



# DentaQuest of Washington, LLC\*

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

Amerivantage Classic OSB- 1  
Amerivantage Classic OSB -2  
Amerivantage Classic OSB - 3  
Amerivantage Dual Coordination D-SNP  
Amerivantage Comfort HMO I-SNP  
Amerivantage ESRD Care HMO C-SNP  
Amerivantage ESRD Care OSB-1  
Amerivantage ESRD Care OSB-2  
Amerivantage ESRD Care OSB-3

## Office Reference Manual

PO Box 2906  
Milwaukee, WI 53201-2906  
800.341.8478  
[www.dentaquest.com](http://www.dentaquest.com)

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\* DentaQuest is an independent company providing dental benefit management services on behalf of Amerigroup Community Care.  
506873WAPENAGP December 2022

**DentaQuest of Washington, LLC  
Address and Telephone Numbers**

**DentaQuest Member Services**

PO Box 2906  
Milwaukee, WI 53201-2906  
855.225.2684

**DentaQuest Provider Services**

PO Box 2906  
Milwaukee, WI 53201-2906  
855.230.1855

**Eligibility or Benefit Questions:**

[denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com)

**Additional Customer Service/Member Services Info:**

**Hearing Impaired/TTY:**

Amerigroup Classic & Dual Coordination:  
800.466.7566

**TDD (Hearing Impaired) 800.466.7566  
(DentaQuest's number)**

**888.460.5454 OR**  
800.855.2880 (Amerigroup Grievances and Appeals)

**Fraud Hotline**

**800.237.9139**

**Credentialing**

PO Box 2906  
Milwaukee, WI 53201-2906  
Credentialing Hotline: 800.233.1468

**Claims should be sent to:**

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

**Claims Fax numbers:**

Claims/payment issues: 262.241.7379  
Claims to be processed: 262.834.3589  
All other: 262.834.3450

**Claims Questions:**

[denclaims@dentaquest.com](mailto:denclaims@dentaquest.com)

**Electronic Claims should be sent:**

Direct entry on the web – [www.dentaquest.com](http://www.dentaquest.com) Or,  
Via Clearinghouse – Payer ID CX014 Include  
address on electronic claims – DentaQuest, LLC PO  
Box 2906  
Milwaukee, WI 53201-2906

**Complaints & Grievances should be sent to:**

Quality Management  
Amerigroup Washington, Inc.  
705 5th Ave. S, Ste 300  
Seattle, WA 98104  
206.695.7081

**Appeals should be sent to:** Central

Appeals Processing Amerigroup Washington, Inc.  
P.O. Box 62429  
Virginia Beach, VA 23466-2429  
800.600.4441

**Office Reference Manual  
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## **DentaQuest of Washington, LLC Statement of Member's Rights and Responsibilities**

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

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

Likewise:

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

## **DentaQuest of Washington, LLC Statement of Provider Rights and Responsibilities**

Providers shall have the right to:

1. Communicate with patients, including Members regarding dental treatment options.
2. Recommend a course of treatment to a Member, even if the course of treatment is not a covered benefit or approved by Plan/DentaQuest.
3. File an appeal or complaint pursuant to the procedures of Plan/DentaQuest.
4. Supply accurate, relevant, factual information to a Member in connection with an appeal or complaint filed by the Member.
5. Object to policies, procedures, or decisions made by Plan/DentaQuest.
6. If a recommended course of treatment is not covered, e.g., not approved by Plan/DentaQuest, the participating Provider must notify the Member in writing and obtain a signature of waiver if the Provider intends to charge the Member for such a non-compensable service.
7. To be informed of the status of their credentialing or recredentialing 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.

## 1.00 Patient Eligibility Verification Procedures

### 1.01 Plan Eligibility

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

### 1.02 Member Identification Card

Health plan members receive identification cards from the Plans. 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.

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 Eligibility Systems

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

#### **\*\*\*New provider web portal and login instructions**

1. Login to the PWP at [www.dentaquestgov.com](http://www.dentaquestgov.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. **First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code.**

#### **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.dentaquestgov.com](http://www.dentaquestgov.com). Once you have entered the website, click on "Dentist". From there choose your "State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. If you have not received instruction on how to complete Provider Self Registration contact DentaQuest's Customer Service Department at 800.341.8478. Once logged in, select "eligibility look up" and enter the applicable information for each Member you are inquiring about. You are able to check on an unlimited number of patients and can print off the summary of eligibility given by the system for your records.

#### **Access to eligibility information via the IVR line**

To access the IVR, simply call DentaQuest's Customer Service department at 800.341.8478 and press 1 for eligibility. The IVR system will be able to answer all of your eligibility questions for as many members as you wish to check. Once you have completed your eligibility checks, you will have the option to transfer to a Customer Service Representative to answer any additional questions, i.e. member history, which you may have. Using your telephone keypad, you can request eligibility information on a Medicaid or Medicare member by entering your 6-digit DentaQuest location number, the member's recipient identification number and an expected date of service. After our system analyzes the information, the patient's eligibility for coverage of dental services will be verified. If the system is unable to verify the member information you entered, you will be transferred to a Customer Service Representative.

**Directions for using DentaQuest's IVR to verify eligibility:**

***Entering system with Tax and Location ID's***

1. Call DentaQuest Customer Service at 800.341.8478.
2. After the greeting, stay on the line for English or press 1 for Spanish. When prompted, press or say 2 for Eligibility.
3. When prompted, press or say 1 if you know your NPI (National Provider Identification number) and Tax ID number.
4. If you do not have this information, press or say 2. When prompted, enter your User ID (previously referred to as Location ID) and the last 4 digits of your Tax ID number.
5. Does the member's ID have numbers and letters in it? If so, press or say 1. When prompted, enter the member ID.
6. Does the member's ID have only numbers in it? If so, press or say 2. When prompted, enter the member ID.
7. Upon system verification of the Member's eligibility, you will be prompted to repeat the information given, verify the eligibility of another member, get benefit information, get limited claim history on this member, or get fax confirmation of this call.
8. If you choose to verify the eligibility of an additional Member(s), you will be asked to repeat step 5 above for each Member.

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

If you are having difficulty accessing either the IVR or website, please contact the Customer Service Department at 800.341.8478. They will be able to assist you in utilizing either system.

**1.04 Amerigroup Provider Services (eligibility):**

**800.454.3730**

**1.05 Amerigroup Facility Authorization Phone Number**

Amerigroup does not require pre-authorization for dental services rendered in an outpatient setting as long as the facility is a contracted Amerigroup provider. Please reference the exhibits of this document for details regarding the authorization requirements for dental services.

**2.00 Member Organization Determinations, Appeals, and Grievances – are the responsibility of Amerigroup.**



**2.01 Organization Determinations (OD)** – An OD is a determination made by DentaQuest with respect to any of the following:

- 2.01.1** The refusal to provide or pay for services, in whole or in part, including the type or level of services. That the member believes should be furnished or arranged for by the Medicare Advantage program.
- 2.01.2** Discontinuation of a service if the member believes that the continuation of the service is medically necessary.
- 2.01.3** Failure to approve, furnish, arrange for, or provide payment for health care services in a timely manner, or to provide the member with timely notice of an adverse determination, such that a delay would adversely affect the health of the member.
- 2.01.4** The standard time frame for service requests is 14 calendar days from the date of request. The expedited time frame for service requests is 72 hours from the date of request.

**2.02 Complaint** – An expression of dissatisfaction. There are two types of procedures designed to address a Medicare Advantage member complaint: the Appeals process and the Grievance Process

**2.02.1 Medicare Member Appeals** – Any of the procedures that deal with the review of adverse organization determinations on the health care services of an enrollee believes he or she is entitled to receive, including delay in providing, arranging for, or approving the health care services (such that delay would adversely affect the health of the enrollee), or on any amounts the enrollee must pay for a service. Turnaround is 72 hours to 60 days.

**2.02.2 Medicare Member Grievance:** A communication by or on behalf of a member expressing dissatisfaction with any aspect of the plan's or contracted provider's operations, activities or behavior, other than one involving an organization determination, regardless of whether any remedial action is requested. This includes complaints about benefits, DentaQuest or Amerigroup staff, Providers or balance billing amounts the member must pay for service. Turnaround time is 24 hours to 30 days.

**2.02.3 Member Grievances and Appeals should be directed to Amerigroup at:**  
Amerigroup Complaints, Appeals, and Grievances  
Mailstop: OH0205-A537  
4361 Irwin Simpson Rd,  
Mason, OH 45040  
Phone: 1-866-805-4589  
Fax: 1-888-458-1406

**3.00 Provider Complaint and Claim Resolution Process:**

**3.01 Administrative Complaints:** Complaints in reference to administrative functions policies and procedures of the Company and do not include claim denial issues.

**3.01.1** Administrative complaints may be made verbally by calling DentaQuest at 800.341.8478.

**3.02 Claim Resolution Process:** Appeals in reference to a denial issued by Claims for any reason. Providers are offered 90 calendar days to file written appeals in reference to

claim denials. DentaQuest will process provider claim appeals within 30 business days of receipt.

### **3.02.1 Claim Resolution Requests may be sent to DentaQuest in writing:**

**DentaQuest of Washington, LLC  
RE: Provider Claim Resolution  
PO Box 2906  
Milwaukee, WI 53201-2906**

## **4.00 Participating Hospitals**

Upon approval, Participating Providers are required to administer services at Plan's participating hospitals. Please contact Amerigroup at the number below for a listing of facilities:

**866.805.4589**

## **5.00 Claim Submission Procedures (claim filing options)**

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

- Electronic claims via DentaQuest's website ([www.dentaquestgov.com](http://www.dentaquestgov.com)).
- Electronic submission via clearinghouses.
- HIPAA Compliant 837D File.
- Paper claims.

### **5.01 Electronic Claim Submission Utilizing DentaQuest's Internet Website**

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

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

If you have questions on submitting claims or accessing the website, please contact our Systems Operations Department at 800.417.7140 or via e-mail at:

[EDITeam@greatdentalplans.com](mailto:EDITeam@greatdentalplans.com)

### **5.02 Electronic Claim Submission via Clearinghouse**

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

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

### **5.03 HIPAA Compliant 837D File**

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

### **5.04 NPI Requirements for Submission of Electronic Claims**

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

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

### **5.05 Paper Claim Submission**

- Claims must be submitted on ADA approved claim forms (2006 or 2012 Claim Form) 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 of Washington,  
LLCPO Box 2906  
Milwaukee, WI 53201-2906

#### **5.06 Coordination of Benefits (COB)**

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

#### **5.07 Emergency Care Requirement**

In providing for emergency services and care as a covered service, DentaQuest shall not:

1. Require prior authorization for emergency services and care.
2. Indicate that emergencies are covered only if care is secured within a certain period of time.
3. Use terms such "life threatening" or "bona fide" to qualify the kind of emergency that is covered.
4. Deny Payment based on the member's failure to notify DentaQuest in advance or within a certain period of time after the care is given.

#### **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 Customer Service Department with any questions you may have regarding claim submission or your remittance.

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

## 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.dentaquestgov.com](http://www.dentaquestgov.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 of Washington, LLC.  
PO Box 2906  
Milwaukee, WI 53201-2906  
ATTN: PDA Department

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

Providers enrolled in the Direct Deposit process must notify DentaQuest of any changes to bank accounts such as: changes in routing or account numbers, or a switch to a different bank. All changes must be submitted via the Direct Deposit Authorization Form. Changes to bank accounts or banking information typically take 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.dentaquestgov.com](http://www.dentaquestgov.com)
2. Once you have entered the website, click on the “Dentist” icon. From there choose your ‘State” and press go.
3. Log in using your password and ID
4. Once logged in, select “Claims/Pre-Authorizations” and then “Remittance Advice Search”.
5. The remittance will display on the screen.

## 6.00 Health Insurance Portability and Accountability Act (HIPAA)

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

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

- Maintenance of adequate dental/medical, financial and administrative records related to covered dental services rendered by Provider in accordance with federal and state law.
- Safeguarding of all information about Members according to applicable state and federal laws and regulations. All material and information, in particular information relating to Members or potential Members, which is provided to or obtained by or through a Provider, whether verbal, written, tape, or otherwise, shall be reported as confidential information to the extent confidential treatment is provided under state and federal laws.
- Neither DentaQuest nor Provider shall share confidential information with a Member’s employer absent the Member’s consent for such disclosure.
- Provider agrees to comply with the requirements of the Health Insurance Portability and Accountability Act (“HIPAA”) relating to the exchange of information and shall cooperate with DentaQuest in its efforts to ensure compliance with the privacy regulations promulgated under HIPAA and other related privacy laws.

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

In relation to the Administrative Simplification Standards, you will note that the benefit tables included in this ORM reflect the most current coding standards (CDT-4) recognized by the ADA. Effective the date of this manual, DentaQuest will require providers to submit all claims with the proper CDT-4 codes listed in this manual. In addition, all paper claims must be submitted on the current approved ADA claim form. (2006 or 2012 Claim Form)

Note: Copies of DentaQuest’s HIPAA policies are available upon request by contacting DentaQuest’s Customer Service department at 800.341.8478 or via e-mail at [denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com).

## 6.01 HIPAA Companion Guide

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

## 7.00 Quality Improvement Program (Policies 200 Series)

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

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

A copy of DentaQuest's QI Program is available upon request by contacting DentaQuest's Customer Service Department at 800.341.8478 or via e-mail at:

[denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com)

## 8.00 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 300.017)**

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

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

### **Discipline of Providers (Policy 300.019)**

### **Procedures for Discipline and Termination (Policies 300.017-300.021)**

### **Recredentialing (Policy 300.016)**

Network providers are recredentialed at least every 24 months.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Customer Service Department at 800.341.8478 or via e-mail at:

[denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com)

## 9.00 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.
  - c. Type and dosage of anesthetics and medications given or prescribed.
  - d. Localization of procedure/observation. (tooth #, quadrant etc.)
  - e. Signature of the Provider who rendered the service.

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

**C. Compliance**

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

## 10.00 Patient Recall System Requirements

### A. Recall System Requirement

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

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

- “We missed you when you did not come for your dental appointment on month/date. Regular check-ups are needed to keep your teeth healthy.”
- “Please call to reschedule another appointment. Call us ahead of time if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help.”

Dental offices indicate that 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 and urgent care must be available within 24 hours.
- Routine care must be available within 30 days

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

## 11.00 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.

**NOTE: Please refer to benefit tables for benefits and limitations.****Recommendations for Preventive Pediatric Dental Care (AAPD Reference Manual 2002-2003)  
Periodicity and Anticipatory Guidance Recommendations (AAPD/ADA/AAP guidelines)**

PERIODICITY RECOMMENDATIONS					
Age (1)	Infancy 6 – 12 Months	Late Infancy 12 – 24 Months	Preschool 2 – 6 Years	School Aged 6 – 12 Years	Adolescence 12 – 18 Years
Oral Hygiene Counseling (2)	Parents/ guardians/ caregivers	Parents/ guardians/ caregivers	Patient/parents/ guardians/ caregivers	Patient/ parents/ caregivers	Patient
Injury, Prevention Counseling (3)	X	X	X	X	X
Dietary Counseling (4)	X	X	X	X	X
Counseling for non-nutritive habits (5)	X	X	X	X	X
Fluoride Supplementation (6,7)	X	X	X	X	X
Assess oral growth and development (8)	X	X	X	X	X
Clinical oral exam	X	X	X	X	X
Prophylaxis and topical fluoride treatment (9)		X	X	X	X
Radiographic assessment (10)			X	X	X
Pit and Fissure Sealants			If indicated on primary molars	First permanent molars as soon as possible after eruption	Second permanent molars and appropriate premolars as soon as possible after eruption
Treatment of dental disease	X	X	X	X	X
Assessment and treatment of developing malocclusion			X	X	X
Substance abuse counseling				X	X
Assessment and/or removal of third molars					X
Referral for regular periodic dental care					X
Anticipatory guidance (11)	X	X	X	X	X

1. First examination at the eruption of the first tooth and no later than 12 months.
2. Initially, responsibility of parent; as child develops jointly with parents, then when indicated, only by child.
3. Initially play objects, pacifiers, car seats; then when learning to walk; sports, routine playing and intraoral/perioral piercing.
4. At every appointment discuss role of refined carbohydrates; frequency of snacking.
5. At first discuss need for additional sucking; digits vs. pacifiers; then the need to wean from habit before eruption of a permanent incisor.
6. As per American Academy of Pediatrics/American Dental Association guidelines and the water source.
7. Up to at least 16 years.
8. By clinical examination.
9. Especially for children at high risk for caries and periodontal disease.
10. As per AAPD Guideline on Prescribing Dental Radiographs.
11. Appropriate discussion and counseling should be an integral part of each visit for care.



### 13.00 Clinical Criteria

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

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

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

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

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.

### **13.01 Criteria for Dental Extractions**

Not all procedures require authorization.

#### **Documentation needed for authorization procedure:**

- Appropriate radiographs clearly showing the adjacent and opposing teeth should be submitted for authorization review: bitewings, periapicals or panorex.
- Treatment rendered under emergency conditions, when authorization is not possible, requires that appropriate radiographs clearly showing 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.
- Alveoplasty (code D7310) in conjunction with three or more extractions in the same quadrant will be covered subject to consultant review.

### 13.02 Criteria for Cast Crowns

#### 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.

#### Criteria

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

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

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

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

- The patient must be free from active and advanced periodontal disease.
- The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.
- Cast Crowns on permanent teeth are expected to last, at a minimum, five years.

Authorizations for Crowns will not meet criteria if:

- A lesser means of restoration is possible.
- Tooth has subosseous and/or furcation caries.
- Tooth has advanced periodontal disease.

- Tooth is a primary tooth.
- Crowns are being planned to alter vertical dimension.

### 13.03 Criteria for Endodontics

Not all procedures require authorization.

#### **Documentation needed for authorization of procedure:**

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

#### **Criteria**

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

Root canal therapy must meet the following criteria:

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

Authorizations for Root Canal therapy will not meet criteria if:

- Gross periapical or periodontal pathosis is demonstrated radiographically (caries subcrestal or to the furcation, deeming the tooth non-restorable).
- The general oral condition does not justify root canal therapy due to loss of arch integrity.
- Root canal therapy is for third molars, unless they are an abutment for a partial denture.
- Tooth does not demonstrate 50% 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.

#### 13.04 Criteria for Stainless Steel Crowns

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

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

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

#### Criteria

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

- Primary teeth that have had a pulpotomy or pulpectomy performed.

**Note: DentaQuest may require a second opinion for requests of more than 4 stainless steel crowns per patient.**

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

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

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

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

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

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

### **13.05 Criteria for Removable Prosthodontics (Full and Partial Dentures)**

**Documentation needed for authorization of procedure:**

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

- Fabrication of a removable prosthetic includes multiple steps (appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation.

### Criteria

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

- A denture is determined to be an initial placement if the patient has never worn 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.
- In general, a partial denture will be approved for benefits if it replaces one or more anterior teeth, or replaces two or more posterior teeth unilaterally or replaces three or more posterior teeth bilaterally, excluding third molars, and it can be demonstrated that masticatory function has been severely impaired. The replacement teeth should be anatomically full sized teeth.

Authorizations for Removable prosthesis will not meet criteria:

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

- If extensive repairs are performed on marginally functional partial dentures, or when a new partial denture would be better for the health of the recipient. However, adding teeth and/or a clasp to a partial denture is a covered benefit if the addition makes the denture functional.

#### **Criteria**

- If there is a pre-existing prosthesis, it must be at least 5 years old and unserviceable to qualify for replacement.
- Adjustments, repairs and relines are included with the denture fee within the first 6 months after insertion. After that time has elapsed:
  - Adjustments will be reimbursed at one per calendar year per denture.
  - Repairs will be reimbursed at two repairs per denture per year, with five total denture repairs per 5 years.
  - Relines will be reimbursed once per denture every 36 months.
  - A new prosthesis will not be reimbursed for within 24 months of reline or repair of the existing prosthesis unless adequate documentation has been presented that all procedures to render the denture serviceable have been exhausted.
  - Replacement of lost, stolen, or broken dentures less than 5 years of age usually will not meet criteria for pre-authorization of a new denture.
- The use of Preformed Dentures with teeth already mounted (that is, teeth set in acrylic before the initial impression) cannot be used for the fabrication of a new denture.
- All prosthetic appliances shall be inserted in the mouth and adjusted before a claim is submitted for payment.
- When billing for partial and complete dentures, dentists must list the date that the dentures or partials were inserted as the date of service. Recipients must be eligible on that date in order for the denture service to be covered.

#### **13.06 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-5) is related to the removal of the lateral exostosis. This code is subject to authorization and may be reimbursed for when submitted in conjunction with a treatment plan that includes removable prosthetics. These determinations will be made by the appropriate dental specialist/consultant.

#### **Documentation needed for authorization of procedure:**



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

### **13.07 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.

### **13.08 Criteria for General Anesthesia and Intravenous (IV) Sedation**

#### **Documentation needed for authorization of procedure:**

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

#### **Criteria**

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

Extensive or complex oral surgical procedures such as:

- Impacted wisdom teeth.
- Surgical root recovery from maxillary antrum.
- Surgical exposure of impacted or unerupted cuspids.
- Radical excision of lesions in excess of 1.25 cm.

And/or one of the following medical conditions:

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

### 13.09 Criteria for Periodontal Treatment

Not all procedures require authorization.

#### **Documentation needed for authorization of procedure:**

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

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

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

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

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

#### **Criteria**

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

#### **13.10 Criteria for Medical Immobilization\* Including Papoose Boards**

Written informed consent from a legal guardian must be obtained and documented in the patient record prior to medical immobilization.

The patient's record should include:

- informed consent;
- type of immobilization used;
- indication for immobilization;
- the duration of application.

#### **Indications\*:**

- patient who requires immediate diagnosis and/ or limited treatment and cannot cooperate due to lack of maturity;
- patient who requires immediate diagnosis and/ or limited treatment and cannot cooperate due to a mental or physical disability;
- when the safety of the patient and/ or practitioner would be at risk without the protective use of immobilization.

#### **Contraindications\*:**

- cooperative patient;
- patient who cannot be immobilized safely due to associated medical conditions.

#### **Goals of Behavior Management\*:**

- establish communication;

- alleviate fear and anxiety;
  - deliver quality dental care;
  - build a trusting relationship between dentist and child;
  - and, promote the child's positive attitude towards oral/ dental health.
1. **Routine use of restraining devices to immobilize young children in order to complete their dental care is not acceptable practice, violates the standard of care, and will result in termination of the provider from the network.**
  2. **Dentists should not restrain children without formal training at a dental school or approved residency program.**
  3. **Dentists should consider referring to specialists those patients who they consider to be candidates for immobilization.**
  4. **Dental auxiliaries should not use restraining devices to immobilize children.**

\*American Academy of Pediatric Dentistry. Guideline on behavior management. Reference Manual 2002-2003.

### 13.10 Criteria for Implants

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

#### Dentulous arch:

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

#### Edentulous arch:

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

### 13.10 Criteria for Fixed Prosthodontics

#### 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.
- Narrative identifying and supporting special needs.

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

#### **14.00 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 Human Resources Department.

DentaQuest ensures that its staff is trained in cultural awareness to provide a competent system of services, 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 services, 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 Customer Service Department at 800.341.8478 or via e-mail at [denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com).

## **APPENDIX A**

### **Attachments**

#### **General Definitions**

The following definitions apply to this Office Reference Manual:

- A. "Contract" means the document specifying the services provided by DentaQuest to:
- an employer, directly or on behalf of the State of Washington, as agreed upon between an employer or Plan and DentaQuest (a "Commercial Contract");
  - a Medicaid beneficiary, directly or on behalf of a Plan, as agreed upon between the State of Washington or its regulatory agencies or Plan and DentaQuest (a "Medicaid Contract");
  - a Medicare beneficiary, directly or on behalf of a Plan, as agreed upon between the Center for Medicare and Medicaid Services ("CMS") or Plan and DentaQuest (a "Medicare Contract").
- B. "Covered Services" is a dental service or supply that satisfies all of the following criteria:
- provided or arranged by a Participating Provider to a Member;
  - authorized by DentaQuest in accordance with the Plan Certificate; and
  - submitted to DentaQuest according to DentaQuest's filing requirements.
- C. "DentaQuest" shall refer to DentaQuest Services of Washington, LLC
- D. "DentaQuest Service Area" shall be defined as the State of Washington.
- E. "Medically Necessary:" It is the responsibility of the health plan to determine whether or not a service(s) furnished or proposed to be furnished is (are) reasonable and medically necessary for the diagnosis or treatment of illness or injury, to improve the function of a malformed body member, or to minimize the progression of disability, in accordance with accepted standards of practice in the medical community of the area in which the health services are rendered; and service(s) could not have been omitted without adversely affecting the member's condition or the quality of medical care rendered; and service(s) is (are) furnished in the most appropriate setting.
- 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 @ [www.dentaquestgov.com](http://www.dentaquestgov.com). Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and User ID. Once logged in, select the link "Related Documents" to access the following resources:

- ADA Dental Claim Form
- Instructions for Dental Claim Form
- Initial Clinical Exam Form
- Recall Examination Form
- Authorization for Dental Treatment
- Direct Deposit Form
- Medical and Dental History
- Provider Change Form
- Request for Transfer of Records
- HIPAA Companion Guide

**You can also find the forms within this manual**

# ADA Dental Claim Form

HEADER INFORMATION																																					
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Prauthorization <input type="checkbox"/> EPSDT/Title XIX																																					
2. Predetermination/Prauthorization Number					<b>POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)</b>																																
<b>INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION</b> 3. Company/Plan Name, Address, City, State, Zip Code																																					
					13. Date of Birth (MM/DD/CCYY)	14. Gender <input type="checkbox"/> M <input type="checkbox"/> F	15. Policyholder/Subscriber ID (SSN or ID#)																														
<b>OTHER COVERAGE</b>					16. Plan/Group Number					17. Employer Name																											
4. Other Dental or Medical Coverage? <input type="checkbox"/> No (Skip 5-11) <input type="checkbox"/> Yes (Complete 5-11) 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)																																					
6. Date of Birth (MM/DD/CCYY)			7. Gender <input type="checkbox"/> M <input type="checkbox"/> F		8. Policyholder/Subscriber ID (SSN or ID#)					18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other					19. Student Status <input type="checkbox"/> FTS <input type="checkbox"/> PTS																						
9. Plan/Group Number			10. Patient's Relationship to Person Named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other							20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																											
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code										21. Date of Birth (MM/DD/CCYY)		22. Gender <input type="checkbox"/> M <input type="checkbox"/> 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	30. Description										31. Fee																					
1																																					
2																																					
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5																																					
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7																																					
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MISSING TEETH INFORMATION										Permanent												Primary												32. Other Fee(s)			
34. (Place an 'X' on each missing tooth)										1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J	33. Total Fee	
										32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K		
35. Remarks																																					
AUTHORIZATIONS														ANCILLARY CLAIM/TREATMENT INFORMATION																							
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 _____ Date _____ Patient/Guardian signature														38. Place of Treatment <input type="checkbox"/> Provider's Office <input type="checkbox"/> Hospital <input type="checkbox"/> ECF <input type="checkbox"/> Other																							
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 _____ Date _____ Subscriber signature														39. Number of Enclosures (00 to 99) Radiograph(s)    Oral Image(s)    Models <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																							
40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)														41. Date Appliance Placed (MM/DD/CCYY)																							
42. Months of Treatment Remaining <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)														43. Replacement of Prosthesis?    44. Date Prior Placement (MM/DD/CCYY)																							
45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident														46. Date of Accident (MM/DD/CCYY)    47. Auto Accident State																							
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)														TREATING DENTIST AND TREATMENT LOCATION INFORMATION																							
48. Name, Address, City, State, Zip Code														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 _____ Date _____ Signed (Treating Dentist)																							
49. NPI			50. License Number			51. SSN or TIN								54. NPI					55. License Number																		
52. Phone Number ( ) -			52A. Additional Provider ID			57. Phone Number ( ) -					56. Address, City, State, Zip Code									56A. Provider Specialty Code																	
52. Phone Number ( ) -			52A. Additional Provider ID			57. Phone Number ( ) -					56. Address, City, State, Zip Code									56A. Provider Specialty Code																	
52. Phone Number ( ) -			52A. Additional Provider ID			57. Phone Number ( ) -					56. Address, City, State, Zip Code									56A. Provider Specialty Code																	

© 2006 American Dental Association  
 J400 (Same as ADA Dental Claim Form – J401, J402, J403, J404)  
 To Reorder call 1-800-947-4746 or go online at [www.adacatalog.org](http://www.adacatalog.org)





American Dental Association  
www.ada.org

Comprehensive completion instructions for the ADA Dental Claim Form are found in Section 4 of the ADA Publication titled *CDT-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 Identifier):** This is an identifier assigned by the Federal government to all providers considered to be HIPAA covered entities. Dentists who are not covered entities may elect to obtain an NPI at their discretion, or may be enumerated if required by a participating provider agreement with a third-party payer or applicable state law/regulation. An NPI is unique to an individual dentist (Type 1 NPI) or dental entity (Type 2 NPI), and has no intrinsic meaning. Additional information on NPI and enumeration can be obtained from the ADA's Internet Web Site: [www.ada.org/goto/npi](http://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
<b>Dentist</b> 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
<b>General Practice</b>	1223G0001X
<b>Dental Specialty (see following list)</b>	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](http://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](http://www.ada.org/goto/dentalcode)

ALLERGY	PRE MED	MEDICAL ALERT																														
<b>INITIAL CLINICAL EXAM</b>																																
PATIENT'S NAME _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 2px;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>																																
	GINGIVA <hr/> MOBILITY <hr/> PROTHESIS EVALUATION <hr/> OCCLUSION    1    11    111 <hr/> PATIENT'S CHIEF COMPLAINT																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center; font-size: x-small;">OK</td> </tr> <tr><td>LYMPH NODES</td><td></td></tr> <tr><td>PHARYNX</td><td></td></tr> <tr><td>TONSILS</td><td></td></tr> <tr><td>SOFT PALATE</td><td></td></tr> <tr><td>HARD PALATE</td><td></td></tr> <tr><td>FLOOR OF MOUTH</td><td></td></tr> <tr><td>TONGUE</td><td></td></tr> <tr><td>VESTIBULES</td><td></td></tr> <tr><td>BUCCAL MUCOSA</td><td></td></tr> <tr><td>LIPS</td><td></td></tr> <tr><td>SKIN</td><td></td></tr> <tr><td>TMJ</td><td></td></tr> <tr><td>ORAL HYGIENE</td><td></td></tr> <tr><td>PERIO EXAM</td><td></td></tr> </table>		OK	LYMPH NODES		PHARYNX		TONSILS		SOFT PALATE		HARD PALATE		FLOOR OF MOUTH		TONGUE		VESTIBULES		BUCCAL MUCOSA		LIPS		SKIN		TMJ		ORAL HYGIENE		PERIO EXAM		<b>CLINICAL FINDINGS/COMMENTS</b>           	
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<b>RECOMMENDED TREATMENT PLAN</b>																																
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	CLINICAL FINDINGS/COMMENTS
<b>LYMPH NODES</b>		TMJ		
PHARYNX		TONGUE		
TONSILS		VESTIBULES		
SOFT PALATE		BUCCAL MUCOSA		
HARD PALATE		GINGIVA		
FLOOR OF MOUTH		PROSTHESIS		
LIPS		PERIO EXAM		
SKIN		ORAL HYGIENE		
RADIOGRAPHS		B/P		

	<b>R</b>		<b>WORK NECESSARY</b>										<b>L</b>			
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SERVICE																

COMMENTS: \_\_\_\_\_  
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## RECALL EXAMINATION

PATIENT'S NAME \_\_\_\_\_

CHANGES IN HEALTH STATUS/MEDICAL HISTORY \_\_\_\_\_

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

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

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

## Authorization for Dental Treatment

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

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

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

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

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

Procedure(s): \_\_\_\_\_

Tooth Number(s): \_\_\_\_\_

Date: \_\_\_\_\_

Dentist: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Legal Guardian/  
Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

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

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

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**INSTRUCTIONS**

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

**MAINTENANCE TYPE:**

\_\_\_\_\_ Add  
\_\_\_\_\_ Change (Existing Set Up)  
\_\_\_\_\_ Delete (Existing Set Up)

**ACCOUNT HOLDER INFORMATION:**

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking  
\_\_\_\_\_ Personal \_\_\_\_\_ Business (choose one)

Bank Routing Number:

Bank Name: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Effective Start Date: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

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

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

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

# MEDICAL AND DENTAL HISTORY

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Why are you here today? \_\_\_\_\_

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

If yes, what type and where? \_\_\_\_\_

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

Medical Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

If yes, please list medications: \_\_\_\_\_

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

Yes  No

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.

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

**For Women Only:**

Are you pregnant?

Yes  No

If yes, what month? \_\_\_\_\_

Are you nursing?

Yes  No

Are you taking birth control pills?

Yes  No

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

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Provider Change Form**

**Provider Name** \_\_\_\_\_

**Provider NPI** \_\_\_\_\_

**Tax ID** \_\_\_\_\_

**Location Address** \_\_\_\_\_ **GID #** \_\_\_\_\_

**Location Address** \_\_\_\_\_ **GID#** \_\_\_\_\_

**Location Address** \_\_\_\_\_ **GID#** \_\_\_\_\_

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

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

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



## Request for Transfer of Records

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

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

Please have these records sent to:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient)

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



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

Medicare Member Name (“Member”)	
Treating Provider (“Provider”)	
Office/Location Name	
Office/Location Address	

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

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

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

Name of Member or Member’s Legal Representative

Signature

Date

Name of Provider’s Office Representative/Witness

Signature

Date

## **APPENDIX B**

### **Covered Benefits (See Exhibits)**

This section identifies covered benefits, provides specific criteria for coverage and defines individual age and benefit limitations for Members enrolled in the program. **Providers with benefit questions should contact DentaQuest's Customer Service Department directly at:**

**800.341.8478, press option 2**

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

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

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

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

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

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

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

1. the ADA approved service code to submit when billing,
2. brief description of the covered service,
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 or request for prior authorization is submitted,
5. an indicator of whether or not the service is subject to prior authorization, any other applicable benefit limitations



**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

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

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

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

All radiographs must be of 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.

\$3,000 Annual Maximum

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120, D0150) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	One of (D0140) per 1 Day(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	Two of (D0120, D0150) per 1 Calendar year(s) Per patient.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	One of (D0160) per 1 Day(s) Per patient.	
D0170	re-evaluation, limited problem focused	All Ages		No	One of (D0170) per 1 Day(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0180) per 1 Day(s) Per patient.	
D0210	intraoral - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Day(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	All Ages		No		
D0240	intraoral - occlusal radiographic image	All Ages		No	One of (D0240) per 1 Day(s) Per patient.	
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0273	bitewings - three radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	All Ages		No	One of (D0372) per 1 Calendar year(s) Per patient.	
D0373	intraoral tomosynthesis – bitewing radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0374	intraoral tomosynthesis – periapical radiographic image	All Ages		No	One of (D0374) per 1 Calendar year(s) Per patient.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

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

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

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

All radiographs must be of 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.

\$3,000 Annual Maximum

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

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	All Ages		No	One of (D1110, D4910) per 1 Day(s) Per patient.	
D1206	topical application of fluoride varnish	All Ages		No	One of (D1206, D1208, D9910) per 1 Day(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	One of (D1206, D1208, D9910) per 1 Day(s) Per patient.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. No prior authorization requirements. 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**. Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$3,000 Annual Maximum

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

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2150	Amalgam - two surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2160	amalgam - three surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2161	amalgam - four or more surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(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 A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2331	resin-based composite - two surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2332	resin-based composite - three surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(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 or involving incisal angle (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2390	resin-based composite crown, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(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 A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

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

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2530	inlay-metallic-3+ surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2542	onlay - metallic - two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2543	onlay-metallic-3 surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2544	onlay-metallic-4+ surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2610	inlay-porce/ceramic-1surface	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2620	inlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2630	inlay-porc/ceramic 3+ surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2642	onlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2643	onlay-porcelain/ceramic-3 surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2644	onlay-porcelain/ceramic-4+ surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2650	inlay-composite/resin 1surface	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2651	inlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2652	inlay-composite/resin-3+ surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2662	onlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2663	onlay-composite/resin-3 surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2664	onlay-composite/resin-4+ surfaces	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2710	crown - resin-based composite (indirect)	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2712	crown - 3/4 resin-based composite (indirect)	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2721	crown - resin with predominantly base metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2722	crown - resin with noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2740	crown - porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2750	crown - porcelain fused to high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2751	crown - porcelain fused to predominantly base metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2752	crown - porcelain fused to noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2780	crown - ¾ cast high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2781	crown - ¾ cast predominantly base metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2782	crown - ¾ cast noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2783	crown - ¾ porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs



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Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2790	crown - full cast high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2791	crown - full cast predominantly base metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2792	crown - full cast noble metal	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2794	Crown- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2799	interim crown	All Ages	Teeth 1 - 32	No	Disallow - included in the crown benefit	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No	One of (D2910) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	All Ages	Teeth 1 - 32	No	One of (D2915) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2920	re-cement or re-bond crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2920) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D2940	protective restoration	All Ages	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	
D2950	core buildup, including any pins when required	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2951	pin retention - per tooth, in addition to restoration	All Ages	Teeth 1 - 32	No	One of (D2951) per 5 Calendar year(s) Per patient per tooth. when billed with resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	cast post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2953	each additional cast post - same tooth	All Ages	Teeth 1 - 32	No	One of (D2953) per 5 Calendar year(s) Per patient per tooth. When billed with D2952.	
D2954	prefabricated post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2955	post removal (not in conjunction with endodontic therapy)	All Ages	Teeth 1 - 32	No	One of (D2955) per 5 Calendar year(s) Per patient per tooth.	
D2980	crown repair, by report	All Ages	Teeth 1 - 32	No	One of (D2980) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D2990	Resin infiltration of incipient smooth surface lesions	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 3 Calendar year(s) Per patient per tooth, per surface.	
D2999	unspecified restorative procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

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, pulpal debridement or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date. 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 final radiographs. Reimbursement includes local anesthesia.

Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$3,000 Annual Maximum

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
D3110	pulp cap - direct (excluding final restoration)	All Ages	Teeth 1 - 32	No	One of (D3110) per 1 Lifetime Per patient per tooth.	
D3120	pulp cap - indirect (excluding final restoration)	All Ages	Teeth 1 - 32	No	One of (D3120) per 1 Lifetime Per patient per tooth.	
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3221	pulpal debridement, primary and permanent teeth	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3331	treatment of root canal obstruction; non-surgical access	All Ages	Teeth 1 - 32	No	One of (D3331) per 1 Lifetime Per patient per tooth.	
D3346	retreatment of previous root canal therapy-anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3346) per 1 Lifetime Per patient per tooth.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3347	retreatment of previous root canal therapy - premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3347) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy-molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3348) per 1 Lifetime Per patient per tooth.	
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No	One of (D3351) per 1 Lifetime Per patient per tooth.	
D3352	apexification/recalcification - interim medication replacement	All Ages	Teeth 1 - 32	No	One of (D3352) per 1 Lifetime Per patient per tooth.	
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No	One of (D3353) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3421	apicoectomy - premolar (first root)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3421) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3425) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3426	apicoectomy (each additional root)	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32	Yes	One of (D3426) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	Yes	One of (D3430) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3450	root amputation - per root	All Ages	Teeth 1 - 32	No	One of (D3450) per 1 Lifetime Per patient per tooth.	
D3920	hemisection (including any root removal), not incl root canal therapy	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3920) per 1 Lifetime Per patient per tooth.	
D3999	unspecified endodontic procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. Claims for preventive dental procedure codes D1110, D1206, and D1208 will be denied when submitted for the same DOS as any D4000 series periodontal procedure codes.

Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$3,000 Annual Maximum

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

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

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 2 Calendar year(s) Per patient per quadrant. Radiographs and perio charting	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 2 Calendar year(s) Per patient per quadrant.	
D4346	scaling in presence of generalized moderate or severe gingival inflammation, full mouth, after oral evaluation	All Ages		No	One of (D4346) per 2 Calendar year(s) Per patient.	
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4355) per 2 Calendar year(s) Per patient.	
D4910	periodontal maintenance procedures	All Ages		No	One of (D4910) per 1 Day(s) Per patient.	
D4999	unspecified periodontal procedure, by report	All Ages		Yes	Narrative of medical necessity and description of service	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed or removable prosthetics shall be based on the cementation/delivery date.

If partial dentures are recommended, they must be deemed essential for function. As a standard, it may be considered that six posterior teeth in occlusion (three maxillary and three mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.

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.

All covered services are subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the Documentation required column with the claim for.

\$3,000 Annual Maximum

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

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5120	complete denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5130	immediate denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5140	immediate denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5211	maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5212	mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5225	maxillary partial denture-flexible base	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5226	mandibular partial denture-flexible base	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5410	adjust complete denture - maxillary	All Ages		No	Two of (D5410) per 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	



**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5411	adjust complete denture - mandibular	All Ages		No	Two of (D5411) per 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5421	adjust partial denture-maxillary	All Ages		No	Two of (D5421) per 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5422	adjust partial denture - mandibular	All Ages		No	Two of (D5422) per 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5511	repair broken complete denture base, mandibular	All Ages		No	One of (D5511) per 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5512	repair broken complete denture base, maxillary	All Ages		No	One of (D5512) per 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5520	replace missing or broken teeth - complete denture (each tooth)	All Ages	Teeth 1 - 32	No	One of (D5520) per 1 Day(s) Per patient per tooth. (After 6 months have elapsed since initial placement).	
D5611	repair resin partial denture base, mandibular	All Ages		No	One of (D5611) per 1 Day(s) Per patient per arch.	
D5612	repair resin partial denture base, maxillary	All Ages		No	One of (D5612) per 1 Day(s) Per patient per arch.	
D5621	repair cast partial framework, mandibular	All Ages		No	One of (D5621) per 1 Day(s) Per patient per arch.	
D5622	repair cast partial framework, maxillary	All Ages		No	One of (D5622) per 1 Day(s) Per patient per arch.	
D5630	repair or replace broken retentive/clasping materials per tooth	All Ages	Teeth 1 - 32	No	One of (D5630) per 1 Day(s) Per patient per tooth.	
D5640	replace broken teeth-per tooth	All Ages	Teeth 1 - 32	No	One of (D5640) per 1 Day(s) Per patient per tooth.	
D5650	add tooth to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5650) per 1 Day(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5660) per 1 Day(s) Per patient per tooth.	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	All Ages		No	One of (D5670) per 5 Calendar year(s) Per patient.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	All Ages		No	One of (D5671) per 5 Calendar year(s) Per patient.	
D5710	rebase complete maxillary denture	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5711	rebase complete mandibular denture	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5720	rebase maxillary partial denture	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5721	rebase mandibular partial denture	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5725	rebase hybrid prosthesis	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5725) per 1 Day(s) Per patient per arch. After 6 months have elapsed since initial placement.	
D5730	reline complete maxillary denture (chairside)	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5731	reline complete mandibular denture (chairside)	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5740	reline maxillary partial denture (chairside)	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5741	reline mandibular partial denture (chairside)	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5750	reline complete maxillary denture (laboratory)	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5751	reline complete mandibular denture (laboratory)	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5760	reline maxillary partial denture (laboratory)	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5761	reline mandibular partial denture (laboratory)	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5765	soft liner for complete or partial removable denture – indirect	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5765) per 1 Day(s) Per patient per arch. After 6 months have elapsed since initial placement.	
D5850	tissue conditioning, maxillary	All Ages		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5851	tissue conditioning,mandibular	All Ages		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5863	Overdenture - complete maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5864	Overdenture - partial maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5865	Overdenture - complete mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5866	Overdenture - partial mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5876	add metal substructure to acrylic full denture (per arch)	All Ages	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of service as D5110, D5120, D5130, D5140.	
D5899	unspecified removable prosthodontic procedure, by report	All Ages		Yes		pre-operative radiographs and narrative

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

WA Medicare Dual Coordination has a \$750 Quarterly max (remaining balances expire at year end) Quarterly balances can rollover into the next quarter. Members are required to pay for anything outside of their \$750 quarterly maximum. A zero dollar (\$0) copayment for two (2) exams per year coverage 2x per year.

Member is responsible for 50% coinsurance for endodontic, periodontic and oral surgery dental services. Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing

No prior authorization requirements

Pre-payment review on certain services

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 pulpectomy or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date.

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, treatment plan, all appointments necessary to complete treatment, temporary fillings, filling & obturation of canals, intra-operative, fill radiographs, and follow-up care.

**BILLING AND REIMBURSEMENT FOR INITIAL OR RETREATMENT ROOT CANALS SHALL BE BASED ON THE FILL DATE.**

Reimbursement includes local anesthesia.

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

<b>Maxillofacial Prosthetics</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D5999	unspecified maxillofacial prosthesis, by report	All Ages		Yes	Narrative of medical necessity and description of service	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed or removable prosthetics shall be based on the cementation/delivery date.

If partial dentures are recommended, they must be deemed essential for function. As a standard, it may be considered that six posterior teeth in occlusion (three maxillary and three mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.

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.

All covered services are subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the Documentation required column with the claim for.

\$3,000 Annual Maximum

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

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

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

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

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

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



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

**Exhibit A Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6084	Implant supported crown- porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6086	Implant supported crown- predominately base alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6087	Implant supported crown- noble alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6088	Implant supported crown- titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6090	repair implant prosthesis	All Ages	Teeth 1 - 32	No	One of (D6090) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D6091	replacement of attachment-implant/abutment prosthesis	All Ages		No	One of (D6091) per 3 Calendar year(s) Per patient per tooth. After 6 months have elapsed since initial placement.	

**Exhibit A Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6092	re-cement or re-bond implant/abutment supported crown	All Ages		No	One of (D6092) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	All Ages		No	One of (D6093) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D6094	Abutment supported crown-titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6095	repair implant abutment	All Ages	Teeth 1 - 32	No	One of (D6095) per 3 Calendar year(s) Per patient per tooth.	
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6098	Implant supported retainer-porcelain fused to predominately base alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6106	guided tissue regeneration – resorbable barrier, per implant	All Ages	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6107	guided tissue regeneration – non-resorbable barrier, per implant	All Ages	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6110	Implant/abutment supported removable dentur for edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D6111	Implant/abutment supported removable dentur for edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

**Exhibit A Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6121	Implant supported retainer for metal FPD- predominately base alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6122	Implant supported retainer for metal FPD- noble alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6123	Implant supported retainer for metal FPD- titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6191	semi-precision abutment – placement	All Ages	Teeth 1 - 32	Yes	One of (D6191) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6192	semi-precision attachment – placement	All Ages	Teeth 1 - 32	Yes	One of (D6192) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6195	Abutment Supported Retainer- Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	All Ages	Teeth 1 - 32	No	One of (D6197) per 1 Calendar year(s) Per patient per tooth.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

WA Medicare Dual Coordination has a \$750 Quarterly max (remaining balances expire at year end) Quarterly balances can rollover into the next quarter. Members are required to pay for anything outside of their \$750 quarterly maximum. A zero dollar (\$0) copayment for two (2) exams per year coverage 2x per year.

Member is responsible for 50% coinsurance for endodontic, periodontic and oral surgery dental services. Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing

No prior authorization requirements

Pre-payment review on certain services

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 pulpectomy or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date.

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, treatment plan, all appointments necessary to complete treatment, temporary fillings, filling & obturation of canals, intra-operative, fill radiographs, and follow-up care.

**BILLING AND REIMBURSEMENT FOR INITIAL OR RETREATMENT ROOT CANALS SHALL BE BASED ON THE FILL DATE.**

Reimbursement includes local anesthesia.

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

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6205	pontic - indirect resin based composite	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6210	pontic - cast high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6211	pontic-cast base metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6212	pontic - cast noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6214	Pontic - titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6240	pontic-porcelain fused-high noble	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6241	pontic-porcelain fused to base metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6242	pontic-porcelain fused-noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6243	Pontic - Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per quadrant.	pre-operative radiographs
D6245	prosthodontics fixed, pontic - porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6250	pontic-resin with high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6251	pontic-resin with base metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6252	pontic-resin with noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6545	retainer - cast metal fixed	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs



**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6549	Resin retainer-For resin bonded fixed prosthesis	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6602	inlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6603	inlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6604	inlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6605	inlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6606	inlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6607	inlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6608	onlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6609	onlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6610	onlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6611	onlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6612	onlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6613	onlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6614	onlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6615	onlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6624	inlay - titanium	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6634	onlay - titanium	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6710	crown - indirect resin based composite	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6721	crown-resin with base metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6722	crown-resin with noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6740	retainer crown, porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6750	crown-porcelain fused high noble	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6751	crown-porcelain fused to base metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6752	crown-porcelain fused noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6753	Retainer Crown- Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6780	crown-3/4 cst high noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6782	prosthodontics fixed, crown ¾ cast noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6784	Retainer Crown 3/4- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6790	crown-full cast high noble	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6791	crown - full cast base metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6792	crown - full cast noble metal	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6793	interim retainer crown	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6794	Retainer crown - titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6930	re-cement or re-bond fixed partial denture	All Ages		No	One of (D6930) per 3 Calendar year(s) Per patient. Only after 6 months of initial placement.	
D6980	fixed partial denture repair	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6980) per 3 Calendar year(s) Per patient. Only after 6 months of initial placement.	
D6999	fixed prosthodontic procedure	All Ages	Teeth 1 - 32	Yes	Narrative of medical necessity and description of service	



**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Reimbursement includes local anesthesia and routine post-operative care.

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

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

\$3,000 Annual Maximum

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	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) per 1 Lifetime Per patient per tooth.	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Ages	Teeth 1 - 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	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Ages	Teeth 4, 6 - 11, 13, 20 - 29, 54, 56 - 61, 63, 70 - 79, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7210) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D7220	removal of impacted tooth-soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7220) per 1 Lifetime Per patient per tooth.	
D7230	removal of impacted tooth-partially bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7230) per 1 Lifetime Per patient per tooth.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7240	removal of impacted tooth-completely bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7240) per 1 Lifetime Per patient per tooth.	
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7241) per 1 Lifetime Per patient per tooth.	
D7250	surgical removal of residual tooth roots (cutting procedure)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7250) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7251) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D7260	oroantral fistula closure	All Ages		No	Two of (D7260) per 1 Day(s) Per patient per arch.	
D7261	primary closure of a sinus perforation	All Ages		No	Two of (D7261) per 1 Day(s) Per patient per arch.	
D7280	Surgical access of an unerupted tooth	All Ages	Teeth 1 - 32	No	One of (D7280) per 1 Day(s) Per patient per tooth.	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	All Ages	Teeth 1 - 32	No	One of (D7282) per 1 Day(s) Per patient per tooth.	
D7283	placement of device to facilitate eruption of impacted tooth	All Ages	Teeth 1 - 32	No	One of (D7283) per 1 Day(s) Per patient per tooth.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	All Ages		No		
D7286	incisional biopsy of oral tissue-soft	All Ages		No		
D7287	cytology sample collection	All Ages		No	One of (D7287) per 1 Day(s) Per patient.	
D7288	brush biopsy - transepithelial sample collection	All Ages		No	One of (D7288) per 1 Day(s) Per patient.	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Day(s) Per patient per quadrant.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Day(s) Per patient per quadrant.	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Day(s) Per patient per quadrant.	
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Day(s) Per patient per quadrant.	
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	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7350) per 1 Day(s) Per patient per arch.	
D7410	radical excision - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7411	excision of benign lesion greater than 1.25 cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7412	excision of benign lesion, complicated	All Ages		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7465	destruction of lesion(s) by physical or chemical method, by report	All Ages		No		
D7471	removal of exostosis - per site	All Ages	Per Arch (01, 02, LA, UA)	Yes	One of (D7471) per 1 Day(s) Per patient per arch. Narrative of medical necessity and description of service	
D7472	removal of torus palatinus	All Ages		Yes	One of (D7472) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7473	removal of torus mandibularis	All Ages		Yes	One of (D7473) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7485	surgical reduction of osseous tuberosity	All Ages		Yes	One of (D7485) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7510	incision and drainage of abscess - intraoral soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Not allowed in conjunction with extraction on same date of service.	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	All Ages		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	All Ages		No		
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	All Ages		Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	All Ages		Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D7961	buccal / labial frenectomy (frenulectomy)	All Ages		No	One of (D7961, D7963) per 1 Day(s) Per patient per arch.	
D7962	lingual frenectomy (frenulectomy)	All Ages		No	One of (D7962) per 1 Day(s) Per patient per arch.	
D7963	frenuloplasty	All Ages		No	One of (D7961, D7963) per 1 Day(s) Per patient per arch.	
D7970	excision of hyperplastic tissue - per arch	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7970) per 1 Day(s) Per patient per arch.	
D7971	excision of pericoronal gingiva	All Ages	Teeth 1 - 32	No	One of (D7971) per 1 Day(s) Per patient per tooth.	
D7999	unspecified oral surgery procedure, by report	All Ages		Yes	Narrative of medical necessity and description of service	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

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

Covered dental services that indicate "Yes" in the "Review Required" column require documentation of medical necessity and will be subject to clinical review.

These procedures can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form. Providers should always check the member's eligibility and remaining benefit maximum prior to rendering services.

\$3,000 Annual Maximum

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

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure - per visit	All Ages		No	Not allowed with anything other than D0140 and x-rays.	
D9120	fixed partial denture sectioning	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		
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		Yes	One of (D9222) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		Yes	One of (D9223) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		Yes	One of (D9230) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day. Narrative, treatment record (including anesthesia records).	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		Yes	One of (D9239) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		Yes	One of (D9243) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	
D9248	non-intravenous moderate sedation	All Ages		Yes	One of (D9248) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No	One of (D9310) per 1 Day(s) Per Provider OR Location. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	
D9410	house/extended care facility call	All Ages		No	One of (D9410) per 1 Day(s) Per patient.	
D9420	hospital or ambulatory surgical center call	All Ages		No	One of (D9420) per 1 Day(s) Per patient. Six of (D9420) per 1 Year(s) Per patient.	
D9910	application of desensitizing medicament	All Ages		No	Two of (D1206, D1208, D9910) per 1 Day(s) Per patient.	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	All Ages		Yes	One of (D9930) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9950	occlusion analysis-mounted case	All Ages		Yes	One of (D9950, D9952) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9951	occlusal adjustment - limited	All Ages		Yes	One of (D9951) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9952	occlusal adjustment - complete	All Ages		Yes	One of (D9950, D9952) per 5 Calendar year(s) Per patient. Narrative of medical necessity and description of service	

**Exhibit A Benefits Covered for  
Amerigroup Medicare - Dual Coordination**

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



**Exhibit B Benefits Covered for  
Amerivantage WA Classic OSB-1 and ESRD OSB-1**

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

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

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

All radiographs must be of 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.

\$500 Annual Maximum

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Two of (D0140) per 1 Calendar year(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	Two of (D0150) per 1 Calendar year(s) Per patient.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	Two of (D0160) per 1 Calendar year(s) Per patient.	
D0170	re-evaluation, limited problem focused	All Ages		No	Two of (D0170) per 1 Calendar year(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	Two of (D0180) per 1 Calendar year(s) Per patient.	
D0210	intraoral - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Calendar year(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	All Ages		No	Six of (D0230) per 1 Calendar year(s) Per patient.	
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	

**Exhibit B Benefits Covered for  
Amerivantage WA Classic OSB-1 and ESRD OSB-1**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	

**Exhibit B Benefits Covered for  
Amerivantage WA Classic OSB-1 and ESRD OSB-1**

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

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

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

All radiographs must be of 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.

\$500 Annual Maximum

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

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	All Ages		No	Two of (D1110) per 1 Calendar year(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	Two of (D1208) per 1 Calendar year(s) Per patient.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

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

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

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

All radiographs must be of 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.

\$1,000 Annual Maximum

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Two of (D0140) per 1 Calendar year(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	Two of (D0150) per 1 Calendar year(s) Per patient.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	Two of (D0160) per 1 Calendar year(s) Per patient.	
D0170	re-evaluation, limited problem focused	All Ages		No	Two of (D0170) per 1 Calendar year(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	Two of (D0180) per 1 Calendar year(s) Per patient.	
D0210	intraoral - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Calendar year(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	All Ages		No	Six of (D0230) per 1 Calendar year(s) Per patient.	
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

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

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

Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis. DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health.

However, please consult the following benefit tables for benefit limitations.

All radiographs must be of 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.

\$1,000 Annual Maximum

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

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	All Ages		No	Two of (D1110) per 1 Calendar year(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	Two of (D1208) per 1 Calendar year(s) Per patient.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. No prior authorization requirements. 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**. Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$1,000 Annual Maximum

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

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	



**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

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, pulpal debridement or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date. 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 final radiographs. Reimbursement includes local anesthesia.

Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$1,000 Annual Maximum

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
D3110	pulp cap - direct (excluding final restoration)	All Ages	Teeth 1 - 32, A - T	No	One of (D3110) per 1 Lifetime Per patient per tooth.	
D3120	pulp cap - indirect (excluding final restoration)	All Ages	Teeth 1 - 32, A - T	No	One of (D3120) per 1 Lifetime Per patient per tooth.	
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth.	
D3221	pulpal debridement, primary and permanent teeth	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3346	retreatment of previous root canal therapy-anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3346) per 1 Lifetime Per patient per tooth.	
D3347	retreatment of previous root canal therapy - premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3347) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy-molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3348) per 1 Lifetime Per patient per tooth.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No	One of (D3351) per 1 Lifetime Per patient per tooth.	
D3352	apexification/recalcification - interim medication replacement	All Ages	Teeth 1 - 32	No	One of (D3352) per 1 Lifetime Per patient per tooth.	
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No	One of (D3353) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth.	
D3421	apicoectomy - premolar (first root)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth.	
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth.	
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	No	One of (D3430) per 1 Lifetime Per patient per tooth.	
D3450	root amputation - per root	All Ages	Teeth 1 - 32	No	One of (D3450) per 1 Lifetime Per patient per tooth.	
D3920	hemisection (including any root removal), not incl root canal therapy	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3920) per 1 Lifetime Per patient per tooth.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. Claims for preventive dental procedure codes D1110, D1206, and D1208 will be denied when submitted for the same DOS as any D4000 series periodontal procedure codes. Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$1,000 Annual Maximum

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211) per 1 Day(s) Per patient per quadrant.	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211) per 1 Day(s) Per patient per quadrant.	
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant.	
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant.	
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4260, D4261) per 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	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4260, D4261) per 1 Day(s) Per patient per quadrant.	
D4270	pedicle soft tissue graft procedure	All Ages	Teeth 1 - 32	No	One of (D4270) per 1 Day(s) Per patient per quadrant.	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 1 Day(s) Per patient per quadrant.	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 1 Day(s) Per patient per quadrant.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4355) per 1 Day(s) Per patient.	
D4910	periodontal maintenance procedures	All Ages		No	One of (D4910) per 1 Day(s) Per patient.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

Reimbursement includes local anesthesia and routine post-operative care.

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

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

\$1,000 Annual Maximum

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	All Ages	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7111) per 1 Calendar year(s) Per patient per tooth.	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7210) per 1 Lifetime Per patient per tooth.	
D7220	removal of impacted tooth-soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7220) per 1 Lifetime Per patient per tooth.	
D7230	removal of impacted tooth-partially bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7230) per 1 Lifetime Per patient per tooth.	
D7240	removal of impacted tooth-completely bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7240) per 1 Lifetime Per patient per tooth.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7241) per 1 Lifetime Per patient per tooth.	
D7250	surgical removal of residual tooth roots (cutting procedure)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7250) per 1 Lifetime Per patient per tooth.	

**Exhibit C Benefits Covered for  
Amerivantage WA Classic OSB-2 and ESRD OSB-2**

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

Covered dental services that indicate "Yes" in the "Review Required" column require documentation of medical necessity and will be subject to clinical review.

These procedures can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form. Providers should always check the member's eligibility and remaining benefit maximum prior to rendering services.

D9310 covered at 100%

\$1,000 Annual Maximum

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
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		No	One of (D9222) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		No	One of (D9223) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		No	One of (D9230) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		No	One of (D9239) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day.	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		No	One of (D9243) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day.	
D9248	non-intravenous moderate sedation	All Ages		No	One of (D9248) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day.	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No	One of (D9310) per 1 Day(s) Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

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

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

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

All radiographs must be of 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.

\$2,000 Annual Maximum

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Two of (D0140) per 1 Calendar year(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	Two of (D0150) per 1 Calendar year(s) Per patient.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	Two of (D0160) per 1 Calendar year(s) Per patient.	
D0170	re-evaluation, limited problem focused	All Ages		No	Two of (D0170) per 1 Calendar year(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	Two of (D0180) per 1 Calendar year(s) Per patient.	
D0210	intraoral - comprehensive series of radiographic images	All Ages		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Calendar year(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	All Ages		No	Six of (D0230) per 1 Calendar year(s) Per patient.	
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	



**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

<b>Diagnostic</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0270, D0272, D0274, D0277) per 1 Calendar year(s) Per patient.	
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

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

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

Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis. DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health.

However, please consult the following benefit tables for benefit limitations.

All radiographs must be of 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.

\$2,000 Annual Maximum

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

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	All Ages		No	Two of (D1110) per 1 Calendar year(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	Two of (D1208) per 1 Calendar year(s) Per patient.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. No prior authorization requirements. 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**. Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\*D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2910, D2915, D2920, D2951, D2952, D2954, D2955 covered at 50%

\$2,000 Annual Maximum

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

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 1 Day(s) Per patient per tooth, per surface.	
D2740	crown - porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792) per 5 Calendar year(s) Per patient per tooth.	
D2750	crown - porcelain fused to high noble metal	All Ages	Teeth 1 - 32	No	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792) per 5 Calendar year(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792) per 5 Calendar year(s) Per patient per tooth.	
D2752	crown - porcelain fused to noble metal	All Ages	Teeth 1 - 32	No	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792) per 5 Calendar year(s) Per patient per tooth.	
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792) per 5 Calendar year(s) Per patient per tooth.	
D2790	crown - full cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792) per 5 Calendar year(s) Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2791	crown - full cast predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792) per 5 Calendar year(s) Per patient per tooth.	
D2792	crown - full cast noble metal	All Ages	Teeth 1 - 32	No	One of (D2740, D2750, D2751, D2752, D2753, D2790, D2791, D2792) per 5 Calendar year(s) Per patient per tooth.	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No	One of (D2910) per 1 Day(s) Per patient per tooth.	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	All Ages	Teeth 1 - 32	No	One of (D2915) per 1 Day(s) Per patient per tooth.	
D2920	re-cement or re-bond crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2920) per 1 Day(s) Per patient per tooth.	
D2940	protective restoration	All Ages	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Day(s) Per patient per tooth.	
D2950	core buildup, including any pins when required	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2951	pin retention - per tooth, in addition to restoration	All Ages	Teeth 1 - 32	No	One of (D2951) per 5 Calendar year(s) Per patient per tooth. With resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	cast post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2954	prefabricated post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2955	post removal (not in conjunction with endodontic therapy)	All Ages	Teeth 1 - 32	No	One of (D2955) per 5 Calendar year(s) Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

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, pulpal debridement or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date. 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 final radiographs. Reimbursement includes local anesthesia.

Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$2,000 Annual Maximum

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
D3110	pulp cap - direct (excluding final restoration)	All Ages	Teeth 1 - 32, A - T	No	One of (D3110) per 1 Lifetime Per patient per tooth.	
D3120	pulp cap - indirect (excluding final restoration)	All Ages	Teeth 1 - 32, A - T	No	One of (D3120) per 1 Lifetime Per patient per tooth.	
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth.	
D3221	pulpal debridement, primary and permanent teeth	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3346	retreatment of previous root canal therapy-anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3346) per 1 Lifetime Per patient per tooth.	
D3347	retreatment of previous root canal therapy - premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3347) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy-molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3348) per 1 Lifetime Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No	One of (D3351) per 1 Lifetime Per patient per tooth.	
D3352	apexification/recalcification - interim medication replacement	All Ages	Teeth 1 - 32	No	One of (D3352) per 1 Lifetime Per patient per tooth.	
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No	One of (D3353) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Lifetime Per patient per tooth.	
D3421	apicoectomy - premolar (first root)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3421) per 1 Lifetime Per patient per tooth.	
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Lifetime Per patient per tooth.	
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	No	One of (D3430) per 1 Lifetime Per patient per tooth.	
D3450	root amputation - per root	All Ages	Teeth 1 - 32	No	One of (D3450) per 1 Lifetime Per patient per tooth.	
D3920	hemisection (including any root removal), not incl root canal therapy	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3920) per 1 Lifetime Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. Claims for preventive dental procedure codes D1110, D1206, and D1208 will be denied when submitted for the same DOS as any D4000 series periodontal procedure codes. Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$2,000 Annual Maximum

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211) per 1 Day(s) Per patient per quadrant.	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211) per 1 Day(s) Per patient per quadrant.	
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant.	
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant.	
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4260, D4261) per 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	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4260, D4261) per 1 Day(s) Per patient per quadrant.	
D4270	pedicle soft tissue graft procedure	All Ages	Teeth 1 - 32	No	One of (D4270) per 1 Day(s) Per patient per quadrant.	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 1 Day(s) Per patient per quadrant.	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 1 Day(s) Per patient per quadrant.	



**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4355) per 1 Day(s) Per patient.	
D4910	periodontal maintenance procedures	All Ages		No	One of (D4910) per 1 Day(s) Per patient.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed or removable prosthetics shall be based on the cementation/delivery date.

If partial dentures are recommended, they must be deemed essential for function. As a standard, it may be considered that six posterior teeth in occlusion (three maxillary and three mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.

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.

All covered services are subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the Documentation required column with the claim for.

\$2,000 Annual Maximum

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

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213) per 5 Calendar year(s) Per patient.	
D5120	complete denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214) per 5 Calendar year(s) Per patient.	
D5130	immediate denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213) per 5 Calendar year(s) Per patient.	
D5140	immediate denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214) per 5 Calendar year(s) Per patient.	
D5211	maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213) per 5 Calendar year(s) Per patient.	
D5212	mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214) per 5 Calendar year(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213) per 5 Calendar year(s) Per patient.	
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214) per 5 Calendar year(s) Per patient.	
D5421	adjust partial denture-maxillary	All Ages		No	Two of (D5421) per 1 Day(s) Per patient per arch.	
D5422	adjust partial denture - mandibular	All Ages		No	Two of (D5422) per 1 Day(s) Per patient per arch.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

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

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5725	rebase hybrid prosthesis	All Ages	Per Arch (01, 02, LA, UA)	No		
D5730	reline complete maxillary denture (chairside)	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient.	
D5731	reline complete mandibular denture (chairside)	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient.	
D5740	reline maxillary partial denture (chairside)	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient.	
D5741	reline mandibular partial denture (chairside)	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient.	
D5750	reline complete maxillary denture (laboratory)	All Ages		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient.	
D5751	reline complete mandibular denture (laboratory)	All Ages		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient.	
D5760	reline maxillary partial denture (laboratory)	All Ages		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient.	
D5761	reline mandibular partial denture (laboratory)	All Ages		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient.	
D5765	soft liner for complete or partial removable denture – indirect	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5765) per 1 Day(s) Per patient per arch.	
D5850	tissue conditioning, maxillary	All Ages		No	Only allowed in conjunction with fabrication of new denture.	
D5851	tissue conditioning,mandibular	All Ages		No	Only allowed in conjunction with fabrication of new denture.	
D5876	add metal substructure to acrylic full denture (per arch)	All Ages	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of service as D5110, D5120, D5130, D5140.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

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

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6010	surgical placement of implant body: endosteal implant	All Ages	Teeth 1 - 32	No	One of (D6010, D6013) per 1 Day(s) Per patient per tooth.	
D6013	surgical placement of mini implant	All Ages	Teeth 1 - 32	No	One of (D6010, D6013) per 1 Day(s) Per patient per tooth.	
D6058	abutment supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6059	abutment supported porcelain fused to metal crown (high noble metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6061	abutment supported porcelain fused to metal crown (noble metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6062	abutment supported cast metal crown (high noble metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6063	abutment supported cast metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6064	abutment supported cast metal crown (noble metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6065	implant supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6066	Implant Supported Crown- Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6067	Implant Supported Crown- High Noble Alloys	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6068	abutment supported retainer for porcelain/ceramic FPD	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6072	abutment supported retainer for cast metal FPD (high noble metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6074	abutment supported retainer for cast metal FPD (noble metal)	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6075	implant supported retainer for ceramic FPD	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6076	Implant Supported Retainer for FPD-Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6077	Implant Supported Retainer for Metal FPD- High Noble Alloys	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6090	repair implant prosthesis	All Ages	Teeth 1 - 32	No	One of (D6090) per 1 Day(s) Per patient per tooth.	
D6092	re-cement or re-bond implant/abutment supported crown	All Ages		No	One of (D6092) per 1 Day(s) Per patient per tooth.	
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	All Ages		No	One of (D6093) per 1 Day(s) Per patient per tooth.	
D6094	Abutment supported crown-titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6094) per 1 Day(s) Per patient per tooth.	
D6095	repair implant abutment	All Ages	Teeth 1 - 32	No	One of (D6095) per 1 Day(s) Per patient per tooth.	



**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Reimbursement includes local anesthesia and routine post-operative care.

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

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

\$2,000 Annual Maximum

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	All Ages	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7111) per 1 Lifetime Per patient per tooth.	
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7210) per 1 Lifetime Per patient per tooth.	
D7220	removal of impacted tooth-soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7220) per 1 Lifetime Per patient per tooth.	
D7230	removal of impacted tooth-partially bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7230) per 1 Lifetime Per patient per tooth.	
D7240	removal of impacted tooth-completely bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7240) per 1 Lifetime Per patient per tooth.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7241) per 1 Lifetime Per patient per tooth.	
D7250	surgical removal of residual tooth roots (cutting procedure)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7250) per 1 Lifetime Per patient per tooth.	
D7260	oroantral fistula closure	All Ages		No	Two of (D7260) per 1 Day(s) Per patient per arch.	
D7261	primary closure of a sinus perforation	All Ages		No	Two of (D7261) per 1 Day(s) Per patient per arch.	
D7280	Surgical access of an unerupted tooth	All Ages	Teeth 1 - 32	No	One of (D7280) per 1 Day(s) Per patient per tooth.	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	All Ages	Teeth 1 - 32	No	One of (D7282) per 1 Day(s) Per patient per tooth.	
D7283	placement of device to facilitate eruption of impacted tooth	All Ages	Teeth 1 - 32	No	One of (D7283) per 1 Day(s) Per patient per tooth.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	All Ages		No	One of (D7285) per 1 Day(s) Per patient.	
D7286	incisional biopsy of oral tissue-soft	All Ages		No	One of (D7286) per 1 Day(s) Per patient.	
D7287	cytology sample collection	All Ages		No	One of (D7287) per 1 Day(s) Per patient.	
D7288	brush biopsy - transepithelial sample collection	All Ages		No	One of (D7288) per 1 Day(s) Per patient.	
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Day(s) Per patient per quadrant.	
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Day(s) Per patient per quadrant.	
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Day(s) Per patient per quadrant.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Day(s) Per patient per quadrant.	
D7410	radical excision - lesion diameter up to 1.25cm	All Ages		No		
D7411	excision of benign lesion greater than 1.25 cm	All Ages		No		
D7412	excision of benign lesion, complicated	All Ages		No		
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		No		
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		No		
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		No		
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		No		
D7465	destruction of lesion(s) by physical or chemical method, by report	All Ages		No		
D7510	incision and drainage of abscess - intraoral soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	All Ages		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	All Ages		No		
D7961	buccal / labial frenectomy (frenulectomy)	All Ages		No	One of (D7961, D7962, D7963) per 1 Day(s) Per patient per arch.	
D7962	lingual frenectomy (frenulectomy)	All Ages		No	One of (D7961, D7962, D7963) per 1 Day(s) Per patient per arch.	
D7963	frenuloplasty	All Ages		No	One of (D7961, D7962, D7963) per 1 Day(s) Per patient per arch.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

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

Covered dental services that indicate "Yes" in the "Review Required" column require documentation of medical necessity and will be subject to clinical review.

These procedures can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form. Providers should always check the member's eligibility and remaining benefit maximum prior to rendering services.

\$2,000 Annual Maximum

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

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure - per visit	All Ages		No	Not allowed with anything other than D0140 and x-rays.	
D9120	fixed partial denture sectioning	All Ages		No	One of (D9120) per 1 Day(s) Per patient.	
D9210	local anesthesia not in conjunction with operative or surgical procedures	All Ages		No	One of (D9210) per 1 Day(s) Per patient.	
D9211	regional block anesthesia	All Ages		No	One of (D9211) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	
D9212	trigeminal division block anesthesia	All Ages		No	One of (D9212) per 1 Day(s) Per patient.	
D9215	local anesthesia in conjunction with operative or surgical procedures	All Ages		No	One of (D9215) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		No	One of (D9222) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day.	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		No	One of (D9223) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day.	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		No	One of (D9230) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day.	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		No	One of (D9239) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day.	

**Exhibit D Benefits Covered for  
Amerivantage WA Classic OSB-3 and ESRD OSB-3**

<b>Adjunctive General Services</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		No	One of (D9243) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day.	
D9248	non-intravenous moderate sedation	All Ages		No	One of (D9248) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day.	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No	One of (D9310) per 1 Day(s) Per patient. Not allowed with (D0120, D0140, D0150, D0180) by same provider or location.	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

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

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

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

All radiographs must be of 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.

**\$500 Annual Maximum**

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, D0150) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	21 and older		No	One of (D0140) per 1 Day(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	Two of (D0120, D0150) per 1 Calendar year(s) Per patient.	
D0160	detailed and extensive oral eval-problem focused, by report	21 and older		No	One of (D0160) per 1 Day(s) Per patient.	
D0170	re-evaluation, limited problem focused	21 and older		No	One of (D0170) per 1 Day(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	21 and older		No	One of (D0180) per 1 Day(s) Per patient.	
D0210	intraoral - comprehensive series of radiographic images	21 and older		No	One of (D0210, D0330) per 1 Calendar year(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		
D0240	intraoral - occlusal radiographic image	21 and older		No	One of (D0240) per 1 Day(s) Per patient.	
D0270	bitewing - single radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	

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Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0272	bitewings - two radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0273	bitewings - three radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0274	bitewings - four radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0330	panoramic radiographic image	21 and older		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	21 and older		No	One of (D0372) per 1 Calendar year(s) Per patient.	
D0373	intraoral tomosynthesis – bitewing radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0374	intraoral tomosynthesis – periapical radiographic image	21 and older		No	One of (D0374) per 1 Calendar year(s) Per patient.	



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

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

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

DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health.

However, please consult the following benefit tables for benefit limitations.

All radiographs must be of 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.

**\$500 Annual Maximum**

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	One of (D1110, D4910) per 1 Day(s) Per patient.	
D1206	topical application of fluoride varnish	21 and older		No	One of (D1206, D1208, D9910) per 1 Day(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	21 and older		No	One of (D1206, D1208, D9910) per 1 Day(s) Per patient.	

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Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. No prior authorization requirements. 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**. Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$500 Annual Maximum

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 3 Calendar year(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 3 Calendar year(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 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2161	amalgam - four or more surfaces, primary or permanent	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 3 Calendar year(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.	

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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 3 Calendar year(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 3 Calendar year(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 3 Calendar year(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 or involving incisal angle (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 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2390	resin-based composite crown, anterior	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 3 Calendar year(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.	

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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 3 Calendar year(s) Per patient per tooth, per surface.	
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 3 Calendar year(s) Per patient per tooth, per surface.	
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 3 Calendar year(s) Per patient per tooth, per surface.	
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 3 Calendar year(s) Per patient per tooth, per surface.	
D2510	inlay - metallic -1 surface	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2520	inlay-metallic-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2530	inlay-metallic-3+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2542	onlay - metallic - two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2543	onlay-metallic-3 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2544	onlay-metallic-4+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2610	inlay-porce/ceramic-1surface	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2620	inlay-porcelain/ceramic-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2630	inlay-porc/ceramic 3+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2642	onlay-porcelain/ceramic-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2643	onlay-porcelain/ceramic-3 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2644	onlay-porcelain/ceramic-4+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2650	inlay-composite/resin 1surface	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2651	inlay-composite/resin-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2652	inlay-composite/resin-3+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2662	onlay-composite/resin-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2663	onlay-composite/resin-3 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2664	onlay-composite/resin-4+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2710	crown - resin-based composite (indirect)	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2712	crown - 3/4 resin-based composite (indirect)	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2720	crown-resin with high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2721	crown - resin with predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs



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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	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2740	crown - porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2750	crown - porcelain fused to high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2752	crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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WA Amerivantage ESRD Care HMO C-SNP**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2780	crown - ¾ cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2781	crown - ¾ cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2782	crown - ¾ cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2783	crown - ¾ porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2790	crown - full cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2791	crown - full cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2792	crown - full cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2794	Crown- Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2799	interim crown	21 and older	Teeth 1 - 32	No	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 3 Calendar year(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 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	

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WA Amerivantage ESRD Care HMO C-SNP**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2920	re-cement or re-bond crown	21 and older	Teeth 1 - 32, A - T	No	One of (D2920) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D2940	protective 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 5 Calendar year(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 5 Calendar year(s) Per patient per tooth. when billed with resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	cast post and core in addition to crown	21 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2953	each additional cast post - same tooth	21 and older	Teeth 1 - 32	No	One of (D2953) per 5 Calendar year(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 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2955	post removal (not in conjunction with endodontic therapy)	21 and older	Teeth 1 - 32	No	One of (D2955) per 5 Calendar year(s) Per patient per tooth.	
D2980	crown repair, by report	21 and older	Teeth 1 - 32	No	One of (D2980) per 3 Calendar year(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 3 Calendar year(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 E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

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, pulpal debridement or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date. 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 final radiographs. Reimbursement includes local anesthesia.

Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$500 Annual Maximum

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
D3110	pulp cap - direct (excluding final restoration)	21 and older	Teeth 1 - 32	No	One of (D3110) per 1 Lifetime Per patient per tooth.	
D3120	pulp cap - indirect (excluding final restoration)	21 and older	Teeth 1 - 32	No	One of (D3120) per 1 Lifetime Per patient per tooth.	
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.	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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.	
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	21 and older	Teeth 1 - 32	No	One of (D3351) per 1 Lifetime Per patient per tooth.	
D3352	apexification/recalcification - interim medication replacement	21 and older	Teeth 1 - 32	No	One of (D3352) per 1 Lifetime Per patient per tooth.	
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	One of (D3353) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	21 and older	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
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 radiographs
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.	pre-operative radiographs
D3430	retrograde filling - per root	21 and older	Teeth 1 - 32	Yes	One of (D3430) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3450	root amputation - per root	21 and older	Teeth 1 - 32	No	One of (D3450) per 1 Lifetime Per patient per tooth.	
D3920	hemisection (including any root removal), not incl root canal therapy	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3920) per 1 Lifetime Per patient per tooth.	
D3999	unspecified endodontic procedure, by report	21 and older	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. Claims for preventive dental procedure codes D1110, D1206, and D1208 will be denied when submitted for the same DOS as any D4000 series periodontal procedure codes.

Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$500 Annual Maximum

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 1 Day(s) Per patient per quadrant. Radiographs, perio charting and photographs	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 1 Day(s) Per patient per quadrant. Radiographs, perio charting and photographs	
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant. Radiographs and perio charting	
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant. Radiographs and perio charting	
D4249	clinical crown lengthening - hard tissue	21 and older	Teeth 1 - 32	Yes	One of (D4249) per 1 Lifetime Per patient per tooth. Radiographs and perio charting	
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260, D4261) per 1 Day(s) Per patient per quadrant. Radiographs and perio charting	
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260, D4261) per 1 Day(s) Per patient per quadrant. Radiographs and perio charting	
D4270	pedicle soft tissue graft procedure	21 and older	Teeth 1 - 32	No	One of (D4270) per 1 Day(s) Per patient per quadrant.	

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WA Amerivantage ESRD Care HMO C-SNP**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 2 Calendar year(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 2 Calendar year(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	One of (D4346) per 2 Calendar year(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 2 Calendar year(s) Per patient.	
D4910	periodontal maintenance procedures	21 and older		No	One of (D4910) per 1 Day(s) Per patient.	
D4999	unspecified periodontal procedure, by report	21 and older		Yes	Narrative of medical necessity and description of service	



**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed or removable prosthetics shall be based on the cementation/delivery date.

If partial dentures are recommended, they must be deemed essential for function. As a standard, it may be considered that six posterior teeth in occlusion (three maxillary and three mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.

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.

All covered services are subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the Documentation Required column with the claim for

\$500 Annual Maximum

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, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5120	complete denture - mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5130	immediate denture - maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5140	immediate denture - mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(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, D6110, D6112) per 5 Calendar year(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, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	

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Prostodontics, 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, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5225	maxillary partial denture-flexible base	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5226	mandibular partial denture-flexible base	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(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, D6110, D6112) per 5 Calendar year(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, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5410	adjust complete denture - maxillary	21 and older		No	Two of (D5410) per 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	

**Exhibit E Benefits Covered for  
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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5411	adjust complete denture - mandibular	21 and older		No	Two of (D5411) per 1 Day(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 1 Day(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 1 Day(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 1 Day(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 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5520	replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 - 32	No	One of (D5520) per 1 Day(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 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.	
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 tooth.	
D5640	replace broken teeth-per tooth	21 and older	Teeth 1 - 32	No	One of (D5640) per 1 Day(s) Per patient per tooth.	
D5650	add tooth to existing partial denture	21 and older	Teeth 1 - 32	No	One of (D5650) per 1 Day(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	21 and older	Teeth 1 - 32	No	One of (D5660) per 1 Day(s) Per patient per tooth.	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	21 and older		No	One of (D5670) per 5 Calendar year(s) Per patient.	

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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	21 and older		No	One of (D5671) per 5 Calendar year(s) Per patient.	
D5710	rebase complete maxillary denture	21 and older		No	One of (D5710, D5730, D5750) per 1 Day(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 1 Day(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 1 Day(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 1 Day(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 1 Day(s) Per patient per arch. After 6 months have elapsed since initial placement.	
D5730	reline complete maxillary denture (chairside)	21 and older		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5731	reline complete mandibular denture (chairside)	21 and older		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5740	reline maxillary partial denture (chairside)	21 and older		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5741	reline mandibular partial denture (chairside)	21 and older		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5750	reline complete maxillary denture (laboratory)	21 and older		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5751	reline complete mandibular denture (laboratory)	21 and older		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5760	reline maxillary partial denture (laboratory)	21 and older		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	

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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5761	reline mandibular partial denture (laboratory)	21 and older		No	One of (D5721, D5741, D5761) per 1 Day(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 1 Day(s) Per patient per arch. After 6 months have elapsed since initial placement.	
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.	
D5863	Overdenture - complete maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5864	Overdenture - partial maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D5865	Overdenture - complete mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5866	Overdenture - partial mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D5876	add metal substructure to acrylic full denture (per arch)	21 and older	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of service as D5110, D5120, D5130, D5140.	
D5899	unspecified removable prosthodontic procedure, by report	21 and older		Yes		pre-operative radiographs and narrative

**Exhibit E Benefits Covered for  
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Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5999	unspecified maxillofacial prosthesis, by report	21 and older		Yes	Narrative of medical necessity and description of service	

**Exhibit E Benefits Covered for  
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Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6010	surgical placement of implant body: endosteal implant	21 and older	Teeth 1 - 32	Yes	One of (D6010, D6013) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6013	surgical placement of mini implant	21 and older	Teeth 1 - 32	Yes	One of (D6010, D6013) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6056	prefabricated abutment	21 and older	Teeth 1 - 32	Yes	One of (D6056, D6057) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6057	custom abutment	21 and older	Teeth 1 - 32	Yes	One of (D6056, D6057) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6058	abutment supported porcelain/ceramic crown	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6059	abutment supported porcelain fused to metal crown (high noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

**Exhibit E Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6061	abutment supported porcelain fused to metal crown (noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6062	abutment supported cast metal crown (high noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6063	abutment supported cast metal crown (predominantly base metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6064	abutment supported cast metal crown (noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6065	implant supported porcelain/ceramic crown	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays



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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6066	Implant Supported Crown-Porcelain Fused to High Noble Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6067	Implant Supported Crown- High Noble Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6068	abutment supported retainer for porcelain/ceramic FPD	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6072	abutment supported retainer for cast metal FPD (high noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6074	abutment supported retainer for cast metal FPD (noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6075	implant supported retainer for ceramic FPD	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6076	Implant Supported Retainer for FPD-Porcelain Fused to High Noble Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6077	Implant Supported Retainer for Metal FPD- High Noble Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6082	Implant supported crown- porcelain fused to predominantly base alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6083	Implant supported crown- porcelain fused to noble alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6084	Implant supported crown- porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6086	Implant supported crown-predominately base alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6087	Implant supported crown- noble alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6088	Implant supported crown- titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6090	repair implant prosthesis	21 and older	Teeth 1 - 32	No	One of (D6090) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D6091	replacement of attachment-implant/abutment prosthesis	21 and older		No	One of (D6091) per 3 Calendar year(s) Per patient per tooth. After 6 months have elapsed since initial placement.	
D6092	re-cement or re-bond implant/abutment supported crown	21 and older		No	One of (D6092) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	21 and older		No	One of (D6093) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	

**Exhibit E Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6094	Abutment supported crown-titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6095	repair implant abutment	21 and older	Teeth 1 - 32	No	One of (D6095) per 3 Calendar year(s) Per patient per tooth.	
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6098	Implant supported retainer-porcelain fused to predominately base alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6106	guided tissue regeneration – resorbable barrier, per implant	21 and older	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6107	guided tissue regeneration – non-resorbable barrier, per implant	21 and older	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6110	Implant/abutment supported removable dentur for edentulous arch - maxillary	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D6111	Implant/abutment supported removable dentur for edentulous arch - mandibular	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5227, D5863, D5864, D6110, D6112) per 5 Calendar year(s) Per patient.	
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5228, D5865, D5866, D6111, D6113) per 5 Calendar year(s) Per patient.	
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6121	Implant supported retainer for metal FPD- predominately base alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6122	Implant supported retainer for metal FPD- noble alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6123	Implant supported retainer for metal FPD- titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6191	semi-precision abutment – placement	21 and older	Teeth 1 - 32	Yes	One of (D6191) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6192	semi-precision attachment – placement	21 and older	Teeth 1 - 32	Yes	One of (D6192) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6195	Abutment Supported Retainer- Porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	21 and older	Teeth 1 - 32	No	One of (D6197) per 1 Calendar year(s) Per patient per tooth.	

**Exhibit E Benefits Covered for  
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Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed or removable prosthetics shall be based on the cementation/delivery date.

If partial dentures are recommended, they must be deemed essential for function. As a standard, it may be considered that six posterior teeth in occlusion (three maxillary and three mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.

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.

All covered services are subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the Documentation Required column with the claim for

\$500 Annual Maximum

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	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6210	pontic - cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6211	pontic-cast base metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6212	pontic - cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6214	Pontic - titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6240	pontic-porcelain fused-high noble	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6241	pontic-porcelain fused to base metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs



**Exhibit E Benefits Covered for  
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6242	pontic-porcelain fused-noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6243	Pontic - Porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per quadrant.	pre-operative radiographs
D6245	prosthodontics fixed, pontic - porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6250	pontic-resin with high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6251	pontic-resin with base metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6252	pontic-resin with noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6545	retainer - cast metal fixed	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6549	Resin retainer-For resin bonded fixed prosthesis	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6602	inlay - cast high noble metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6603	inlay - cast high noble metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6604	inlay - cast predominantly base metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6605	inlay - cast predominantly base metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit E Benefits Covered for  
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6606	inlay - cast noble metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6607	inlay - cast noble metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6608	onlay - porcelain/ceramic, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6609	onlay - porcelain/ceramic, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6610	onlay - cast high noble metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6611	onlay - cast high noble metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6612	onlay - cast predominantly base metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6613	onlay - cast predominantly base metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6614	onlay - cast noble metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6615	onlay - cast noble metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit E Benefits Covered for  
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6624	inlay - titanium	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6634	onlay - titanium	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6710	crown - indirect resin based composite	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6720	crown-resin with high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6721	crown-resin with base metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit E Benefits Covered for  
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6722	crown-resin with noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6740	retainer crown, porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6750	crown-porcelain fused high noble	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6751	crown-porcelain fused to base metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6752	crown-porcelain fused noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6753	Retainer Crown- Porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6780	crown-3/4 cst high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6782	prosthodontics fixed, crown ¾ cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6784	Retainer Crown 3/4- Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6790	crown-full cast high noble	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6791	crown - full cast base metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6792	crown - full cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6793	interim retainer crown	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6794	Retainer crown - titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs



**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

<b>Prosthodontics, fixed</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6930	re-cement or re-bond fixed partial denture	21 and older		No	One of (D6930) per 3 Calendar year(s) Per patient. Only after 6 months of initial placement.	
D6980	fixed partial denture repair	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6980) per 3 Calendar year(s) Per patient. Only after 6 months of initial placement.	
D6999	fixed prosthodontic procedure	21 and older	Teeth 1 - 32	Yes	Narrative of medical necessity and description of service	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Reimbursement includes local anesthesia and routine post-operative care.

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

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

\$500 Annual Maximum

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 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) per 1 Lifetime Per patient per tooth.	
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	surgical removal of 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	surgical removal of 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.	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
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.	
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	surgical 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
D7260	oroantral fistula closure	21 and older		No	Two of (D7260) per 1 Day(s) Per patient per arch.	
D7261	primary closure of a sinus perforation	21 and older		No	Two of (D7261) per 1 Day(s) Per patient per arch.	
D7280	Surgical access of an unerupted tooth	21 and older	Teeth 1 - 32	No	One of (D7280) per 1 Day(s) Per patient per tooth.	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	21 and older	Teeth 1 - 32	No	One of (D7282) per 1 Day(s) Per patient per tooth.	
D7283	placement of device to facilitate eruption of impacted tooth	21 and older	Teeth 1 - 32	No	One of (D7283) per 1 Day(s) Per patient per tooth.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	21 and older		No		
D7286	incisional biopsy of oral tissue-soft	21 and older		No		
D7287	cytology sample collection	21 and older		No	One of (D7287) per 1 Day(s) Per patient.	
D7288	brush biopsy - transepithelial sample collection	21 and older		No	One of (D7288) per 1 Day(s) Per patient.	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Day(s) Per patient per quadrant.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Day(s) Per patient per quadrant.	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Day(s) Per patient per quadrant.	
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Day(s) Per patient per quadrant.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7340) per 1 Day(s) Per patient per arch.	
D7350	vestibuloplasty - ridge extension	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7350) per 1 Day(s) Per patient per arch.	
D7410	radical excision - lesion diameter up to 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7411	excision of benign lesion greater than 1.25 cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7412	excision of benign lesion, complicated	21 and older		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7465	destruction of lesion(s) by physical or chemical method, by report	21 and older		No		
D7471	removal of exostosis - per site	21 and older	Per Arch (01, 02, LA, UA)	Yes	One of (D7471) per 1 Day(s) Per patient per arch. Narrative of medical necessity and description of service	
D7472	removal of torus palatinus	21 and older		Yes	One of (D7472) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7473	removal of torus mandibularis	21 and older		Yes	One of (D7473) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7485	surgical reduction of osseous tuberosity	21 and older		Yes	One of (D7485) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7510	incision and drainage of abscess - intraoral 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	Not allowed in conjunction with extraction on same date of service.	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	21 and older		No		
D7520	incision and drainage of abscess - extraoral soft tissue	21 and older		No		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	21 and older		No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	21 and older		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	21 and older		No		
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	21 and older		Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	21 and older		Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D7961	buccal / labial frenectomy (frenulectomy)	21 and older		No	One of (D7961, D7963) per 1 Day(s) Per patient per arch.	
D7962	lingual frenectomy (frenulectomy)	21 and older		No	One of (D7962) per 1 Day(s) Per patient per arch.	
D7963	frenuloplasty	21 and older		No	One of (D7961, 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 tooth.	
D7999	unspecified oral surgery procedure, by report	21 and older		Yes	Narrative of medical necessity and description of service	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

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

Covered dental services that indicate "Yes" in the "Review Required" column require documentation of medical necessity and will be subject to clinical review.

These procedures can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form. Providers should always check the member's eligibility and remaining benefit maximum prior to rendering services.

\$500 Annual Maximum

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

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure - per visit	21 and older		No	Not allowed with anything other than D0140 and x-rays.	
D9120	fixed partial denture sectioning	21 and older		No		
D9210	local anesthesia not in conjunction with operative or surgical procedures	21 and older		No		
D9211	regional block anesthesia	21 and older		No		
D9212	trigeminal division block anesthesia	21 and older		No		
D9215	local anesthesia in conjunction with operative or surgical procedures	21 and older		No		
D9222	deep sedation/general anesthesia first 15 minutes	21 and older		Yes	One of (D9222) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	21 and older		Yes	One of (D9223) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	21 and older		Yes	One of (D9230) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day. Narrative, treatment record (including anesthesia records).	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	21 and older		Yes	One of (D9239) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	

**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	21 and older		Yes	One of (D9243) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	
D9248	non-intravenous moderate sedation	21 and older		Yes	One of (D9248) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	21 and older		No	One of (D9310) per 1 Day(s) Per Provider OR Location. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	
D9410	house/extended care facility call	21 and older		No	One of (D9410) per 1 Day(s) Per patient.	
D9420	hospital or ambulatory surgical center call	21 and older		No	One of (D9420) per 1 Day(s) Per patient. Six of (D9420) per 1 Year(s) Per patient.	
D9910	application of desensitizing medicament	21 and older		No	Two of (D1206, D1208, D9910) per 1 Day(s) Per patient.	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	21 and older		Yes	One of (D9930) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9950	occlusion analysis-mounted case	21 and older		Yes	One of (D9950, D9952) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9951	occlusal adjustment - limited	21 and older		Yes	One of (D9951) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9952	occlusal adjustment - complete	21 and older		Yes	One of (D9950, D9952) per 5 Calendar year(s) Per patient. Narrative of medical necessity and description of service	
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. Indicator of modality, not separately reimbursed. Reimbursement is with exam code.	



**Exhibit E Benefits Covered for  
WA Amerivantage ESRD Care HMO C-SNP**

<b>Adjunctive General Services</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
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. Indicator of modality, not separately reimbursed. Reimbursement is with exam code.	
D9999	unspecified adjunctive procedure, by report	21 and older		Yes	Narrative of medical necessity and description of service	

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

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

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

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

All radiographs must be of 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.

\$1,000 Annual Maximum

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, D0150) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	21 and older		No	One of (D0140) per 1 Day(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	Two of (D0120, D0150) per 1 Calendar year(s) Per patient.	
D0160	detailed and extensive oral eval-problem focused, by report	21 and older		No	One of (D0160) per 1 Day(s) Per patient.	
D0170	re-evaluation, limited problem focused	21 and older		No	One of (D0170) per 1 Day(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	21 and older		No	One of (D0180) per 1 Day(s) Per patient.	
D0210	intraoral - comprehensive series of radiographic images	21 and older		No	One of (D0210, D0330) per 1 Calendar year(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		
D0240	intraoral - occlusal radiographic image	21 and older		No	One of (D0240) per 1 Day(s) Per patient.	
D0270	bitewing - single radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	

**Exhibit F Benefits Covered for  
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Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0272	bitewings - two radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0273	bitewings - three radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0274	bitewings - four radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0330	panoramic radiographic image	21 and older		No	One of (D0210, D0330) per 1 Calendar year(s) Per patient.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	21 and older		No	One of (D0372) per 1 Calendar year(s) Per patient.	
D0373	intraoral tomosynthesis – bitewing radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0277, D0373) per 1 Day(s) Per patient.	
D0374	intraoral tomosynthesis – periapical radiographic image	21 and older		No	One of (D0374) per 1 Calendar year(s) Per patient.	

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

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

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

Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis. DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health.

However, please consult the following benefit tables for benefit limitations.

All radiographs must be of 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.

\$1,000 Annual Maximum

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	One of (D1110, D4910) per 1 Day(s) Per patient.	
D1206	topical application of fluoride varnish	21 and older		No	One of (D1206, D1208, D9910) per 1 Day(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	21 and older		No	One of (D1206, D1208, D9910) per 1 Day(s) Per patient.	

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. No prior authorization requirements.

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**.

Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$1,000 Annual Maximum

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 3 Calendar year(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 3 Calendar year(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 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2161	amalgam - four or more surfaces, primary or permanent	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 3 Calendar year(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 F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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 3 Calendar year(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 3 Calendar year(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 3 Calendar year(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 or involving incisal angle (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 3 Calendar year(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2390	resin-based composite crown, anterior	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 3 Calendar year(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 F Benefits Covered for  
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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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 3 Calendar year(s) Per patient per tooth, per surface.	
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 3 Calendar year(s) Per patient per tooth, per surface.	
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 3 Calendar year(s) Per patient per tooth, per surface.	
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 3 Calendar year(s) Per patient per tooth, per surface.	
D2510	inlay - metallic -1 surface	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2520	inlay-metallic-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2530	inlay-metallic-3+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2542	onlay - metallic - two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2543	onlay-metallic-3 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2544	onlay-metallic-4+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2610	inlay-porce/ceramic-1surface	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs



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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2620	inlay-porcelain/ceramic-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2630	inlay-porc/ceramic 3+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2642	onlay-porcelain/ceramic-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2643	onlay-porcelain/ceramic-3 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2644	onlay-porcelain/ceramic-4+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2650	inlay-composite/resin 1surface	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2651	inlay-composite/resin-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2652	inlay-composite/resin-3+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2662	onlay-composite/resin-2 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2663	onlay-composite/resin-3 surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2664	onlay-composite/resin-4+ surfaces	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2710	crown - resin-based composite (indirect)	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2712	crown - 3/4 resin-based composite (indirect)	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2720	crown-resin with high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2721	crown - resin with predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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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	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2740	crown - porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2750	crown - porcelain fused to high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2752	crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2753	Crown- Porcelain Fused to Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2780	crown - ¾ cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2781	crown - ¾ cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2782	crown - ¾ cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2783	crown - ¾ porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2790	crown - full cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2791	crown - full cast predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2792	crown - full cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2794	Crown- Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 5 Calendar year(s) Per patient per tooth.	Pre-operative periapical radiographs
D2799	interim crown	21 and older	Teeth 1 - 32	No	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 3 Calendar year(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 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2920	re-cement or re-bond crown	21 and older	Teeth 1 - 32, A - T	No	One of (D2920) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D2940	protective 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 5 Calendar year(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 5 Calendar year(s) Per patient per tooth. when billed with resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	cast post and core in addition to crown	21 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2953	each additional cast post - same tooth	21 and older	Teeth 1 - 32	No	One of (D2953) per 5 Calendar year(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 5 Calendar year(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2955	post removal (not in conjunction with endodontic therapy)	21 and older	Teeth 1 - 32	No	One of (D2955) per 5 Calendar year(s) Per patient per tooth.	
D2980	crown repair, by report	21 and older	Teeth 1 - 32	No	One of (D2980) per 3 Calendar year(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 3 Calendar year(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 F Benefits Covered for  
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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, pulpal debridement or palliative treatment is not to be billed in conjunction with a root canal treatment on the same date. 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 final radiographs. Reimbursement includes local anesthesia.

Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$1,000 Annual Maximum

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
D3110	pulp cap - direct (excluding final restoration)	21 and older	Teeth 1 - 32	No	One of (D3110) per 1 Lifetime Per patient per tooth.	
D3120	pulp cap - indirect (excluding final restoration)	21 and older	Teeth 1 - 32	No	One of (D3120) per 1 Lifetime Per patient per tooth.	
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.	



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Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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.	
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	21 and older	Teeth 1 - 32	No	One of (D3351) per 1 Lifetime Per patient per tooth.	
D3352	apexification/recalcification - interim medication replacement	21 and older	Teeth 1 - 32	No	One of (D3352) per 1 Lifetime Per patient per tooth.	
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	One of (D3353) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	21 and older	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
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 radiographs
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.	pre-operative radiographs
D3430	retrograde filling - per root	21 and older	Teeth 1 - 32	Yes	One of (D3430) per 1 Lifetime Per patient per tooth.	pre-operative radiographs
D3450	root amputation - per root	21 and older	Teeth 1 - 32	No	One of (D3450) per 1 Lifetime Per patient per tooth.	
D3920	hemisection (including any root removal), not incl root canal therapy	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3920) per 1 Lifetime Per patient per tooth.	
D3999	unspecified endodontic procedure, by report	21 and older	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	

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Members can be billed for any covered services that exceed the annual max (at the contracted rate) and non-covered services as long as they are notified by the provider ahead of time and agree to pay for such services in writing. Claims for preventive dental procedure codes D1110, D1206, and D1208 will be denied when submitted for the same DOS as any D4000 series periodontal procedure codes. Covered services will be subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the documentation required column.

\$1,000 Annual Maximum

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 1 Day(s) Per patient per quadrant. Radiographs, perio charting and photographs	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 1 Day(s) Per patient per quadrant. Radiographs, perio charting and photographs	
D4240	gingival flap procedure, including root planing – four or more contiguous teeth or tooth bound spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant. Radiographs and perio charting	
D4241	gingival flap procedure, including root planing – one to three contiguous teeth or tooth bound spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant. Radiographs and perio charting	
D4249	clinical crown lengthening - hard tissue	21 and older	Teeth 1 - 32	Yes	One of (D4249) per 1 Lifetime Per patient per tooth. Radiographs and perio charting	
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260, D4261) per 1 Day(s) Per patient per quadrant. Radiographs and perio charting	
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260, D4261) per 1 Day(s) Per patient per quadrant. Radiographs and perio charting	
D4270	pedicle soft tissue graft procedure	21 and older	Teeth 1 - 32	No	One of (D4270) per 1 Day(s) Per patient per quadrant.	

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Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 2 Calendar year(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 2 Calendar year(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	One of (D4346) per 2 Calendar year(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 2 Calendar year(s) Per patient.	
D4910	periodontal maintenance procedures	21 and older		No	One of (D4910) per 1 Day(s) Per patient.	
D4999	unspecified periodontal procedure, by report	21 and older		Yes	Narrative of medical necessity and description of service	

**Exhibit F Benefits Covered for  
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Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed or removable prosthetics shall be based on the cementation/delivery date.

If partial dentures are recommended, they must be deemed essential for function. As a standard, it may be considered that six posterior teeth in occlusion (three maxillary and three mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.

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.

All covered services are subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the Documentation Required column with the claim for

\$500 Annual Maximum

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, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5120	complete denture - mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5130	immediate denture - maxillary	21 and older		No	One of (D5130) per 1 Lifetime Per patient. One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5140	immediate denture - mandibular	21 and older		No	One of (D5140) per 1 Lifetime Per patient. One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 5 Calendar year(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, D5863, D5864) per 5 Calendar year(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, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	

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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, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	21 and older		No	One of (D5221) per 1 Lifetime Per patient. One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	21 and older		No	One of (D5222) per 1 Lifetime Per patient. One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	21 and older		No	One of (D5223) per 1 Lifetime Per patient. One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	21 and older		No	One of (D5224) per 1 Lifetime Per patient. One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5225	maxillary partial denture-flexible base	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5226	mandibular partial denture-flexible base	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5410	adjust complete denture - maxillary	21 and older		No	Two of (D5410) per 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5411	adjust complete denture - mandibular	21 and older		No	Two of (D5411) per 1 Day(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 1 Day(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 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	

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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5511	repair broken complete denture base, mandibular	21 and older		No	One of (D5511) per 1 Day(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 1 Day(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5520	replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 - 32	No	One of (D5520) per 1 Day(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 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.	
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 tooth.	
D5640	replace broken teeth-per tooth	21 and older	Teeth 1 - 32	No	One of (D5640) per 1 Day(s) Per patient per tooth.	
D5650	add tooth to existing partial denture	21 and older	Teeth 1 - 32	No	One of (D5650) per 1 Day(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	21 and older	Teeth 1 - 32	No	One of (D5660) per 1 Day(s) Per patient per tooth.	
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	21 and older		No	One of (D5670) per 5 Calendar year(s) Per patient.	
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	21 and older		No	One of (D5671) per 5 Calendar year(s) Per patient.	
D5710	rebase complete maxillary denture	21 and older		No	One of (D5710, D5730, D5750) per 1 Day(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 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	

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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 1 Day(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 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5730	reline complete maxillary denture (chairside)	21 and older		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5731	reline complete mandibular denture (chairside)	21 and older		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5740	reline maxillary partial denture (chairside)	21 and older		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5741	reline mandibular partial denture (chairside)	21 and older		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5750	reline complete maxillary denture (laboratory)	21 and older		No	One of (D5710, D5730, D5750) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5751	reline complete mandibular denture (laboratory)	21 and older		No	One of (D5711, D5731, D5751) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5760	reline maxillary partial denture (laboratory)	21 and older		No	One of (D5720, D5740, D5760) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
D5761	reline mandibular partial denture (laboratory)	21 and older		No	One of (D5721, D5741, D5761) per 1 Day(s) Per patient. (After 6 months have elapsed since initial placement).	
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.	
D5863	Overdenture - complete maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	

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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5864	Overdenture - partial maxillary	21 and older		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 5 Calendar year(s) Per patient.	
D5865	Overdenture - complete mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5866	Overdenture - partial mandibular	21 and older		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 5 Calendar year(s) Per patient.	
D5876	add metal substructure to acrylic full denture (per arch)	21 and older	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of service as D5110, D5120, D5130, D5140.	
D5899	unspecified removable prosthodontic procedure, by report	21 and older		Yes		pre-operative radiographs and narrative



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

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5999	unspecified maxillofacial prosthesis, by report	21 and older		Yes	Narrative of medical necessity and description of service	

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

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6010	surgical placement of implant body: endosteal implant	21 and older	Teeth 1 - 32	Yes	One of (D6010, D6013) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6013	surgical placement of mini implant	21 and older	Teeth 1 - 32	Yes	One of (D6010, D6013) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6058	abutment supported porcelain/ceramic crown	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6059	abutment supported porcelain fused to metal crown (high noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6061	abutment supported porcelain fused to metal crown (noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays

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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6062	abutment supported cast metal crown (high noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6063	abutment supported cast metal crown (predominantly base metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6064	abutment supported cast metal crown (noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6065	implant supported porcelain/ceramic crown	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6066	Implant Supported Crown-Porcelain Fused to High Noble Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6067	Implant Supported Crown- High Noble Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6068	abutment supported retainer for porcelain/ceramic FPD	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6072	abutment supported retainer for cast metal FPD (high noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6074	abutment supported retainer for cast metal FPD (noble metal)	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6075	implant supported retainer for ceramic FPD	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6076	Implant Supported Retainer for FPD-Porcelain Fused to High Noble Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6077	Implant Supported Retainer for Metal FPD- High Noble Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6082	Implant supported crown- porcelain fused to predominantly base alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6083	Implant supported crown- porcelain fused to noble alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6084	Implant supported crown- porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6086	Implant supported crown- predominately base alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6087	Implant supported crown- noble alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6088	Implant supported crown- titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6090	repair implant prosthesis	21 and older	Teeth 1 - 32	No	One of (D6090) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D6092	re-cement or re-bond implant/abutment supported crown	21 and older		No	One of (D6092) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	21 and older		No	One of (D6093) per 3 Calendar year(s) Per patient per tooth. Only after 6 months of initial placement.	
D6094	Abutment supported crown- titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6095	repair implant abutment	21 and older	Teeth 1 - 32	No	One of (D6095) per 3 Calendar year(s) Per patient per tooth.	

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6098	Implant supported retainer-porcelain fused to predominately base alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6099	Implant supported retainer for FPD-porcelain fused to noble alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6106	guided tissue regeneration – resorbable barrier, per implant	21 and older	Teeth 1 - 32	Yes	One of (D0374) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6107	guided tissue regeneration – non-resorbable barrier, per implant	21 and older	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D6120	Implant supported retainer-porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays



**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6121	Implant supported retainer for metal FPD- predominately base alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6122	Implant supported retainer for metal FPD- noble alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6123	Implant supported retainer for metal FPD- titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6195	Abutment Supported Retainer- Porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097, D6098, D6099, D6120, D6121, D6122, D6123, D6195) per 1 Lifetime Per patient per quadrant.	Full mouth x-rays
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	21 and older	Teeth 1 - 32	No	One of (D6197) per 1 Calendar year(s) Per patient per tooth.	

**Exhibit F Benefits Covered for  
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Billing and reimbursement for cast crowns, cast post & cores and laminate veneers or any other fixed or removable prosthetics shall be based on the cementation/delivery date.

If partial dentures are recommended, they must be deemed essential for function. As a standard, it may be considered that six posterior teeth in occlusion (three maxillary and three mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.

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.

All covered services are subject to retrospective pre-payment review and will require submission of proper documentation as indicated in the Documentation required column with the claim for

\$1,000 Annual Maximum

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	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6210	pontic - cast high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6211	pontic-cast base metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6212	pontic - cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6214	Pontic - titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6240	pontic-porcelain fused-high noble	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6241	pontic-porcelain fused to base metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

**Exhibit F Benefits Covered for  
WA Amerivantage Comfort Care HMO I-SNP**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6242	pontic-porcelain fused-noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6243	Pontic - Porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per quadrant.	pre-operative radiographs
D6245	prosthodontics fixed, pontic - porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6250	pontic-resin with high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6251	pontic-resin with base metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6252	pontic-resin with noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6545	retainer - cast metal fixed	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6549	Resin retainer-For resin bonded fixed prosthesis	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6602	inlay - cast high noble metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6603	inlay - cast high noble metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6604	inlay - cast predominantly base metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6605	inlay - cast predominantly base metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6606	inlay - cast noble metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6607	inlay - cast noble metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6608	onlay - porcelain/ceramic, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6609	onlay - porcelain/ceramic, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6610	onlay - cast high noble metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6611	onlay - cast high noble metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6612	onlay - cast predominantly base metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6613	onlay - cast predominantly base metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6614	onlay - cast noble metal, two surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6615	onlay - cast noble metal, three or more surfaces	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6624	inlay - titanium	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6634	onlay - titanium	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6710	crown - indirect resin based composite	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6720	crown-resin with high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6721	crown-resin with base metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6722	crown-resin with noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6740	retainer crown, porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6750	crown-porcelain fused high noble	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6751	crown-porcelain fused to base metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6752	crown-porcelain fused noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs



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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6753	Retainer Crown- Porcelain fused to titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6780	crown-3/4 cst high noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6782	prosthodontics fixed, crown ¾ cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6784	Retainer Crown 3/4- Titanium and Titanium Alloys	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6790	crown-full cast high noble	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6791	crown - full cast base metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6792	crown - full cast noble metal	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6793	interim retainer crown	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs
D6794	Retainer crown - titanium and titanium alloys	21 and older	Teeth 1 - 32	Yes	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 5 Calendar year(s) Per patient per tooth.	pre-operative radiographs

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<b>Prosthodontics, fixed</b>						
<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6930	re-cement or re-bond fixed partial denture	21 and older		No	One of (D6930) per 3 Calendar year(s) Per patient. Only after 6 months of initial placement.	
D6980	fixed partial denture repair	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6980) per 3 Calendar year(s) Per patient. Only after 6 months of initial placement.	
D6999	fixed prosthodontic procedure	21 and older	Teeth 1 - 32	Yes	Narrative of medical necessity and description of service	

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Reimbursement includes local anesthesia and routine post-operative care.

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

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.

\$1,000 Annual Maximum

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	surgical removal of 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	surgical removal of 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.	

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**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
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	surgical 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
D7260	oroantral fistula closure	21 and older		No	Two of (D7260) per 1 Day(s) Per patient per arch.	
D7261	primary closure of a sinus perforation	21 and older		No	Two of (D7261) per 1 Day(s) Per patient per arch.	
D7280	Surgical access of an unerupted tooth	21 and older	Teeth 1 - 32	No	One of (D7280) per 1 Day(s) Per patient per tooth.	
D7282	mobilization of erupted or malpositioned tooth to aid eruption	21 and older	Teeth 1 - 32	No	One of (D7282) per 1 Day(s) Per patient per tooth.	
D7283	placement of device to facilitate eruption of impacted tooth	21 and older	Teeth 1 - 32	No	One of (D7283) per 1 Day(s) Per patient per tooth.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	21 and older		No		
D7286	incisional biopsy of oral tissue-soft	21 and older		No		
D7287	cytology sample collection	21 and older		No	One of (D7287) per 1 Day(s) Per patient.	
D7288	brush biopsy - transepithelial sample collection	21 and older		No	One of (D7288) per 1 Day(s) Per patient.	
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Day(s) Per patient per quadrant.	
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Day(s) Per patient per quadrant.	

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**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Day(s) Per patient per quadrant.	
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Day(s) Per patient per quadrant.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7340) per 1 Day(s) Per patient per arch.	
D7350	vestibuloplasty - ridge extension	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D7350) per 1 Day(s) Per patient per arch.	
D7410	radical excision - lesion diameter up to 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7411	excision of benign lesion greater than 1.25 cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7412	excision of benign lesion, complicated	21 and older		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes	Narrative of medical necessity and description of service	
D7465	destruction of lesion(s) by physical or chemical method, by report	21 and older		No		
D7471	removal of exostosis - per site	21 and older	Per Arch (01, 02, LA, UA)	Yes	One of (D7471) per 1 Day(s) Per patient per arch. Narrative of medical necessity and description of service	

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**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7472	removal of torus palatinus	21 and older		Yes	One of (D7472) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7473	removal of torus mandibularis	21 and older		Yes	One of (D7473) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7485	surgical reduction of osseous tuberosity	21 and older		Yes	One of (D7485) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D7510	incision and drainage of abscess - intraoral 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	Not allowed in conjunction with extraction on same date of service.	
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	21 and older		No		
D7520	incision and drainage of abscess - extraoral soft tissue	21 and older		No		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	21 and older		No		
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	21 and older		No		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	21 and older		No		
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	21 and older		Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	21 and older		Yes	One of (D6106, D6107, D7956, D7957) per 1 Lifetime Per patient per tooth.	Full mouth x-rays
D7961	buccal / labial frenectomy (frenulectomy)	21 and older		No	One of (D7961, D7962, D7963) per 1 Day(s) Per patient per arch.	

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**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7962	lingual frenectomy (frenulectomy)	21 and older		No	One of (D7961, D7962, D7963) per 1 Day(s) Per patient per arch.	
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 tooth.	
D7999	unspecified oral surgery procedure, by report	21 and older		Yes	Narrative of medical necessity and description of service	



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

Covered dental services that indicate "Yes" in the "Review Required" column require documentation of medical necessity and will be subject to clinical review.

These procedures can be rendered before determination of medical necessity but require submission of proper documentation (as indicated in the "Documentation Required" column) with the claim form. Providers should always check the member's eligibility and remaining benefit maximum prior to rendering services.

\$1,000 Annual Maximum

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

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure - per visit	21 and older		No	Not allowed with anything other than D0140 and x-rays.	
D9120	fixed partial denture sectioning	21 and older		No		
D9210	local anesthesia not in conjunction with operative or surgical procedures	21 and older		No		
D9211	regional block anesthesia	21 and older		No		
D9212	trigeminal division block anesthesia	21 and older		No		
D9215	local anesthesia in conjunction with operative or surgical procedures	21 and older		No		
D9222	deep sedation/general anesthesia first 15 minutes	21 and older		Yes	One of (D9222) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	21 and older		Yes	One of (D9223) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	21 and older		Yes	One of (D9230) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day. Narrative, treatment record (including anesthesia records).	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	21 and older		Yes	One of (D9239) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	

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**Adjunctive General Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	21 and older		Yes	One of (D9243) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	
D9248	non-intravenous moderate sedation	21 and older		Yes	One of (D9248) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	21 and older		No	One of (D9310) per 1 Day(s) Per Provider OR Location. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	
D9410	house/extended care facility call	21 and older		No	One of (D9410) per 1 Day(s) Per patient.	
D9420	hospital or ambulatory surgical center call	21 and older		No	One of (D9420) per 1 Day(s) Per patient. Six of (D9420) per 1 Year(s) Per patient.	
D9910	application of desensitizing medicament	21 and older		No	Two of (D1206, D1208, D9910) per 1 Day(s) Per patient.	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	21 and older		Yes	One of (D9930) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9950	occlusion analysis-mounted case	21 and older		Yes	One of (D9950, D9952) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9951	occlusal adjustment - limited	21 and older		Yes	One of (D9951) per 1 Day(s) Per patient. Narrative of medical necessity and description of service	
D9952	occlusal adjustment - complete	21 and older		Yes	One of (D9950, D9952) per 5 Calendar year(s) Per patient. Narrative of medical necessity and description of service	
D9999	unspecified adjunctive procedure, by report	21 and older		Yes	Narrative of medical necessity and description of service	