance with the requirement to maintain a patient recall system.
- DentaQuest Dentists are expected to meet minimum standards with regards to appointment availability.
- 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 6 weeks.

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

13.00 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.

13.01 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.***

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.

<table>
<tr><th rowspan="2">Type of Encounter</th><th colspan="5">Patient Age and Dental Developmental Stage</th></tr>
<tr><th>Child with Primary Dentition (prior to eruption of first permanent tooth)</th><th>Child with Transitional Dentition (after eruption of first permanent tooth)</th><th>Adolescent with Permanent Dentition (prior to eruption of third molars)</th><th>Adult, Dentate or Partially Edentulous</th><th>Adult, Edentulous</th></tr>
<tr><td>New patient* Being evaluated for dental diseases and dental development</td><td>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.</td><td>Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.</td><td colspan="2">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.</td><td>Individualized radiographic exam, based on clinical signs and symptoms.</td></tr>
<tr><td>Recall patient* with clinical caries or at increased risk for caries**</td><td colspan="3">Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe</td><td>Posterior bitewing exam at 6-18 month intervals</td><td>Not applicable</td></tr>
<tr><td>Recall patient* with no clinical caries or at increased risk for caries**</td><td colspan="2">Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe</td><td>Posterior bitewing exam at 18-36 month intervals</td><td>Posterior bitewing exam at 24-36 month intervals</td><td>Not applicable</td></tr>
<tr><td>Recall patient* with periodontal disease</td><td colspan="4">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.</td><td>Not applicable</td></tr>
<tr><td>Patient for monitoring of growth and development</td><td colspan="2">Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development</td><td>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</td><td colspan="2">Usually not indicated</td></tr>
<tr><td>Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/ endodontic needs, treated periodontal disease and caries remineralization</td><td colspan="5">Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.</td></tr>
</table>

***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

14.00 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.

14.01 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.

14.02 Criteria for Cast Crowns

Documentation needed for review of procedure:

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

Criteria

- In general, criteria for crowns will be met only for permanent teeth needing multi-surface restorations where other restorative materials **have** a poor prognosis.

- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and should involve four or more surfaces and two or more cusps.

- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma, and should involve three or more surfaces and at least one cusp.

- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and must involve four or more surfaces and at least 50% of the incisal edge.

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

- Request should include a dated post-endodontic radiograph.

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

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

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

- The patient must be free from active and advanced periodontal disease.

- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.

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

Approval for Crowns will not meet criteria if:

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

14.03 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/obturated. Filling material does not extend excessively beyond the apex.

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

Approval for Root Canal therapy will not meet criteria if:

- Gross periapical or periodontal pathosis is demonstrated radiographically (caries subcrestal or to the furcation, deeming the tooth non-restorable).

- The general oral condition does not justify root canal therapy due to loss of arch integrity.

- Root canal therapy is for third molars, unless they are an abutment for a partial denture.

- Tooth does not demonstrate 50% bone support.

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

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

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.

14.04 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 impages 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 f 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.

14.05 Criteria for Review of Operating Room (OR) Cases

All Operating Room (OR) Cases MUST be reviewed.

Provider must submit the following documents for review via fax to DentaQuest's Short Procedure Unit (SPU) at (262) 834-3575 or via mail to DentaQuest - (or DentaQuest SPU Dept.) PO Box 2906; Milwaukee, WI 53201-2906 for review of OR cases:

- Copy of the patient's dental record including health history, charting of the teeth and existing oral conditions.
- Diagnostic radiographs or caries-detecting intra-oral photographs†.
- Copy of treatment plan. A completed ADA claim form submitted for 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, resent 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.

14.06 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.

14.07 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.

14.08 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.

14.09 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.

14.10 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.

15.00 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 844-822-8109 or via e-mail at: mailto:denelig.benefits@DentaQuestusa.com.

16.00 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) "DMAS" means the Department of Medical Assistance Services.*

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

- an employer, directly or on behalf of the State of Virginia, 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 Virginia.

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

H. "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.

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

J. "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.

K. "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:

- Authorization for Dental Treatment
- Initial Clinical Exam
- Dental Claim Form
- Instructions for Dental Claim Form
- Medical and Dental History
- Recall Examination Form
- Request for Transfer of Records
- Acknowledgment of Disclosure & Acceptance of Member Financial Responsibility
- Consent Form

If you do not have internet access, to have a copy mailed, you may also contact DentaQuest Provider Services at 844-822-8109.

Samples of these forms may be found below.

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

Member Name: _____

Member ID: _____

Treating Provider Name: _____

Service Location Name and Address: _____

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

Non-Covered Services

Code	Cost	Description	Reason service is not covered

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

_____ _____
Member Signature Date

_____ _____
Witness 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.

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/adminsim

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)

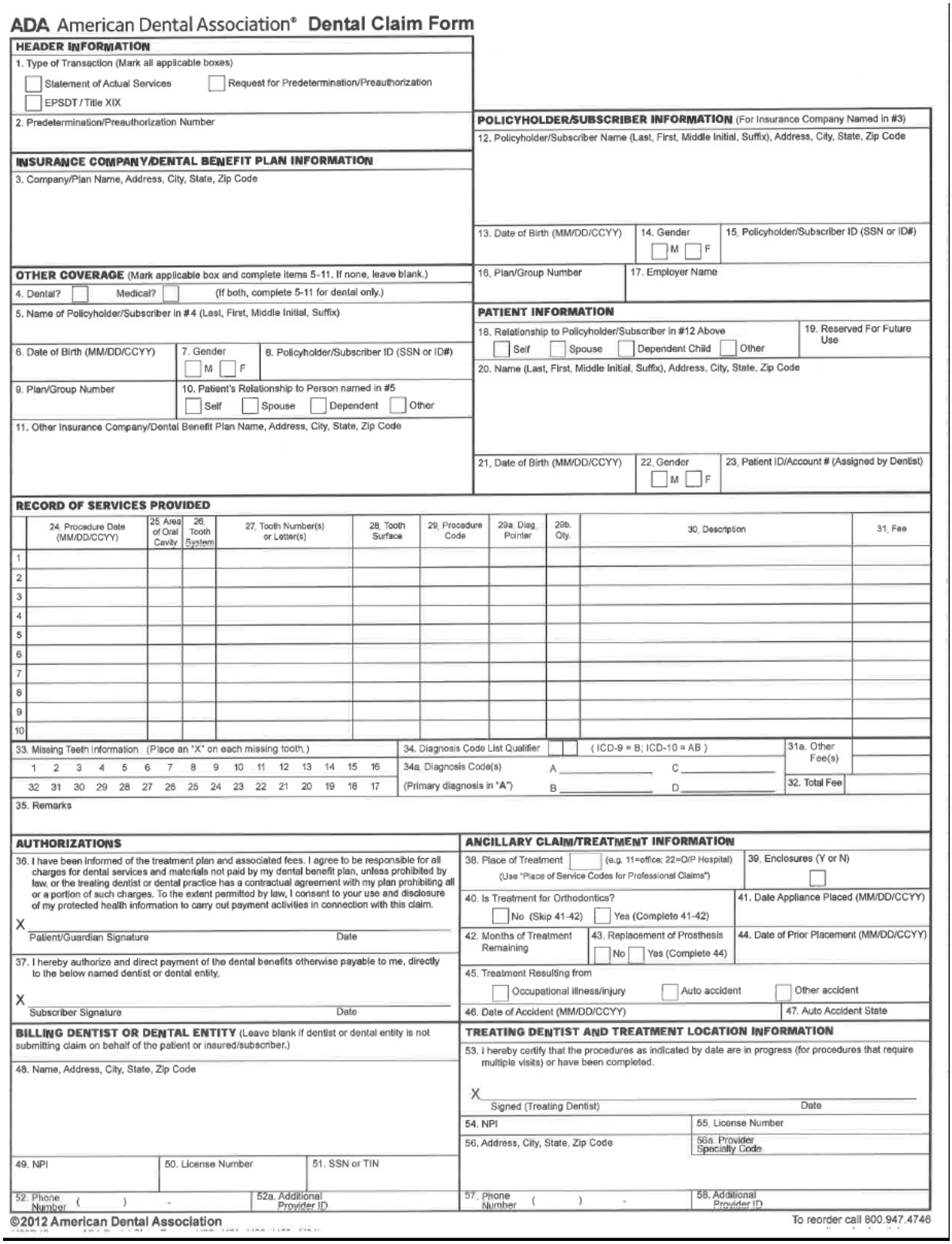
- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admnsimp

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



ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

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

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

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

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

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
6. Date of Birth (MM/DD/CCYY)
7. Gender ☐ M ☐ F
8. Policyholder/Subscriber ID (SSN or ID#)
9. Plan/Group Number
10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
13. Date of Birth (MM/DD/CCYY)
14. Gender ☐ M ☐ F
15. Policyholder/Subscriber ID (SSN or ID#)
16. Plan/Group Number
17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other
19. Reserved For Future Use
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
21. Date of Birth (MM/DD/CCYY)
22. Gender ☐ M ☐ F
23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

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

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier ☐☐ (ICD-9 = B; ICD-10 = AB)

34a. Diagnosis Code(s) (Primary diagnosis in "A") A ____ B ____ C ____ D ____

31a. Other Fee(s)

32. Total Fee

35. Remarks

AUTHORIZATIONS

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

X _____
Patient/Guardian Signature Date

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

X _____
Subscriber Signature Date

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

48. Name, Address, City, State, Zip Code
49. NPI
50. License Number
51. SSN or TIN
52. Phone Number ( ) -
52a. Additional Provider ID

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")
39. Enclosures (Y or N) ☐
40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42)
41. Date Appliance Placed (MM/DD/CCYY)
42. Months of Treatment Remaining
43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44)
44. Date of Prior Placement (MM/DD/CCYY)
45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident
46. Date of Accident (MM/DD/CCYY)
47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

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

X _____
Signed (Treating Dentist) Date

54. NPI
55. License Number
56. Address, City, State, Zip Code
56a. Provider Specialty Code
57. Phone Number ( ) -
58. Additional Provider ID

To reorder call 800.947.4746

ADA

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-2007/2008*. 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 Indentifier): 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/npi**

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.

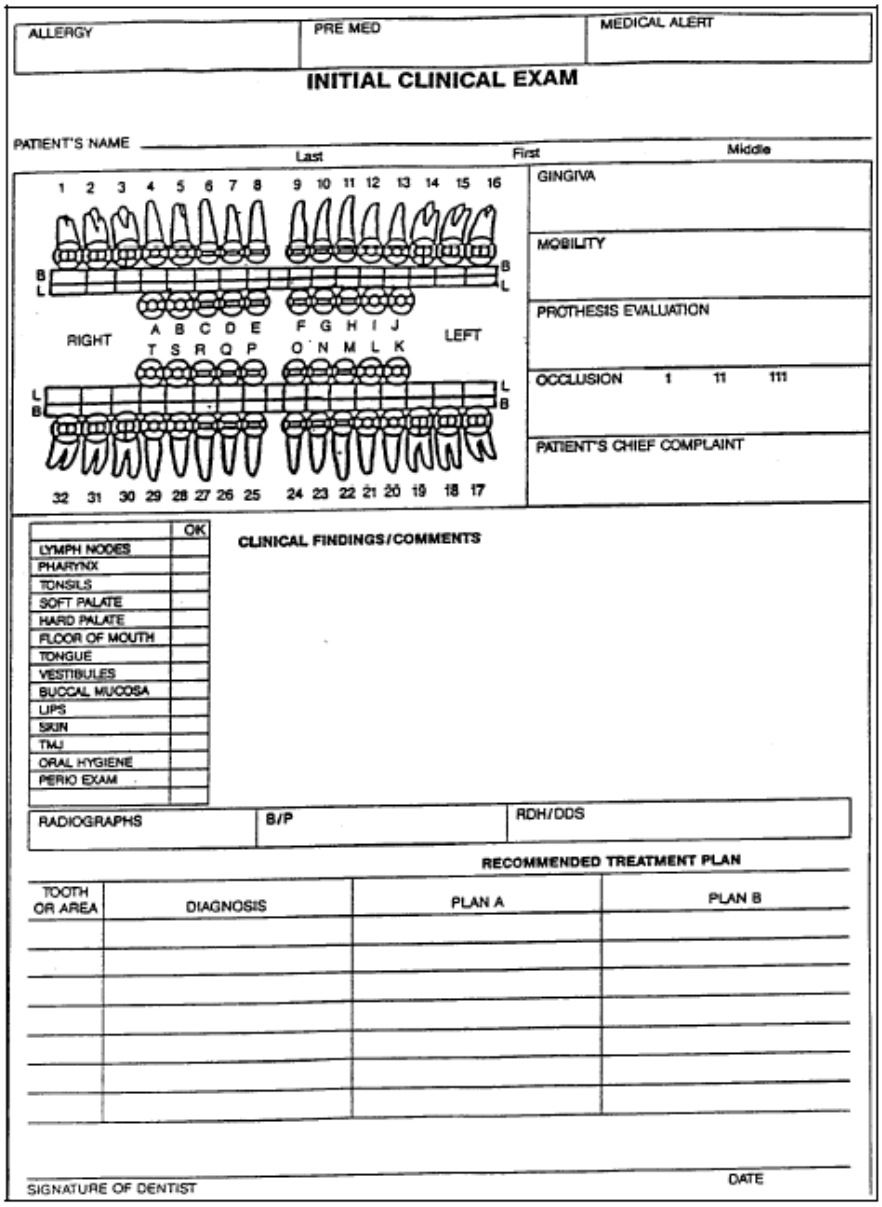
PROVIDER SPECIALTY CODES

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.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

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



ALLERGY | PRE MED | MEDICAL ALERT

INITIAL CLINICAL EXAM

PATIENT'S NAME _____ Last First Middle

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

B L B L

A B C D E F G H I J

RIGHT T S R Q P O N M L K LEFT

L B L B

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

GINGIVA

MOBILITY

PROTHESIS EVALUATION

OCCLUSION I II III

PATIENT'S CHIEF COMPLAINT

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

CLINICAL FINDINGS/COMMENTS

RADIOGRAPHS | B/P | RDH/DDS

RECOMMENDED TREATMENT PLAN

TOOTH OR AREA	DIAGNOSIS	PLAN A	PLAN B

SIGNATURE OF DENTIST DATE

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

RECALL EXAMINATION

PATIENT'S NAME _____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY_____

	OK		OK	
LYMPH NODES		TMJ		CLINICAL FINDINGS/COMMENTS
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
SERVICE																
TOOTH	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
SERVICE																

COMMENTS:_____
_____
_____

RECALL EXAMINATION

PATIENT'S NAME_____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY_____

	OK		OK	
LYMPH NODES		TMJ		CLINICAL FINDINGS/COMMENTS
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
SERVICE																
TOOTH	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
SERVICE																

COMMENTS:_____
_____
_____

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

Authorization for Dental Treatment

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

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

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

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

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

Procedure(s): _____

Tooth Number(s): _____

Date: _____

Dentist: _____

Patient Name: _____

Legal Guardian/
Patient Signature: _____

Witness: _____

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

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 of 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.

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

If yes, please list: _____

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

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

For Women Only:

Are you pregnant? ____Yes ____No

If yes, what month?_____

Are you nursing? ____Yes ____No

Are you taking birth control pills? ____Yes ____No

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

Patient Signature: _____ Date: _____

Dentist’s Signature: _____ Date: _____

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

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

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: _____

Sample Provider Update Form

DentaQuest

Provider Update Form - Provider Operations

You may send this form by e-mail to Standardupdates@dentaquest.com or by fax to 262-241-4077

Section 1: Current Information - ***Complete for ALL Requests*** - ***Asterisk denotes required fields***

Change Effective Date ***(Required)*** **:**

*Provider Last Name | *Provider First Name

*Individual National Provider Identifier (NPI) #

Date of Birth | Social Security # | Gender

*Specialty | *Personal E-Mail

Requestor Information

*Requestor Name | *Title

*Requestor Contact Information *(Phone or E-mail)*

Section 2: Type of Update - Check all that Apply - ***Complete for ALL Requests*** - **For Questions contact your Provider Engagement Representative or Customer Service**

- ☐ Business (Tax ID) - Add/ Term/ Update - **Complete Sections 1, 7 and 8**
- ☐ Credentialing Correspondence Change/Update - **Complete Sections 1 and 5**
- ☐ EFT/ Payment - **Complete Sections 1 and 8**
- ☐ License Change - **Complete Sections 1 and 4**
- ☐ Name Change - **Complete Sections 1 and 3**
- ☐ Location - Add/ Term/ Update - **Complete Sections 1 and 6**
- ☐ Termination Request - **Complete Sections 1 and 9**

Section 3: Name Change - ***Attach supporting legal documentation***

New Last Name | New First Name

New Middle Name | New Suffix

Please Note: Before DentaQuest can change your name in our system, your license must reflect the name change.

Section 4: License Change

New Dental License Number | State

New DEA License Number | State

New State Drug License Number | State

New Medicaid License Number | State

Other License Name

Other License Number | State

Section 5: Credentialing Correspondence Change

Credentialing Contact Name

Correspondence Address

City | State | Zip Code

Telephone | Fax

Credentialing E-Mail

Provider Update Form - Provider Operations

Section 6: Location Add/ Term/ Update - In order to link this provider/location to an existing contract, include documentation for Adds and Changes that include the below information on Company Letterhead.

☐ Add ☐ Term ☐ Update

Tax ID Number | Medicaid ID (if applicable)

Location Name

Location Address

City | State | Zip Code

Is this location a Mobile Dental Unit? ☐ Yes ☐ No

Telephone | Fax

Can this fax number accept PHI? ☐ Yes ☐ No

Office E-Mail

Office Hours Monday - | Tuesday -

Wednesday - | Thursday -

Friday - | Saturday -

Sunday - | Ages Minimum | Ages Maximum

☐ Primary Location ☐ Handicapped Accessible

Office Languages

Section 7: Business - (Tax ID) Add/ Term/ Update - *Updated Contract, W9 and Disclosure of Ownership required for all Adds and Updates - W9 and Disclosure of Ownership Attached*

☐ Add ☐ Term ☐ Update

Old/ Current Tax ID Number | New Tax ID Number

Business Name

Business Address

City | State | Zip Code

Telephone | Fax

Office E-Mail

Group NPI

Please Note: DentaQuest requires a Group NPI for all business types except Sole Proprietors.

Will you have any outstanding claims to submit under the old/current Tax ID Number?
If yes, please provide a date of when all claims will be submitted by: _____ ☐ Yes ☐ No

Section 8: EFT/ Payment

Tax ID Number

Payment Address

City | State | Zip Code

☐ Add EFT ☐ Cancel EFT ☐ Change EFT

Please Note: The DentaQuest EFT Form will need to be completed for any Adds or Updates. This includes a copy of a voided check or a bank letter (attached)

Provider Update Form - Provider Operations

Section 9: Termination Request

☐ Term Provider at Location Listed Below — Tax ID Number

Please attach document with any additional locations to be termed.

☐ Term Provider at ALL Locations - ALL Networks

Please attach term letter, note or document from the provider that includes all locations to be termed as applicable.

☐ Term Business — Tax ID Number

Please attach a list of providers and locations that need to be terminated.

Term Reason/ Comments

Location Name

Location Address

City State Zip Code

Section 10: Type of Update - Check all that Apply - *Complete for ALL Requests - Internal Use ONLY*

- ☐ Product(s) Add/ Update/ Term- **Complete Sections 1, 10 and Notes**
- ☐ Claims Issue(s) - **Complete Sections 1, 10 and Notes**
- ☐ Dental Home - **Complete Sections 1, 10 and Notes**
- ☐ Fee Schedule Add - **Complete Sections 1, 10 and Notes**
- ☐ Fee Schedule Change - **Complete Sections 1, 10 and Notes**
- ☐ Provider Rule Add - **Complete Sections 1, 10 and Notes**
- ☐ Provider Rule Change - **Complete Sections 1, 10 and Notes**

Notes

Provider Update Form - Provider Operations

Additional Location Add/ Term/ Update - In order to link this provider/location to an existing contract, include documentation for Adds and Changes that include the below information on Company Letterhead.

☐ Add ☐ Term ☐ Update

Tax ID Number | Medicaid ID (if applicable)

Location Name

Location Address

City | State | Zip Code

Is this location a Mobile Dental Unit? ☐ Yes ☐ No

Telephone | Fax

Can this fax number accept PHI? ☐ Yes ☐ No

Office E-Mail

Office Hours: Monday - | Tuesday -

Wednesday - | Thursday -

Friday - | Saturday -

Sunday - | Ages Minimum | Ages Maximum

☐ Primary Location ☐ Handicapped Accessible

Office Languages

APPENDIX B

Member's Covered Benefits (See Exhibit)

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

1-844-822-8109

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.

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 table (Exhibit) is 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. PREPAYMENT 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
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE) members have a $3000 annual maximum which applies to ALL covered benefits. The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the $3000 annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the $3000 annual maximum. The Member must be eligible on the date of service.
Diagnostic services include 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 radiographs is limited to those films required for proper treatment and/or diagnosis.

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

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0160	detailed and extensive oral evaluation – problem focused, by report	All Ages		No		
D0171	re-evaluation – post-operative office visit	All Ages		No		
D0180	comprehensive periodontal evaluation – new or established patient	All Ages		No	Two of (D0140, D0180) per 1 Calendar year(s) Per patient per tooth.	
D0190	screening of a patient	All Ages		No		
D0191	Assessment of a patient	All Ages		No		
D0273	bitewings - three radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Calendar year(s) Per patient.	
D0277	vertical bitewings - 7 to 8 radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Calendar year(s) Per patient.	
D0310	sialography	All Ages		No		
D0320	temporomandibular joint arthrogram, including injection	All Ages		No		
D0321	other temporomandibular joint radiographic images, by report	All Ages		No		
D0322	tomographic survey	All Ages		No		
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	21 and older		No		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	All Ages		No		

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw	All Ages		No		
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible	All Ages		No		
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium	All Ages		No		
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	All Ages		No		
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	All Ages		No		
D0369	Maxillofacial MRI capture and interpretation	All Ages		No		
D0370	Maxillofacial ultrasound capture and interpretation	All Ages		No		
D0371	Sialoendoscopy capture and interpretation	All Ages		No		
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	All Ages		No		
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	All Ages		No		
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	All Ages		No		
D0383	cone beam CT image capture with field of view of both jaws; with or without cranium	All Ages		No		
D0384	Cone beam CT image capture for TMJ series including two or more exposures	All Ages		No		
D0385	Maxillofacial MRI image capture	All Ages		No		

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0386	Maxillofacial ultrasound image capture	All Ages		No		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	All Ages		No		
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	All Ages		No		
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	All Ages		No		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	All Ages		No		
D0393	Virtual treatment simulation using 3D image volume or surface scan	All Ages		No		
D0394	Digital subtraction of two or more images or image volumes of the same modality	All Ages		No		
D0395	Fusion of two or more 3D image volumes of one or more modalities	All Ages		No		
D0396	3D printing of a 3D dental surface scan	All Ages		No		
D0411	HbA1c in-office point of service testing	All Ages		No		
D0412	blood glucose level test – in-office using a glucose meter	All Ages		No		
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	All Ages		No		
D0415	collection of microorganisms for culture and sensitivity	All Ages		No		
D0416	viral culture	All Ages		No		

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0417	collection and preparation of saliva sample for laboratory analysis	All Ages		No		
D0418	analysis of saliva sample – laboratory	All Ages		No		
D0419	Assessment of salivary flow by measurement	All Ages		No		
D0422	collection and preparation of genetic sample material for laboratory analysis and report	All Ages		No		
D0423	genetic test for susceptibility to diseases – specimen analysis	All Ages		No		
D0425	caries susceptibility tests	All Ages		No		
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	All Ages		No		
D0460	pulp vitality tests	All Ages		No		
D0470	diagnostic casts	21 and older		No		
D0472	accession of tissue, gross examination, preparation and transmission of written report	All Ages		No		
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	All Ages		No		
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	All Ages		No		
D0475	decalcification procedure	All Ages		No		
D0476	special stains for microorganisms	All Ages		No		
D0477	special stains, not for microorganisms	All Ages		No		

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0478	immunohistochemical stains	All Ages		No		
D0479	tissue in-situ hybridization, including interpretation	All Ages		No		
D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	All Ages		No		
D0481	electron microscopy	All Ages		No		
D0482	direct immunofluorescence	All Ages		No		
D0483	indirect immunofluorescence	All Ages		No		
D0484	consultation on slides prepared elsewhere	All Ages		No		
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	All Ages		No		
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	All Ages		No		
D0502	other oral pathology procedures, by report	All Ages		No		
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	All Ages		No		
D0601	Caries risk assessment and documentation, with a finding of low risk	All Ages		No		
D0602	Caries risk assessment and documentation, with a finding of moderate risk	All Ages		No		
D0603	Caries risk assessment and documentation, with a finding of high risk	All Ages		No		

Exhibit A Benefits Covered for
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0604	antigen testing for a public health related pathogen, including coronavirus	All Ages		No		
D0605	antibody testing for a public health related pathogen, including coronavirus	All Ages		No		
D0701	panoramic radiographic image – image capture only	All Ages		No		
D0702	2-D cephalometric radiographic image – image capture only	All Ages		No		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	All Ages		No		
D0705	extra-oral posterior dental radiographic image – image capture only	All Ages		No		
D0706	intraoral – occlusal radiographic image – image capture only	All Ages		No		
D0707	intraoral – periapical radiographic image – image capture only	All Ages		No		
D0708	intraoral – bitewing radiographic image – image capture only	All Ages		No		
D0709	intraoral – comprehensive series of radiographic images – image capture only	All Ages		No		
D0801	3D intraoral surface scan – direct	All Ages		No		
D0802	3D dental surface scan – indirect	All Ages		No		
D0803	3D facial surface scan – direct	All Ages		No		
D0804	3D facial surface scan – indirect	All Ages		No		

Exhibit A Benefits Covered for
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE) members have a $3000 annual maximum which applies to ALL covered benefits. The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the $3000 annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the $3000 annual maximum. The Member must be eligible on the date of service.

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Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1301	immunization counseling	All Ages		No		
D1310	nutritional counseling for control of dental disease	All Ages	Per Arch (01, 02, LA, UA)	No		
D1320	tobacco counseling for the control and prevention of oral disease	All Ages		No		
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	All Ages		No		
D1330	oral hygiene instructions	All Ages	Per Arch (01, 02, LA, UA)	No		
D1352	Preventive resin restoration is a mod. to high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit or fissure that doesn't extend into dentin: includes placmt of a sealant in radiating non-carious fissure or pits.	0-20	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		
D1353	sealant repair – per tooth	0-20	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		
D1354	application of caries arresting medicament – per tooth	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		
D1355	caries preventive medicament application – per tooth	0-20	Teeth 1 - 32, A - T	No		

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Reimbursement includes local anesthesia.
Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least 5 years unless otherwise stated below.
Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases, direct and indirect pulp caps, curing, and polishing are included as part of the fee for the restoration.
Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed prosthetics should be based on the cementation date.

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

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2410	gold foil - one surface	All Ages	Teeth 1 - 32	No	One of (D2410) per 5 Year(s) Per patient per tooth.	
D2420	gold foil - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2420) per 5 Year(s) Per patient per tooth.	
D2430	gold foil - three surfaces	All Ages	Teeth 1 - 32	No	One of (D2430) per 5 Year(s) Per patient per tooth.	
D2510	inlay - metallic - one surface	All Ages	Teeth 1 - 32	No	One of (D2510) per 5 Year(s) Per patient per tooth.	
D2520	inlay - metallic - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2520) per 5 Year(s) Per patient per tooth.	
D2530	inlay - metallic - three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D2530) per 5 Year(s) Per patient per tooth.	
D2542	onlay - metallic - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2542) per 5 Year(s) Per patient per tooth.	
D2543	onlay - metallic - three surfaces	All Ages	Teeth 1 - 32	No	One of (D2543) per 5 Year(s) Per patient per tooth.	
D2544	onlay - metallic - four or more surfaces	All Ages	Teeth 1 - 32	No	One of (D2544) per 5 Year(s) Per patient per tooth.	
D2610	inlay - porcelain/ceramic - one surface	All Ages	Teeth 1 - 32	No	One of (D2610) per 5 Year(s) Per patient per tooth.	
D2620	inlay - porcelain/ceramic - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2620) per 5 Year(s) Per patient per tooth.	
D2630	inlay - porcelain/ceramic - three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D2630) per 5 Year(s) Per patient per tooth.	

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2642	onlay - porcelain/ceramic - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2642) per 5 Year(s) Per patient per tooth.	
D2643	onlay - porcelain/ceramic - three surfaces	All Ages	Teeth 1 - 32	No	One of (D2643) per 5 Year(s) Per patient per tooth.	
D2644	onlay - porcelain/ceramic - four or more surfaces	21 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2650	inlay - resin-based composite - one surface	All Ages	Teeth 1 - 32	No	One of (D2650) per 5 Year(s) Per patient per tooth.	
D2651	inlay - resin-based composite - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2651) per 5 Year(s) Per patient per tooth.	
D2652	inlay - resin-based composite - three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D2652) per 5 Year(s) Per patient per tooth.	
D2662	onlay - resin-based composite - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2662) per 5 Year(s) Per patient per tooth.	
D2663	onlay - resin-based composite - three surfaces	All Ages	Teeth 1 - 32	No	One of (D2663) per 5 Year(s) Per patient per tooth.	
D2664	onlay - resin-based composite - four or more surfaces	All Ages	Teeth 1 - 32	No	One of (D2664) per 5 Year(s) Per patient per tooth.	
D2710	crown - resin-based composite (indirect)	21 and older	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2712	crown - ¾ resin-based composite (indirect)	All Ages	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2720	crown - resin with high noble metal	21 and older	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2721	crown - resin with predominantly base metal	21 and older	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	

Exhibit A Benefits Covered for
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2722	crown - resin with noble metal	21 and older	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2753	crown - porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2780	crown - 3/4 cast high noble metal	0-20	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2781	crown - 3/4 cast predominantly base metal	0-20	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2782	crown - 3/4 cast noble metal	0-20	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2783	crown - 3/4 porcelain/ceramic	0-20	Teeth 1 - 32	No	One of (D2710, D2712, D2720, D2721, D2722, D2753, D2780, D2781, D2782, D2783) per 5 Year(s) Per patient per tooth.	
D2799	interim crown – further treatment or completion of diagnosis necessary prior to final impression	All Ages	Teeth 1 - 32	No		
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No	One of (D2910, D2915) per 1 Calendar year(s) Per patient per tooth.	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	21 and older	Teeth 1 - 32	No	One of (D2910, D2915) per 1 Calendar year(s) Per patient per tooth.	
D2921	Reattachment of tooth fragment, incisal edge or cusp	All Ages	Teeth 1 - 32	No		
D2949	Restorative foundation for an indirect restoration	All Ages	Teeth 1 - 32	No		
D2953	each additional indirectly fabricated post - same tooth	All Ages	Teeth 1 - 32	No	One of (D2953) per 1 Day(s) Per patient per tooth.	
D2955	post removal	All Ages	Teeth 1 - 32	No	One of (D2955) per 5 Year(s) Per patient per tooth.	
D2956	removal of an indirect restoration on a natural tooth	All Ages	Teeth 1 - 32	No		

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2957	each additional prefabricated post - same tooth	All Ages	Teeth 1 - 32	No	One of (D2957) per 5 Year(s) Per patient per tooth.	
D2960	labial veneer (resin laminate) - direct	All Ages	Teeth 1 - 32	No	One of (D2960, D2961, D2962) per 5 Year(s) Per patient per tooth.	
D2961	labial veneer (resin laminate) - indirect	All Ages	Teeth 1 - 32	No	One of (D2960, D2961, D2962) per 5 Year(s) Per patient per tooth.	
D2962	labial veneer (porcelain laminate) - indirect	21 and older	Teeth 1 - 32	No	One of (D2960, D2961, D2962) per 5 Year(s) Per patient per tooth.	
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	All Ages	Teeth 1 - 32	No		
D2975	coping	All Ages	Teeth 1 - 32	No		
D2976	band stabilization – per tooth	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		
D2980	crown repair necessitated by restorative material failure	All Ages	Teeth 1 - 32	No	One of (D2980) per 1 Year(s) Per patient per tooth.	
D2981	Inlay repair necessitated by restorative material failure	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D2981) per 1 Year(s) Per patient per tooth.	
D2982	Onlay repair necessitated by restorative material failure	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D2982) per 1 Year(s) Per patient per tooth.	
D2983	Veneer repair necessitated by restorative material failure	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D2983) per 1 Year(s) Per patient per tooth.	
D2989	excavation of a tooth resulting in the determination of non-restorability	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		
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, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface.	

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Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	21 and older	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Day(s) Per patient per tooth.	
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	All Ages	Teeth 1 - 32	No		
D3331	treatment of root canal obstruction; non-surgical access	All Ages	Teeth 1 - 32	No		
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	All Ages	Teeth 1 - 32	No		
D3333	internal root repair of perforation defects	All Ages	Teeth 1 - 32	No		
D3346	retreatment of previous root canal therapy - anterior	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3346, D3347, D3348) per 1 Lifetime Per patient per tooth.	
D3347	retreatment of previous root canal therapy - premolar	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3346, D3347, D3348) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy - molar	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3346, D3347, D3348) per 1 Lifetime Per patient per tooth.	
D3351	apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	21 and older	Teeth 1 - 32	No		
D3352	apexification/recalcification – interim medication replacement	21 and older	Teeth 1 - 32	No		
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	21 and older	Teeth 1 - 32	No		

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3355	Pulpal regeneration - initial visit	All Ages	Teeth 1 - 32	No		
D3356	Pulpal regeneration - interim medication replacement	All Ages	Teeth 1 - 32	No		
D3357	Pulpal regeneration - completion of treatment	All Ages	Teeth 1 - 32	No		
D3410	apicoectomy - anterior	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Day(s) Per patient per tooth.	
D3421	apicoectomy - premolar (first root)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Day(s) Per patient per tooth.	
D3425	apicoectomy - molar (first root)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Day(s) Per patient per tooth.	
D3426	apicoectomy (each additional root)	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Day(s) Per patient per tooth.	
D3428	bone graft in conjunction with periradicular surgery – per tooth, single site	All Ages	Teeth 1 - 32	No		
D3429	bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	All Ages	Teeth 1 - 32	No		
D3430	retrograde filling - per root	21 and older	Teeth 1 - 32	No		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	All Ages	Teeth 1 - 32	No		
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	All Ages	Teeth 1 - 32	No		
D3450	root amputation - per root	All Ages	Teeth 1 - 32	No		
D3470	intentional re-implantation (including necessary splinting)	All Ages	Teeth 1 - 32	No		
D3471	surgical repair of root resorption - anterior	All Ages	Teeth 6 - 11, 22 - 27	No		
D3472	surgical repair of root resorption – premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No		

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3473	surgical repair of root resorption – molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	All Ages	Teeth 6 - 11, 22 - 27	No		
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No		
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption – molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3910	surgical procedure for isolation of tooth with rubber dam	All Ages	Teeth 1 - 32	No		
D3920	hemisection (including any root removal), not including root canal therapy	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No		
D3921	decoronation or submergence of an erupted tooth	All Ages	Teeth 1 - 32	No		
D3950	canal preparation and fitting of preformed dowel or post	All Ages	Teeth 1 - 32	No		

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Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	All Ages	Teeth 1 - 32, 51 - 82	No		
D4230	anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages		No		
D4231	anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	All Ages		No		
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant.	
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4245	apically positioned flap	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4249	clinical crown lengthening – hard tissue	21 and older	Teeth 1 - 32	No	One of (D4249) per 1 Day(s) Per patient per tooth.	
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4260, D4261) per 1 Day(s) Per patient per quadrant.	
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4260, D4261) per 1 Day(s) Per patient per quadrant.	

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4263	bone replacement graft – retained natural tooth – first site in quadrant	21 and older	Teeth 1 - 32	No		
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	21 and older	Teeth 1 - 32	No		
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	All Ages	Teeth 1 - 32	No		
D4266	guided tissue regeneration, natural teeth – resorbable barrier, per site	All Ages	Teeth 1 - 32	No		
D4267	guided tissue regeneration, natural teeth – non-resorbable barrier, per site	All Ages	Teeth 1 - 32	No		
D4268	surgical revision procedure, per tooth	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D4270	pedicle soft tissue graft procedure	21 and older	Teeth 1 - 32	No		
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	21 and older	Teeth 1 - 32	No		
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	All Ages	Teeth 1 - 32	No		
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	All Ages	Teeth 1 - 32	No		
D4276	combined connective tissue and pedicle graft, per tooth	All Ages	Teeth 1 - 32	No		
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	21 and older	Teeth 1 - 32, 51 - 82	No		

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	21 and older	Teeth 1 - 32, 51 - 82	No		
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	21 and older	Teeth 1 - 32	No		
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	All Ages	Teeth 1 - 32	No		
D4286	removal of non-resorbable barrier	All Ages		No		
D4322	splint – intra-coronal; natural teeth or prosthetic crowns	21 and older	Teeth 1 - 32	No		
D4323	splint – extra-coronal; natural teeth or prosthetic crowns	21 and older	Teeth 1 - 32	No		
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	All Ages	Teeth 1 - 32	No		
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	All Ages		No		
D4921	gingival irrigation with a medicinal agent – per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		

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Medically necessary partial or full mouth dentures and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem.
Provision for removable prostheses when masticatory function is impaired, or when existing prostheses is unserviceable and when evidence is submitted that indicates that the masticatory insufficiencies are likely to impair the general health of the member.
A preformed denture with teeth already mounted forming a denture module is not a covered service.
Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed prosthetics should be based on the cementation date.
A partial denture that replaces only posterior permanent teeth must include three or more teeth on the dentures that are anatomically correct (natural size, shape, and color) to be compensable (excluding third molars). Partial dentures must include one anterior tooth and/or 3 posterior teeth (excluding third molars).

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

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 1 Day(s) Per patient.	
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 1 Day(s) Per patient.	
D5282	removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	21 and older		No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5283	removable unilateral partial denture – one piece cast metal (including rententive/clasping materias, rests, and teeth), mandibular	21 and older		No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5284	removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5286	removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D5221, D5222, D5223, D5224, D5225, D5226, D5282, D5283, D5284, D5286) per 5 Year(s) Per patient per arch.	
D5410	adjust complete denture - maxillary	21 and older		No	Two of (D5410) per 1 Day(s) Per patient per arch.	
D5411	adjust complete denture - mandibular	21 and older		No	Two of (D5411) per 1 Day(s) Per patient per arch.	
D5421	adjust partial denture - maxillary	21 and older		No		
D5422	adjust partial denture - mandibular	21 and older		No	Two of (D5422) per 1 Day(s) Per patient per arch.	
D5611	repair resin partial denture base, mandibular	21 and older		No	One of (D5611) per 1 Day(s) Per patient per arch.	
D5612	repair resin partial denture base, maxillary	21 and older		No	One of (D5612) per 1 Day(s) Per patient per arch.	
D5621	repair cast partial framework, mandibular	21 and older		No	One of (D5621) per 1 Day(s) Per patient per arch.	
D5622	repair cast partial framework, maxillary	21 and older		No	One of (D5622) per 1 Day(s) Per patient per arch.	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5630	repair or replace broken retentive clasping materials – per tooth	21 and older	Teeth 1 - 32	No	One of (D5630) per 1 Day(s) Per patient per arch.	
D5660	add clasp to existing partial denture - per tooth	21 and older	Teeth 1 - 32	No	One of (D5660) per 1 Day(s) Per patient per arch.	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	All Ages		No		
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	All Ages		No		
D5710	rebase complete maxillary denture	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient.	
D5711	rebase complete mandibular denture	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient.	
D5720	rebase maxillary partial denture	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient.	
D5721	rebase mandibular partial denture	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient.	
D5725	rebase hybrid prosthesis	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D5725) per 1 Day(s) Per patient per arch.	
D5740	reline maxillary partial denture (direct)	21 and older		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient.	
D5741	reline mandibular partial denture (direct)	21 and older		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient.	
D5760	reline maxillary partial denture (indirect)	21 and older		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient.	
D5761	reline mandibular partial denture (indirect)	21 and older		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient.	
D5765	soft liner for complete or partial removable denture – indirect	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D5765) per 1 Day(s) Per patient per arch.	
D5810	interim complete denture (maxillary)	All Ages		No		
D5811	interim complete denture (mandibular)	All Ages		No		
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	All Ages		No		

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	All Ages		No		
D5850	tissue conditioning, maxillary	21 and older		No	One of (D5850) per 1 Day(s) Per patient per tooth. Only allowed in conjunction with fabrication of new denture.	
D5851	tissue conditioning, mandibular	21 and older		No	One of (D5851) per 1 Day(s) Per patient per tooth. Only allowed in conjunction with fabrication of new denture.	
D5862	precision attachment, by report	All Ages	Teeth 1 - 32	No		
D5863	overdenture – complete maxillary – natural tooth borne	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 1 Day(s) Per patient.	
D5864	overdenture – partial maxillary – natural tooth borne	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 1 Day(s) Per patient.	
D5865	overdenture – complete mandibular – natural tooth borne	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 1 Day(s) Per patient.	
D5866	overdenture – partial mandibular – natural tooth borne	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 1 Day(s) Per patient.	
D5867	replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	All Ages	Teeth 1 - 32	No		
D5876	add metal substructure to acrylic complete denture – per arch	All Ages	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of servcie as D5110, D5120, D5130, D5140.	

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

Maxillofacial Prosthetics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5991	vesiculobullous disease medicament carrier	All Ages		No		
D5992	Adjust maxillofacial prosthetic appliance, by report	All Ages	Per Arch (01, 02, LA, UA)	No		
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	All Ages	Per Arch (01, 02, LA, UA)	No		
D5995	periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	All Ages		No		
D5996	periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	All Ages		No		

Exhibit A Benefits Covered for
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE) members have a $3000 annual maximum which applies to ALL covered benefits. The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the $3000 annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the $3000 annual maximum. The Member must be eligible on the date of service.
Documentation needed for authorization of procedure:
• Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex
• Treatment rendered without necessary authorization will still require that sufficient and appropriate radiographs clearly showing the adjacent and opposing teeth be submitted with the claim for review for payment.
The placement of a fixed prosthetic appliance will only be considered for those exceptional cases where there is a documented physical or neurological disorder that would preclude placement of a removable prosthesis.
• Prosthetic services are intended to restore oral form and function due to premature loss of permanent teeth that would result in significant occlusal dysfunction.
• Fixed Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
As part of any fixed prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis. When billing for fixed partial dentures, dentists must list the date of insertion as the date of service. Recipients must be eligible on that date for the denture service to be covered.
Authorizations for prosthesis do not meet criteria:
• If appropriate documentation is not received documenting physical or neurological disorders precluding the placement of a removable prosthesis.
• If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.
• If abutment teeth are less than 50% supported in bone.
• If there are untreated cavities or active periodontal disease in the abutment teeth.
• If abutment teeth have furcation involvement
• If abutment teeth have subcrestal decay

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

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6205	pontic - indirect resin based composite	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6210	pontic - cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6211	pontic - cast predominantly base metal	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6212	pontic - cast noble metal	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6214	Pontic - titanium and titanium alloys	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6240	pontic - porcelain fused to high noble metal	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6241	pontic - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6242	pontic - porcelain fused to noble metal	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6243	Pontic - Porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6245	pontic - porcelain/ceramic	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6250	pontic - resin with high noble metal	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6251	pontic - resin with predominantly base metal	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	
D6252	pontic - resin with noble metal	21 and older	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	All Ages	Teeth 1 - 32	No		
D6545	retainer - cast metal for resin bonded fixed prosthesis	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6549	retainer – resin bonded fixed prosthesis	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6600	retainer inlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6600) per 5 Year(s) Per patient per tooth.	
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6602	retainer inlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6603	retainer inlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6604	retainer inlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6606	retainer inlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6607	retainer inlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6608	retainer onlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6610	retainer onlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6611	retainer onlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6612	retainer onlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6614	retainer onlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6615	retainer onlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6624	retainer inlay - titanium	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6634	retainer onlay - titanium	All Ages	Teeth 1 - 32	No	One of (D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634) per 5 Year(s) Per patient per tooth.	
D6710	retainer crown - indirect resin based composite	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6720	retainer crown - resin with high noble metal	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6721	retainer crown - resin with predominantly base metal	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6722	retainer crown - resin with noble metal	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6740	retainer crown - porcelain/ceramic	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6750	retainer crown - porcelain fused to high noble metal	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6751	retainer crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6752	retainer crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6753	retainer crown - porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6780	retainer crown - 3/4 cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6781	retainer crown - 3/4 cast predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6782	retainer crown - 3/4 cast noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6783	retainer crown - 3/4 porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6710, D6720, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792) per 5 Year(s) Per patient per tooth.	
D6784	retainer crown ¾ - titanium and titanium alloys	21 and older	Teeth 1 - 32	No	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 1 Day(s) Per patient per tooth.	
D6790	retainer crown - full cast high noble metal	21 and older	Teeth 1 - 32	No	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 1 Day(s) Per patient per tooth.	
D6791	retainer crown - full cast predominantly base metal	21 and older	Teeth 1 - 32	No	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 1 Day(s) Per patient per tooth.	

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6792	retainer crown - full cast noble metal	21 and older	Teeth 1 - 32	No	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 1 Day(s) Per patient per tooth.	
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	All Ages	Teeth 1 - 32	No		
D6794	Retainer crown - titanium and titanium alloys	21 and older	Teeth 1 - 32	No	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 1 Day(s) Per patient per tooth.	
D6920	connector bar	All Ages	Per Arch (01, 02, LA, UA)	No		
D6940	stress breaker	All Ages	Teeth 1 - 32	No		
D6950	precision attachment	All Ages	Teeth 1 - 32	No		
D6980	fixed partial denture repair necessitated by restorative material failure	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D6985	pediatric partial denture, fixed	All Ages	Per Arch (01, 02, LA, UA)	No		

Exhibit A Benefits Covered for
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE) members have a $3000 annual maximum which applies to ALL covered benefits. The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the $3000 annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the $3000 annual maximum. The Member must be eligible on the date of service.
Reimbursement includes local anesthesia.

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

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7111	extraction, coronal remnants – primary tooth	21 and older	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7111, D7251) per 1 Lifetime Per patient per tooth.	
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7111, D7251) per 1 Lifetime Per patient per tooth.	
D7272	tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	All Ages	Teeth 1 - 32	No		
D7280	exposure of an unerupted tooth	21 and older	Teeth 1 - 32	No		
D7282	mobilization of erupted or malpositioned tooth to aid eruption	21 and older	Teeth 1 - 32	No		
D7283	placement of device to facilitate eruption of impacted tooth	21 and older	Teeth 1 - 32	No		
D7290	surgical repositioning of teeth	All Ages	Teeth 1 - 32	No		
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	All Ages	Teeth 1 - 32	No		
D7292	placement of temporary anchorage device [screw retained plate] requiring flap	All Ages		No		
D7293	placement of temporary anchorage device requiring flap	All Ages		No		
D7294	placement of temporary anchorage device without flap	All Ages		No		

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7299	removal of temporary anchorage device, requiring flap	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7300	removal of temporary anchorage device without flap	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7340) per 1 Day(s) Per patient per arch.	
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7350) per 1 Day(s) Per patient per arch.	
D7485	reduction of osseous tuberosity	21 and older		No	Two of (D7485) per 1 Day(s) Per patient. Regardless of provider.	
D7921	Collection and application of autologous blood concentrate product	All Ages		No		
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	All Ages	Teeth 1 - 32	No		
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation	All Ages		No		
D7953	bone replacement graft for ridge preservation - per site	All Ages	Teeth 1 - 32	No		
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	All Ages	Teeth 1 - 32, A - T	No		
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	All Ages	Teeth 1 - 32, A - T	No		
D7961	buccal / labial frenectomy (frenulectomy)	21 and older		No	One of (D7961, D7962, D7963) per 1 Day(s) Per patient per arch.	
D7962	lingual frenectomy (frenulectomy)	21 and older		No	One of (D7961, D7962, D7963) per 1 Day(s) Per patient per arch.	

Exhibit A Benefits Covered for
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7963	frenuloplasty	21 and older		No	One of (D7961, D7962, D7963) per 1 Day(s) Per patient per arch.	
D7970	excision of hyperplastic tissue - per arch	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7970) per 1 Day(s) Per patient per arch.	
D7971	excision of pericoronal gingiva	21 and older	Teeth 1 - 32	No	One of (D7971) per 1 Day(s) Per patient per arch.	
D7972	surgical reduction of fibrous tuberosity	21 and older		No		
D7979	non – surgical sialolithotomy	All Ages		No		
D7998	intraoral placement of a fixation device not in conjunction with a fracture	All Ages		No		

Exhibit A Benefits Covered for
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE) members have a $3000 annual maximum which applies to ALL covered benefits. The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the $3000 annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the $3000 annual maximum. The Member must be eligible on the date of service.
It is DentaQuest's expectation that the Primary Care Dentist (PCD) provide basic and advanced dental services to their patients. However, DentaQuest understands that certain procedures may fall beyond the scope or comfort level of the PCD. To avoid the need for a cumbersome referral process, DentaQuest is leaving the entire process in the hands of the providers. However, DentaQuest's Utilization Management department will continually monitor provider referral patterns to assure appropriate placement of patients and allocation of funds.

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

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9120	fixed partial denture sectioning	All Ages		No		
D9130	temporomandibular joint dysfunction – non-invasive physical therapies	All Ages		No		
D9210	local anesthesia not in conjunction with operative or surgical procedures	All Ages		No		
D9211	regional block anesthesia	All Ages		No		
D9212	trigeminal division block anesthesia	All Ages		No		
D9215	local anesthesia in conjunction with operative or surgical procedures	All Ages		No		
D9311	consultation with a medical health care professional	All Ages		No		
D9410	house/extended care facility call	0-20		No	One of (D9410) per 1 Day(s) Per patient.	
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	All Ages		No		
D9440	office visit - after regularly scheduled hours	21 and older		No		
D9450	case presentation, subsequent to detailed and extensive treatment planning	All Ages		No		
D9612	therapeutic parenteral drugs, two or more administrations, different medications	21 and older		No		

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9613	infiltration of sustained release therapeutic drug, per quadrant	All Ages		No		
D9910	application of desensitizing medicament	21 and older		No	Two of (D1206, D1208, D9910) per 1 Day(s) Per patient.	
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	All Ages	Teeth 1 - 32	No		
D9932	cleaning and inspection of removable complete denture, maxillary	All Ages		No		
D9933	cleaning and inspection of removable complete denture, mandibular	All Ages		No		
D9934	cleaning and inspection of removable partial denture, maxillary	All Ages		No		
D9935	cleaning and inspection of removable partial denture, mandibular	All Ages		No		
D9941	fabrication of athletic mouthguard	All Ages		No		
D9942	repair and/or reline of occlusal guard	All Ages		No		
D9943	occlusal guard adjustment	All Ages		No		
D9944	occlusal guard – hard appliance, full arch	21 and older	Per Arch (01, 02, LA, UA)	No		
D9945	occlusal guard – soft appliance, full arch	21 and older	Per Arch (01, 02, LA, UA)	No		
D9946	occlusal guard – hard appliance, partial arch	21 and older	Per Arch (01, 02, LA, UA)	No		
D9947	custom sleep apnea appliance fabrication and placement	All Ages	Per Arch (01, 02, LA, UA)	No		
D9948	adjustment of custom sleep apnea appliance	All Ages	Per Arch (01, 02, LA, UA)	No		
D9949	repair of custom sleep apnea appliance	All Ages	Per Arch (01, 02, LA, UA)	No		
D9950	occlusion analysis - mounted case	All Ages		No		

Exhibit A Benefits Covered for
H1610-001 VA Aetna Medicare Better Health (HMO- DSNP) (FIDE)

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9951	occlusal adjustment - limited	All Ages		No	One of (D9951) per 1 Day(s) Per patient.	
D9952	occlusal adjustment - complete	All Ages		No	One of (D9950, D9952) per 1 Day(s) Per patient.	
D9953	reline custom sleep apnea appliance (indirect)	All Ages		No		
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	All Ages		No		
D9955	oral appliance therapy (OAT) titration visit	All Ages		No		
D9970	enamel microabrasion	All Ages	Teeth 1 - 32	No		
D9971	odontoplasty - per tooth	All Ages	Teeth 1 - 32	No		
D9993	dental case management - motivational interviewing	All Ages		No		
D9997	Dental case management - patients with special health care needs	All Ages		No		

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

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**	**Documentation Required**
D0120	periodic oral evaluation - established patient	21 and older		No	Two of (D0120) per 12 Month(s) Per patient.	
D0140	limited oral evaluation - problem focused	21 and older		No	Three of (D0140) per 12 Month(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	One of (D0150) per 36 Month(s) Per Provider OR Location. One of (D0120, D0150) per 6 Month(s) Per Provider OR Location.	
D0210	intraoral – comprehensive series of radiographic images	21 and older		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0220	intraoral - periapical first radiographic image	21 and older		No	One of (D0220) per 1 Day(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	21 and older		No		
D0270	bitewing - single radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0272	bitewings - two radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0273	bitewings - three radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0274	bitewings - four radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0330	panoramic radiographic image	21 and older		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	21 and older		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0373	intraoral tomosynthesis – bitewing radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0374	intraoral tomosynthesis – periapical radiographic image	21 and older		No	One of (D0374) per 12 Month(s) Per patient.	

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

Reimbursement for some or multiple 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 when required for proper treatment and/or diagnosis.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations.

All radiographs must be of diagnostic quality, properly mounted, dated and identified with the member's name. Radiographs not of diagnostic quality 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.

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	21 and older		No	Two of (D1110) per 12 Month(s) Per patient.	
D1206	topical application of fluoride varnish	21 and older		No	Two of (D1206, D1208) per 12 Month(s) Per patient.	
D1208	topical application of fluoride – excluding varnish	21 and older		No	Two of (D1206, D1208) per 12 Month(s) Per patient.	

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

"H" number is listed on the Member ID in the bottom right corner.
H4499-001 (effective 1/1/25) VA Sentara Community Complete DSNP $4,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the annual maximum. The Member must be eligible on the date of service.
Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least thirty-six months.
Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not.
When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED.
Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases, direct and indirect pulp caps, curing, and polishing are included as part of the fee for the restoration.
Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed prosthetics should be based on the cementation date.

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

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2140	Amalgam - one surface, primary or permanent	21 and older	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.	
D2150	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2160	amalgam - three surfaces, primary or permanent	21 and older	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.	

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

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

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2710	crown - resin-based composite (indirect)	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2712	crown - ¾ resin-based composite (indirect)	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2720	crown - resin with high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2721	crown - resin with predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2722	crown - resin with noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2740	crown - porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2750	crown - porcelain fused to high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2752	crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2753	crown - porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2780	crown - 3/4 cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2781	crown - 3/4 cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2782	crown - 3/4 cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2783	crown - 3/4 porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2790	crown - full cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2791	crown - full cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2792	crown - full cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2794	crown - titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2799	interim crown – further treatment or completion of diagnosis necessary prior to final impression	21 and older	Teeth 1 - 32	Yes	Disallow - included in the crown benefit	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21 and older	Teeth 1 - 32	No	One of (D2910) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	21 and older	Teeth 1 - 32	No	One of (D2915) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2920	re-cement or re-bond crown	21 and older	Teeth 1 - 32, A - T	No	One of (D2920) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2940	placement of interim direct restoration	21 and older	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	
D2950	core buildup, including any pins when required	21 and older	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.	
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 - 32	No	One of (D2951) per 60 Month(s) Per patient per tooth. With resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	post and core in addition to crown, indirectly fabricated	21 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2953	each additional indirectly fabricated post - same tooth	21 and older	Teeth 1 - 32	No	One of (D2953) per 60 Month(s) Per patient per tooth. When billed with D2952.	
D2954	prefabricated post and core in addition to crown	21 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2980	crown repair necessitated by restorative material failure	21 and older	Teeth 1 - 32	No	One of (D2980) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2990	Resin infiltration of incipient smooth surface lesions	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface.	
D2999	unspecified restorative procedure, by report	21 and older	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

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

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

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	21 and older	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3221	pulpal debridement, primary and permanent teeth	21 and older	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3331	treatment of root canal obstruction; non-surgical access	21 and older	Teeth 1 - 32	No	One of (D3331) per 1 Lifetime Per patient per tooth.	
D3346	retreatment of previous root canal therapy - anterior	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3346) per 1 Lifetime Per patient per tooth.	
D3347	retreatment of previous root canal therapy - premolar	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3347) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy - molar	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3348) per 1 Lifetime Per patient per tooth.	
D3421	apicoectomy - premolar (first root)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3421) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3425	apicoectomy - molar (first root)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3425) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3426	apicoectomy (each additional root)	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32	Yes	One of (D3426) per 1 Lifetime Per patient per tooth. Radiographs, perio charting and photographs	Perio Charting, pre-op radiographs and narr of med necessity

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

"H" number is listed on the Member ID in the bottom right corner.
H4499-001 (effective 1/1/25) VA Sentara Community Complete DSNP $4,000.
VA Sentara Community Complete members have an annual maximum which applies to covered benefits except preventive and diagnostic. The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the the annual maximum based upon your contracted fee schedule with DentaQuest.
Members are responsible for payment of any services beyond the copayment and the annual. The Member must be eligible on the date of service.

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

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4249	clinical crown lengthening – hard tissue	21 and older	Teeth 1 - 32	Yes	One of (D4249) per 1 Lifetime Per patient per tooth.	Perio Charting, pre-op radiographs and narr of med necessity
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	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	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 36 Month(s) Per patient per quadrant.	
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	21 and older		No	Two of (D1110, D4346, D4910) per 12 Month(s) Per patient.	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	21 and older		No	One of (D4355) per 36 Month(s) Per patient.	
D4910	periodontal maintenance	21 and older		No	Four of (D4910) per 12 Month(s) Per patient.	

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

"H" number is listed on the Member ID in the bottom right corner.
(Copays do not apply to diagnostic/preventive services.)
H4499-001 VA Sentara Community Complete DSNP $4,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the annual maximum. The Member must be eligible on the date of service. Medically necessary partial or full mouth dentures and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem. Provision for removable prostheses when masticatory function is impaired, or when existing prostheses is unserviceable and when evidence is submitted that indicates that the masticatory insufficiencies are likely to impair the general health of the member.
A preformed denture with teeth already mounted forming a denture module is not a covered service.
Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed prosthetics should be based on the cementation date.
A partial denture that replaces only posterior permanent teeth must include three or more teeth on the dentures that are anatomically correct (natural size, shape, and color) to be compensable (excluding third molars). Partial dentures must include one anterior tooth and/or 3 posterior teeth (excluding third molars).

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

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5110	complete denture - maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5120	complete denture - mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5130	immediate denture - maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5140	immediate denture - mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5410	adjust complete denture - maxillary	21 and older		No	(After 6 months have elapsed since initial placement).	
D5411	adjust complete denture - mandibular	21 and older		No	Two of (D5411) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5421	adjust partial denture - maxillary	21 and older		No	Two of (D5421) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5422	adjust partial denture - mandibular	21 and older		No	Two of (D5422) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5511	repair broken complete denture base, mandibular	21 and older		No	One of (D5511) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5512	repair broken complete denture base, maxillary	21 and older		No	One of (D5512) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5520	replace missing or broken teeth – complete denture – per tooth	21 and older	Teeth 1 - 32	No	One of (D5520) per 12 Month(s) Per patient per tooth. (After 6 months have elapsed since initial placement).	
D5611	repair resin partial denture base, mandibular	21 and older		No	One of (D5611) per 12 Month(s) Per patient per arch.	
D5612	repair resin partial denture base, maxillary	21 and older		No	One of (D5612) per 12 Month(s) Per patient per arch.	
D5621	repair cast partial framework, mandibular	21 and older		No	One of (D5621) per 12 Month(s) Per patient per arch.	
D5622	repair cast partial framework, maxillary	21 and older		No	One of (D5622) per 12 Month(s) Per patient per arch.	
D5630	repair or replace broken retentive clasping materials – per tooth	21 and older	Teeth 1 - 32	No	One of (D5630) per 12 Month(s) Per patient per tooth.	
D5640	replace missing or broken teeth – partial denture – per tooth	21 and older	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	
D5650	add tooth to existing partial denture – per tooth	21 and older	Teeth 1 - 32	No	One of (D5650) per 12 Month(s) Per patient per tooth.	
D5660	add clasp to existing partial denture - per tooth	21 and older	Teeth 1 - 32	No	One of (D5660) per 12 Month(s) Per patient per tooth.	
D5710	rebase complete maxillary denture	21 and older		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5711	rebase complete mandibular denture	21 and older		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5720	rebase maxillary partial denture	21 and older		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5721	rebase mandibular partial denture	21 and older		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5725	rebase hybrid prosthesis	21 and older	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.	
D5730	reline complete maxillary denture (direct)	21 and older		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5731	reline complete mandibular denture (direct)	21 and older		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5740	reline maxillary partial denture (direct)	21 and older		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5741	reline mandibular partial denture (direct)	21 and older		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5750	reline complete maxillary denture (indirect)	21 and older		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5751	reline complete mandibular denture (indirect)	21 and older		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5760	reline maxillary partial denture (indirect)	21 and older		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5761	reline mandibular partial denture (indirect)	21 and older		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5765	soft liner for complete or partial removable denture – indirect	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D5765) per 36 Month(s) Per patient per arch.	
D5850	tissue conditioning, maxillary	21 and older		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5851	tissue conditioning, mandibular	21 and older		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5863	overdenture – complete maxillary – natural tooth borne	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5864	overdenture – partial maxillary – natural tooth borne	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5865	overdenture – complete mandibular – natural tooth borne	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5866	overdenture – partial mandibular – natural tooth borne	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5876	add metal substructure to acrylic complete denture – per arch	21 and older	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of servcie as D5110, D5120, D5130, D5140.	
D5877	duplication of complete denture – maxillary	21 and older		No	One of (D5110, D5130, D5877) per 60 Month(s) Per patient.	
D5878	duplication of complete denture – mandibular	21 and older		No	One of (D5120, D5140, D5878) per 60 Month(s) Per patient.	
D5899	unspecified removable prosthodontic procedure, by report	21 and older		Yes		pre-operative radiographs and narrative

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

"H" number is listed on the Member ID in the bottom right corner.
H4499-001 VA Sentara Community Complete DSNP $4,000
The annual maximum is based on the calendar year, January through December. Covered Services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the annual maximum. The Member must be eligible on the date of service.
The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.
The incidental removal of a cyst or lesion attached to the root(s) of an extraction is considered part of the extraction or surgical fee and should not be billed as a separate procedure.

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

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	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. Pre-operative radiographs	
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	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. Pre-operative radiographs	
D7220	removal of impacted tooth - soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7220) per 1 Lifetime Per patient per tooth.	
D7230	removal of impacted tooth - partially bony	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7230) per 1 Lifetime Per patient per tooth.	
D7240	removal of impacted tooth - completely bony	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7240) per 1 Lifetime Per patient per tooth.	

Exhibit B Benefits Covered for
VA Sentara Community Complete (HMO D-SNP)

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7241) per 1 Lifetime Per patient per tooth.	
D7250	removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7250) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7251) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D7252	partial extraction for immediate implant placement	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7252) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D7259	nerve dissection	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7259) per 1 Lifetime Per patient per quadrant. Not allowed with D7241	pre-operative radiographs

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

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9995	teledentistry – synchronous; real-time encounter	21 and older		No	One of (D9995, D9996) per 1 Day(s) Per Provider OR Location. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	21 and older		No	One of (D9995, D9996) per 1 Day(s) Per Provider OR Location. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

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.
$4,000 annual maximum for in-network services. Maximum does not apply to Preventative and Diagnostic Services including codes D4346 and D4910.
Annual maximum is based on Calendar year January through December.

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

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0120	periodic oral evaluation - established patient	21 and older		No	Two of (D0120) per 12 Month(s) Per patient.	
D0140	limited oral evaluation - problem focused	21 and older		No	Three of (D0140) per 12 Month(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	One of (D0150) per 36 Month(s) Per Provider OR Location. One of (D0120, D0150) per 6 Month(s) Per Provider OR Location.	
D0210	intraoral – comprehensive series of radiographic images	21 and older		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0220	intraoral - periapical first radiographic image	21 and older		No	One of (D0220) per 1 Day(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	21 and older		No		
D0270	bitewing - single radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0272	bitewings - two radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0273	bitewings - three radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0274	bitewings - four radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0330	panoramic radiographic image	21 and older		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	21 and older		No	One of (D0210, D0277, D0330, D0372) per 36 Month(s) Per patient.	
D0373	intraoral tomosynthesis – bitewing radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373) per 12 Month(s) Per patient.	
D0374	intraoral tomosynthesis – periapical radiographic image	21 and older		No	One of (D0374) per 12 Month(s) Per patient.	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

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.
$4,000 annual maximum for in-network services. Maximum does not apply to Preventative and Diagnostic Services including codes D4346 and D4910.
Annual maximum is based on Calendar year January through December.

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

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	21 and older		No	Two of (D1110) per 12 Month(s) Per patient.	
D1206	topical application of fluoride varnish	21 and older		No	Two of (D1206, D1208) per 12 Month(s) Per patient.	
D1208	topical application of fluoride – excluding varnish	21 and older		No	Two of (D1206, D1208) per 12 Month(s) Per patient.	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

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

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

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2140	Amalgam - one surface, primary or permanent	21 and older	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.	
D2150	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

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

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

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

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2710	crown - resin-based composite (indirect)	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2712	crown - ¾ resin-based composite (indirect)	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2720	crown - resin with high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2721	crown - resin with predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2722	crown - resin with noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2740	crown - porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2750	crown - porcelain fused to high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2752	crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2753	crown - porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2780	crown - 3/4 cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2781	crown - 3/4 cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2782	crown - 3/4 cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2783	crown - 3/4 porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2790	crown - full cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2791	crown - full cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2792	crown - full cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2794	crown - titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 60 Month(s) Per patient per tooth.	Pre-operative periapical radiographs
D2799	interim crown – further treatment or completion of diagnosis necessary prior to final impression	21 and older	Teeth 1 - 32	Yes	Disallow - included in the crown benefit	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	21 and older	Teeth 1 - 32	No	One of (D2910) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	21 and older	Teeth 1 - 32	No	One of (D2915) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2920	re-cement or re-bond crown	21 and older	Teeth 1 - 32, A - T	No	One of (D2920) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2940	placement of interim direct restoration	21 and older	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	
D2950	core buildup, including any pins when required	21 and older	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.	
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 - 32	No	One of (D2951) per 60 Month(s) Per patient per tooth. With resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	post and core in addition to crown, indirectly fabricated	21 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2953	each additional indirectly fabricated post - same tooth	21 and older	Teeth 1 - 32	No	One of (D2953) per 60 Month(s) Per patient per tooth. When billed with D2952.	
D2954	prefabricated post and core in addition to crown	21 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2980	crown repair necessitated by restorative material failure	21 and older	Teeth 1 - 32	No	One of (D2980) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2990	Resin infiltration of incipient smooth surface lesions	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface.	
D2999	unspecified restorative procedure, by report	21 and older	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

$4,000 annual maximum is based on the calendar year, January through December. Covered services listed within this secation can be rendered up the annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the annual maximum. The member must be eligible on the date of service.
In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. A pulpotomy or pulpal debridement is not to be billed in conjunction with a root canal treatment. Filling material not accepted by the Federal Food and Drug Administration (FDA) is not covered. Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

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

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	21 and older	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3221	pulpal debridement, primary and permanent teeth	21 and older	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3331	treatment of root canal obstruction; non-surgical access	21 and older	Teeth 1 - 32	No	One of (D3331) per 1 Lifetime Per patient per tooth.	
D3346	retreatment of previous root canal therapy - anterior	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3346) per 1 Lifetime Per patient per tooth.	
D3347	retreatment of previous root canal therapy - premolar	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3347) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy - molar	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3348) per 1 Lifetime Per patient per tooth.	
D3421	apicoectomy - premolar (first root)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3421) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D3425	apicoectomy - molar (first root)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3425) per 1 Lifetime Per patient per tooth.	pre-operative radiographs

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3426	apicoectomy (each additional root)	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32	Yes	One of (D3426) per 1 Lifetime Per patient per tooth. Radiographs, perio charting and photographs	Perio Charting, pre-op radiographs and narr of med necessity

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

$4,000 annual maximum for in-network services. Maximum does not apply to Preventative and Diagnostic Services including codes D4346 and D4910. Annual maximum is based on Calendar year January through December. Covered services listed within this section can be rendered up to the annual maximum based upon your contracted fee schedule with DentaQuest.
Members are responsible for payment of any services beyond the copayment and the annual. The member must be eligible on the date of service.

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

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4249	clinical crown lengthening – hard tissue	21 and older	Teeth 1 - 32	Yes	One of (D4249) per 1 Lifetime Per patient per tooth.	Perio Charting, pre-op radiographs and narr of med necessity
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	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	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 36 Month(s) Per patient per quadrant.	
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	21 and older		No	Two of (D1110, D4346, D4910) per 12 Month(s) Per patient.	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	21 and older		No	One of (D4355) per 36 Month(s) Per patient.	
D4910	periodontal maintenance	21 and older		No	Four of (D4910) per 12 Month(s) Per patient.	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

$4,000 annual maximum is based on the calendar year, January through December. Covered services listed within this secation can be rendered up the annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the annual maximum. The member must be eligible on the date of service.
Medically necessary partial or full mouth dentures and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem.
Provision for removable prostheses when masticatory function is impaired, or when existing prostheses is unserviceable and when evidence is submitted that indicates that the masticatory insufficiencies are likely to impair the general health of the member.
A preformed denture with teeth already mounted forming a denture module is not a covered service.
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).

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

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5110	complete denture - maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5120	complete denture - mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5130	immediate denture - maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5140	immediate denture - mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5211	maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5212	mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866) per 60 Month(s) Per patient.	
D5410	adjust complete denture - maxillary	21 and older		No	(After 6 months have elapsed since initial placement).	
D5411	adjust complete denture - mandibular	21 and older		No	Two of (D5411) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5421	adjust partial denture - maxillary	21 and older		No	Two of (D5421) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5422	adjust partial denture - mandibular	21 and older		No	Two of (D5422) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5511	repair broken complete denture base, mandibular	21 and older		No	One of (D5511) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5512	repair broken complete denture base, maxillary	21 and older		No	One of (D5512) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5520	replace missing or broken teeth – complete denture – per tooth	21 and older	Teeth 1 - 32	No	One of (D5520) per 12 Month(s) Per patient per tooth. (After 6 months have elapsed since initial placement).	
D5611	repair resin partial denture base, mandibular	21 and older		No	One of (D5611) per 12 Month(s) Per patient per arch.	
D5612	repair resin partial denture base, maxillary	21 and older		No	One of (D5612) per 12 Month(s) Per patient per arch.	
D5621	repair cast partial framework, mandibular	21 and older		No	One of (D5621) per 12 Month(s) Per patient per arch.	
D5622	repair cast partial framework, maxillary	21 and older		No	One of (D5622) per 12 Month(s) Per patient per arch.	
D5630	repair or replace broken retentive clasping materials – per tooth	21 and older	Teeth 1 - 32	No	One of (D5630) per 12 Month(s) Per patient per tooth.	
D5640	replace missing or broken teeth – partial denture – per tooth	21 and older	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	
D5650	add tooth to existing partial denture – per tooth	21 and older	Teeth 1 - 32	No	One of (D5650) per 12 Month(s) Per patient per tooth.	
D5660	add clasp to existing partial denture - per tooth	21 and older	Teeth 1 - 32	No	One of (D5660) per 12 Month(s) Per patient per tooth.	
D5710	rebase complete maxillary denture	21 and older		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5711	rebase complete mandibular denture	21 and older		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5720	rebase maxillary partial denture	21 and older		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5721	rebase mandibular partial denture	21 and older		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5725	rebase hybrid prosthesis	21 and older	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.	
D5730	reline complete maxillary denture (direct)	21 and older		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5731	reline complete mandibular denture (direct)	21 and older		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5740	reline maxillary partial denture (direct)	21 and older		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5741	reline mandibular partial denture (direct)	21 and older		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5750	reline complete maxillary denture (indirect)	21 and older		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5751	reline complete mandibular denture (indirect)	21 and older		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5760	reline maxillary partial denture (indirect)	21 and older		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5761	reline mandibular partial denture (indirect)	21 and older		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5765	soft liner for complete or partial removable denture – indirect	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D5765) per 36 Month(s) Per patient per arch.	
D5850	tissue conditioning, maxillary	21 and older		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5851	tissue conditioning, mandibular	21 and older		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5863	overdenture – complete maxillary – natural tooth borne	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864) per 60 Month(s) Per patient.	
D5864	overdenture – partial maxillary – natural tooth borne	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5865	overdenture – complete mandibular – natural tooth borne	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5866	overdenture – partial mandibular – natural tooth borne	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5876	add metal substructure to acrylic complete denture – per arch	21 and older	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of servcie as D5110, D5120, D5130, D5140.	
D5877	duplication of complete denture – maxillary	21 and older		No	One of (D5110, D5130, D5877) per 60 Month(s) Per patient.	
D5878	duplication of complete denture – mandibular	21 and older		No	One of (D5120, D5140, D5878) per 60 Month(s) Per patient.	
D5899	unspecified removable prosthodontic procedure, by report	21 and older		Yes		pre-operative radiographs and narrative

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

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

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

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	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. Pre-operative radiographs	
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	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. Pre-operative radiographs	
D7220	removal of impacted tooth - soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7220) per 1 Lifetime Per patient per tooth.	
D7230	removal of impacted tooth - partially bony	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7230) per 1 Lifetime Per patient per tooth.	
D7240	removal of impacted tooth - completely bony	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7240) per 1 Lifetime Per patient per tooth.	

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7241) per 1 Lifetime Per patient per tooth.	
D7250	removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7250) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7251) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D7252	partial extraction for immediate implant placement	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7252) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D7259	nerve dissection	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7259) per 1 Lifetime Per patient per quadrant. Not allowed with D7241	pre-operative radiographs

Exhibit C Benefits Covered for
VA Sentara Community Complete Select (HMO- DSNP)

$4,000 annual maximum is based on the calendar year, January through December. Covered services listed within this secation can be rendered up the annual maximum based upon your contracted fee schedule with DentaQuest. Members are responsible for payment of any services beyond the annual maximum.
The Member must be eligible on the date of service.

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

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9995	teledentistry – synchronous; real-time encounter	21 and older		No	One of (D9995, D9996) per 1 Day(s) Per Provider OR Location. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	
D9996	teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	21 and older		No	One of (D9995, D9996) per 1 Day(s) Per Provider OR Location. Cannot be billed as standalone code. D9995 or D9996 must be billed with exam code.	