



DentaQuest, LLC

Please refer to your participation agreement for plans you are contracted for

New Mexico Presbyterian Medicare Office Reference Manual

PO Box 2906
Milwaukee, WI 53201-2906
855-343-4276
www.dentaquest.com

This document contains proprietary and confidential information and may not be disclosed to others without written permission.

©Copyright 2018. All rights reserved.

DentaQuest, LLC
Address and Quick Reference Telephone Numbers

Provider Services:

PO Box 2906
Milwaukee, WI 53201-2906
855-453-5287
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

Eligibility or Benefit questions:

denelig.benefits@DentaQuest.com

Customer Service/Member Services:

1-855-465-7737
505-923-7675

Plan Member Services

1-855-465-7737
505-923-7675

TTY (Hearing Impaired):

711

Fraud Hotline

1.800.237.9139

Credentialing

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

Claims should be sent to:

PO Box 2906
Milwaukee, WI 53201-2906
Fax: 262-834-3589

Electronic Claims should be sent:

Direct entry on the web – www.dentaquest.com

Or:

Via Clearinghouse – Payer ID CX014

Include address on electronic claims –

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

Questions regarding electronic claims
submission:

Systems Operations Support 888-560-8135

Table of Contents

1.00	Patient Eligibility Verification Procedures	7
1.01	Plan Eligibility	7
1.02	Member Identification Card.....	7
1.03	DentaQuest Eligibility Systems	8
1.04	Provider Service Center (eligibility).....	9
2.00	Coverage Determinations, Appeals, and Grievances	9
2.01	How to Ask for an Appeal	10
2.02	Support for Your Appeal	11
3.00	Provider Complaint and Claim Resolution Process.....	11
3.01	Administrative Complaints:	11
3.01.1	How to Make an Administrative Claim.....	11
3.02	Claim Resolution Process:	11
3.02.1	Claim payment disputes or appeals may be sent to DentaQuest in writing: 11	
4.00	Claim Submission Procedures (Claim Filing Options)	11
4.01	Electronic Claim Submission Utilizing DentaQuest’s Internet Website.....	12
4.02	Electronic Claim Submission via Clearinghouse.....	12
4.03	HIPAA Compliant 837D File.....	12
4.04	NPI Requirements for Submission of Electronic Claims	12
4.05	Paper Claim Submission.....	13
4.06	Coordination of Benefits (COB).....	13
4.07	Filing Limits.....	14
4.08	Receipt and Audit of Claims	14
4.09	Direct Deposit.....	14
5.00	Health Insurance Portability and Accountability Act (HIPAA)	15
5.01	HIPAA Companion Guide.....	16
6.00	Quality Improvement Program	16
7.00	Credentialing.....	16
8.00	General Definitions.....	17
Appendix A.....		19
Additional Resources.....		19
Appendix B.....		32
Covered Benefits (See Exhibits)		32



DentaQuest, LLC

Statement of Members Rights and Responsibilities

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

1. All Members have a right to receive pertinent written and up-to-date information about DentaQuest, the managed care services DentaQuest provides, the Participating Providers and dental offices, as well as Member rights and responsibilities.
2. All Members have a right to respectful and competent treatment regardless of race, color, religion, gender, sexual preference, veteran status, disability, or national origin.
3. All Members have the right to know the identity and professional status of all persons providing their oral health care services.
4. All Members have a right to privacy and to be treated with respect and recognition of their dignity when receiving dental care.
5. All Members have the right to fully participate in decisions concerning their dental care after receiving sufficient information to enable them to give informed consent before beginning any procedure and/or treatment.
6. All Members have the right to accept or refuse participation in research and educational projects affecting their care and/or treatment.
7. All Members have the right to refuse treatment, drugs or other procedures to the extent permitted by law and to be made aware of potential medical consequences of refusing treatment.
8. 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.
9. 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.
10. 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.
11. All Members have the right to make recommendations regarding DentaQuest's members' rights and responsibilities policies.
12. All Members have the right to be free from any form of restraint or seclusion used as means of coercion, discipline, convenience, or retaliation.
13. All Members have a right to expect clean, safe, and accessible environment for receiving dental care services.
14. All Members have a right to have member literature and materials written in a manner that truthfully

and accurately provides relevant information in a format that is readable and easily understood by the intended audience.

15. All Members have the right to have all records pertaining to dental care treated as confidential unless disclosure is necessary to interpret the application of the member's contract to dental care or unless disclosure is otherwise provided bylaw.

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.
4. All Members have the responsibility of being considerate and cooperative in dealing with staff.
5. All Members have the responsibility of scheduling appointments and arriving at their provider's office in time for scheduled visits. Members also have the responsibility to notify their provider's office within twenty-four (24) hours if they must cancel or will be late for a scheduled appointment.
6. All Members have the responsibility of designating an individual to act on their behalf and to authorize treatment in the event of incapacity.
7. All Members have the responsibility of reading and being aware of material distributed by the Plan explaining policies and procedures regarding services and benefits.



DentaQuest, LLC Statement of Provider Rights and Responsibilities

Providers shall have the right to:

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

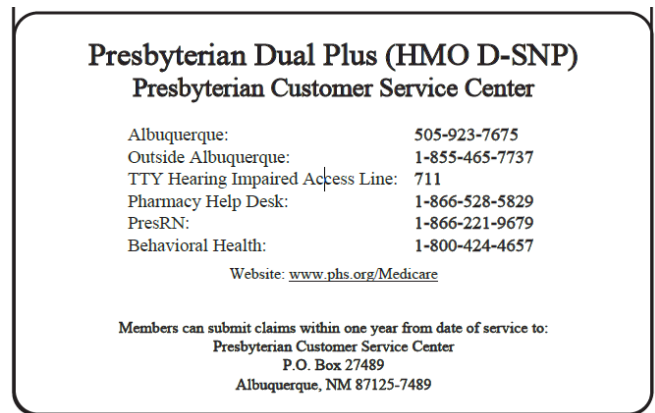
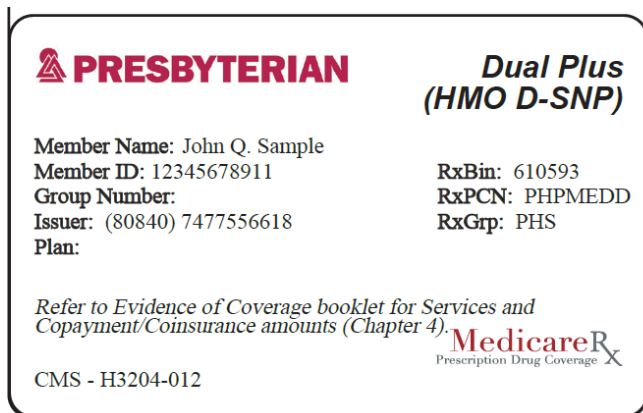
Any person who is enrolled in a Plan’s program is eligible for benefits under the Plan certificate

1.02 Member Identification Card

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

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

Sample Member I.D. Card



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

1.03 DentaQuest Eligibility Systems

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

Access to eligibility information via the Internet

DentaQuest's Internet currently allows Providers to verify a Member's eligibility as well as submit claims directly to DentaQuest. You can verify the Member's eligibility on-line by entering the Member's date of birth, the expected date of service and the Member's identification number or last name and first initial. To access the eligibility information via DentaQuest's website, simply log on to the website at www.dentaquest.com. Once you have entered the website, click on "Dentist". From there choose your "State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. If you have not received instruction on how to complete Provider Self Registration contact DentaQuest's Customer Service Department at 855-343-4276. 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 855-453-5287 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 855-343-4276
2. After the greeting, stay on the line for English or press 1 for Spanish.
3. When prompted, press or say 2 for Eligibility.
4. When prompted, press or say 1 if you know your NPI (National Provider Identification number) and Tax ID number.
5. If you do not have this information, press or say 2. When prompted, enter your User ID (previously referred to as Location ID) and the last 4 digits of your Tax ID number.
6. Does the member's ID have **numbers and letters** in it? If so, press or say 1. When prompted, enter the member ID.
7. Does the member's ID have **only numbers** in it? If so, press or say 2. When prompted, enter the member ID.
8. Upon system verification of the Member's eligibility, you will be prompted to repeat the information given, verify the eligibility of another member, get benefit information, get limited claim history on this member, or get fax confirmation of this call.
9. 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 855-343-4276. They will be able to assist you in utilizing either system.

1.04 Provider Service Center (eligibility):

855-343-4276

2.00 COVERAGE DETERMINATIONS, APPEALS, AND GRIEVANCES

There are times in which the provider may be asked by the member to submit an appeal on their behalf. The language listed in this next section mirrors the information that is sent to the member and contains the steps you must follow as a representative of the member to submit the appeal. The information also provides you with the steps that DentaQuest and Presbyterian Healthcare must follow to complete the appeal process.

If you request an appeal for a denial we have issued for a preservice or prior authorization request, CMS indicates that you are considered to be acting on behalf of the member. This is also the process that a provider must follow for a preservice denial appeal.

The process and information below is not the process that a provider would follow if there is a dispute about a claim payment. Contracted providers must follow a slightly different process for claim payment disputes that are requested on their own behalf and not acting as a representative of the member. Please see section X.XX for the claim payment dispute process.

- A.** The member has the right to ask Presbyterian Health Plan to review the decision made by DentaQuest by asking for an appeal.

The appeal must be submitted within **60 calendar days** from the date of the denial letter sent for the preservice or claim decisions. This timeframe may be extended if there are good cause reasons provided for missing the deadline. The reasons that we can extend the deadline are defined by CMS.

The member can ask someone else to act for them. They can choose a relative, friend, attorney, doctor, or someone else to act as their representative. If the member wants someone else to act for them, call us at: 1-855-465-7737 to learn how to name a representative. TTY users call 711. Both the member and the person they

want to act for them must sign and date a statement confirming this is what they want. The appeal submitted from a representative must include this statement. The member should also keep a copy for their records.

Standard Appeal – A written decision on a standard appeal will be sent to the member or the member’s representative within **30 days** after we get your appeal. Our decision might take longer if the member asks for an extension, or if we need more information about the case. We’ll tell the member if we’re taking extra time and will explain why more time is needed. If the appeal received from the member or the member’s representative is for payment of a service the member has already received, we’ll give you a written decision within **60 days**.

Fast (Expedited) Appeal – We will give a decision on a fast appeal within 72 hours after we get the appeal. The member or the member’s representative can ask for a fast appeal if the member or provider believes that the member’s health could be seriously harmed by waiting up to 30 days for an appeal decision.

2.01 How to Ask for an Appeal

(this also includes claim appeals requested by the member. This does not include claim appeals requested by the provider if they are not acting on behalf of the member for the appeal. See section 3.00 for provider claim payment disputes)

Step 1: The member, member’s representative or provider must ask for an appeal. The written request must include:

- Member’s name
- Member’s Address
- Member number
- Reasons for appealing
- Whether you want a standard or fast appeal (for a fast appeal, explain why you need one)
- Any evidence you want us to review, such as medical records, providers’ supporting statement if you request a fast appeal, or other information that explains why the member needs the item or service.

We recommend keeping a copy of everything you send us for your records.

Step 2: Mail, fax or deliver the appeal.

For a Standard PRESERVICE Appeal:

Mail: Presbyterian Health Plan

Attn Appeals;

9521 San Mateo Blvd NE
Albuquerque, NM 87113
Phone: 1-855-465-7737
Fax: 1-505-923-5124

For a Fast (Expedited) PRESERVICE Appeal:

Phone: 1-855-465-7737
TTY: 711
Fax: 1-505-923-5124

2.02 Support for Your Appeal

You should submit additional information to support your request for services or payment for services already rendered. Presbyterian Health Plan is responsible for gathering all the necessary medical information; however, it may be helpful to you to include additional information to clarify or support your position. Additional documentation may also include medical records from the member's primary physician. Presbyterian Health Plan will provide an opportunity for you to provide additional information in person or in writing.

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 How to Make an Administrative Claim

Administrative complaints may be made verbally by calling DentaQuest at **855-453-5287**

3.02 Claim Resolution Process:

You have the right to appeal to DentaQuest if you think:

- We have not paid a claim for services that we should have paid
- We have not paid a claim in full for services that we should have paid

Appeals in reference to a denial issued by Claims for any reason. Providers are offered 60 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 payment disputes or appeals may be sent to DentaQuest in writing:

**DentaQuest, LLC
RE: Provider Claim Appeals PO Box 2906
Milwaukee, WI 53201-2906**

4.00 CLAIM SUBMISSION PROCEDURES (CLAIM FILING OPTIONS)

DentaQuest receives dental claims in 4 possible formats. These formats include:

- Electronic claims via DentaQuest's website (www.dentaquest.com)

- Electronic submission via clearinghouses
- HIPAA Compliant 837D File
- Paper claims

4.01 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.dentaquest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. 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 **1-800-417-7140** or via e-mail at EDITeam@greatdentalplans.com

4.02 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.

4.03 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 to inquire about this option for electronic claim submission.

4.04 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.

4.05 Paper Claim Submission

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

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

4.06 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.

4.07 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.

4.08 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.

4.09 Direct Deposit

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

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

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

Via Fax – 262.241.4077

Via Mail – DentaQuest, LLC
PO Box 2906
Milwaukee, WI 53201-2906
ATTN: PEC 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.dentaquest.com
2. Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go.
3. Log in using your password and ID
4. Once logged in, select "Claims/Pre-Authorizations" and then "Remittance Advice Search."
5. The remittance will display on the screen.

5.00 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-7) recognized by the ADA. Effective the date of this manual, DentaQuest will require providers to submit all claims with the proper CDT-7 codes listed in this manual. In addition, all paper claims must be submitted on the current approved ADA claim form.

Note: Copies of DentaQuest's HIPAA policies are available upon request by contacting DentaQuest's Customer Service department at 800.508.6780 or via e-mail at denelig.benefits@DentaQuest.com.

5.01 HIPAA Companion Guide

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

6.00 QUALITY IMPROVEMENT PROGRAM

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 855-343-4276 or via e-mail at:

denelig.benefits@DentaQuest.com.

7.00 CREDENTIALING

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

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

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

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

APPEAL OF CREDENTIALING COMMITTEE RECOMMENDATIONS.

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

Procedures for Discipline and Termination

Recredentialing

Network providers are recredentialed at least every 36 months.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Customer Service Department at 855-343-4276 or via e-mail at:

denelig.benefits@DentaQuest.com.

8.00 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, as agreed upon between an employer or Plan and DentaQuest (a "Commercial Contract");
 - a Medicare beneficiary, directly or on behalf of a Plan, as agreed upon between the Center for Medicaid & Medicare 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, LLC
- D. "DentaQuest Service Area" shall be defined as the State in which the member resides.
- E. "Medically Necessary" means those Covered Services provided by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law to prevent disease, disability and other adverse health conditions or their progression, or prolong life. In order to be Medically Necessary, the service or supply for medical illness or injury must be determined by Plan or its designee in its judgment to be a Covered Service which is required and appropriate in accordance with DHS law, regulations, guidelines and accepted standards of medical practice in the community.
- F. "Member" means any individual who is eligible to receive Covered Services pursuant to a Contract and the eligible dependents of such individuals. A Member enrolled pursuant to a Commercial Contract is referred to as a "Commercial Member." A Member enrolled pursuant to a Medicare 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.

APPENDIX A**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.dentaquest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your "State" and press go. You will then be able to log in using your password and User ID. Once logged in, select the link "Related Documents" to access the following resources:

- 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
- Acknowledgment of Disclosure and Acceptance Member Financial Responsibility for Non-Covered Services Consent Form

The forms can also be found within this manual.

ADA American Dental Association® 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/Preauthorization <input type="checkbox"/> EPSDT / Title XIX																		
2. Predetermination/Preauthorization Number																		
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION																		
3. Company/Plan Name, Address, City, State, Zip Code																		
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)																		
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.)																		
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)																		
6. Date of Birth (MM/DD/CCYY) 7. Gender <input type="checkbox"/> M <input type="checkbox"/> F 8. Policyholder/Subscriber ID (SSN or ID#)																		
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																		
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																		
POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)																		
12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																		
13. Date of Birth (MM/DD/CCYY) 14. Gender <input type="checkbox"/> M <input type="checkbox"/> F 15. Policyholder/Subscriber ID (SSN or ID#)																		
16. Plan/Group Number 17. Employer Name																		
PATIENT INFORMATION																		
18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other 19. Reserved For Future Use																		
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																		
21. Date of Birth (MM/DD/CCYY) 22. Gender <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	29a. Diag. Pointer	29b. Qty.	30. Description			31. Fee						
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
33. Missing Teeth Information (Place an "X" on each missing tooth.)						34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)			31a. Other Fee(s)									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s) A _____ C _____		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A") B _____ D _____		
35. Remarks												32. Total Fee						
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.												38. Place of Treatment <input type="checkbox"/> (e.g. 11=office; 22=OIP Hospital) 39. Enclosures (Y or N) <input type="checkbox"/>						
X Patient/Guardian Signature _____ Date _____												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)						
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.												42. Months of Treatment Remaining 43. Replacement of Prosthesis <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44) 44. Date of Prior Placement (MM/DD/CCYY)						
X Subscriber Signature _____ Date _____												45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident						
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)												46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State						
48. Name, Address, City, State, Zip Code												TREATING DENTIST AND TREATMENT LOCATION INFORMATION						
49. NPI 50. License Number 51. SSN or TIN												53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.						
52. Phone Number () - 52a. Additional Provider ID												X Signed (Treating Dentist) _____ Date _____						
57. Phone Number () - 58. Additional Provider ID												54. NPI 55. License Number						
												56. Address, City, State, Zip Code 56a. Provider Specialty Code						

ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

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 #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.
- B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.
- C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- D. All dates must include the four-digit year.
- E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

- Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)
- Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)
- Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

- 11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

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

ALLERGY	PRE MED	MEDICAL ALERT																																	
INITIAL CLINICAL EXAM																																			
PATIENT'S NAME _____ <table style="width:100%; font-size: small; margin-left: 100px;"> <tr> <td style="width:33%;">Last</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle</td> </tr> </table>			Last	First	Middle																														
Last	First	Middle																																	
	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; font-size: x-small;"> <tr> <td style="width:20px;"></td> <td style="width:20px; text-align: center;">OK</td> <td rowspan="12" style="vertical-align: top; padding: 2px;"> CLINICAL FINDINGS/COMMENTS </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>SUCCAL 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	CLINICAL FINDINGS/COMMENTS 	LYMPH NODES		PHARYNX		TONSILS		SOFT PALATE		HARD PALATE		FLOOR OF MOUTH		TONGUE		VESTIBULES		SUCCAL MUCOSA		LIPS		SKIN		TMJ		ORAL HYGIENE		PERIO EXAM		<table style="width:100%; font-size: x-small;"> <tr> <td style="width:33%;">RADIOGRAPHS</td> <td style="width:33%;">B/P</td> <td style="width:33%;">RDH/DOS</td> </tr> </table>	RADIOGRAPHS	B/P	RDH/DOS
	OK	CLINICAL FINDINGS/COMMENTS 																																	
LYMPH NODES																																			
PHARYNX																																			
TONSILS																																			
SOFT PALATE																																			
HARD PALATE																																			
FLOOR OF MOUTH																																			
TONGUE																																			
VESTIBULES																																			
SUCCAL MUCOSA																																			
LIPS																																			
SKIN																																			
TMJ																																			
ORAL HYGIENE																																			
PERIO EXAM																																			
RADIOGRAPHS	B/P	RDH/DOS																																	
RECOMMENDED TREATMENT PLAN																																			
TOOTH OR AREA	DIAGNOSIS	PLAN A	PLAN B																																
SIGNATURE OF DENTIST _____			DATE _____																																

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

RECALL EXAMINATION

PATIENT'S NAME _____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY _____

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

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

COMMENTS: _____

RECALL EXAMINATION

PATIENT'S NAME _____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY _____

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

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

COMMENTS: _____

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

Authorization for Dental Treatment

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

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

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

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

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

Procedure(s): _____

Tooth Number(s): _____

Date: _____

Dentist: _____

Patient Name: _____

Legal Guardian/
Patient Signature: _____

Witness: _____

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

MEDICAL AND DENTAL HISTORY

Patient Name: _____ Date of Birth: _____

Address: _____

Why are you here today? _____

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

If yes, what type and where? _____

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

Medical Doctor's Name: _____

Address: _____

Telephone: _____

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

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

If yes, please list medications: _____

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

Yes No

If yes, please list: _____

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

Do your ankles swell during the day? Yes No

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

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

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

Are you on a special diet? Yes No

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

If yes, where? _____

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

If yes, how often and how much? _____

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

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

If yes, please list: _____

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

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 Update Form - Provider Operations	
Section 1: Current Information - Complete for all requests	
Provider Last Name	Provider First Name
Individual National Provider Identifier (NPI) #	
Telephone Number:	Credentialing E-mail:
Section 2: Name Change/Demographic Change	
New Name (Last, First, MI)	
New Telephone Number:	New Credentialing E-mail:
Date of Birth:	Social Security #:
Gender:	New Fax Number:
Section 3: Add a Location (*Updated W9 and contract are required for location updates.)	
Location Name:	
Service Location Address:	
City:	State: Zipcode:
Telephone:	Credentialing E-mail:
Fax:	Tax ID Number:
New Location Office Hours:	Ages: Languages: <input type="checkbox"/> Handicapped accessible <input type="checkbox"/>
Effective Date:	Medicaid id number (if applicable): <input type="checkbox"/> Primary Location <input type="checkbox"/>
Section 4: Credentialing Correspondence Address Change	
Credentialing Contact Name:	
Credentialing Address:	
City:	State: Zipcode:
Telephone:	Credentialing E-mail:
Fax:	
Section 5: Tax ID Change (*Updated W9 and contract are required for Tax ID number changes)	
Old Tax ID Number:	*New Tax ID Number:
Business Name:	
Payment Address:	
Section 6: Provider Status Change	
<input type="radio"/> Term provider at location listed below (Please attach document with any additional locations to be termed) <input type="radio"/> Term provider at all locations - all networks (Please attach term letter, note or document from provider as applicable)	
Term Reason/Comments:	
Location Name:	
Service Location Address:	
City:	State: Zipcode:
Section 7: Requestor Information	
Requestor Name	Date:
Requestor Title	
Requestor Phone #	Email address:
Section 8: Notes	

You may send this form by fax to 262-241-4077 or by email to StandardUpdates@dentaquest.com

Additional Location

*Updated W9 and contract (as applicable) are required for location updates.

Add Location Term of Existing Office

Location Name: _____

Service Location Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Credentialing E-mail: _____

Fax: _____ Tax ID Number: _____

New Location Office Hours: _____ Ages: _____ Languages: _____ Handicapped accessible Primary Location

Effective Date: _____ Medicaid id number (if applicable): _____

Additional Location

*Updated W9 and contract (as applicable) are required for location updates.

Add Location Term of Existing Office

Location Name: _____

Service Location Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Credentialing E-mail: _____

Fax: _____ Tax ID Number: _____

New Location Office Hours: _____ Ages: _____ Languages: _____ Handicapped accessible Primary Location

Effective Date: _____ Medicaid id number (if applicable): _____

Additional Location

*Updated W9 and contract (as applicable) are required for location updates.

Add Location Term of Existing Office

Location Name: _____

Service Location Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Credentialing E-mail: _____

Fax: _____ Tax ID Number: _____

New Location Office Hours: _____ Ages: _____ Languages: _____ Handicapped accessible Primary Location

Effective Date: _____ Medicaid id number (if applicable): _____

You may send this form by fax to 262-241-4077 or by email to StandardUpdates@dentaquest.com

Request for Transfer of Records

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

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

Please have these records sent to:

Signed: _____ Date: _____
(Patient)

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

Address: _____

Address: _____

Phone: _____

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

Member Name: _____

Member ID: _____

Treating Provider Name: _____

Service Location Name and Address: _____

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

Non-Covered Services

Code	Cost	Description	Reason service is not covered

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

Member Signature

Date

Witness Signature

APPENDIX B

Covered Benefits (See Exhibits)

Providers with benefit questions should contact DentaQuest's Customer Service Department directly at:

855-343-4276

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
312-440-2500

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

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	One of (D0120, D0160, D0170) per 1 Day(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0120, D0150, D0180) per 1 Day(s) Per Provider OR Location.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	One of (D0120, D0160, D0170) per 1 Day(s) Per patient.	
D0170	re-evaluation, limited problem focused	All Ages		No	One of (D0120, D0160, D0170) per 1 Day(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0120, D0150, D0180) per 1 Day(s) Per Provider OR Location.	
D0210	intraoral - complete series of radiographic images	All Ages		No	One of (D0210, D0277, D0330) per 1 Day(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		
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient.	
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient.	
D0273	bitewings - three radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient.	
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274) per 1 Day(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0210, D0277, D0330) per 1 Day(s) Per patient.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0277, D0330) per 1 Day(s) Per patient.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December.

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

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	All Ages		No	One of (D1110, D4346, D4910) per 1 Day(s) Per patient.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December.

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 1 Day(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 1 Day(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 1 Day(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 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(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
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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 1 Day(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 1 Day(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 1 Day(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 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(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
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2393	resin-based composite - three surfaces, posterior	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 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2394	resin-based composite - four or more surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 1 Day(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2510	inlay - metallic -1 surface	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2520	inlay-metallic-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2530	inlay-metallic-3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2542	onlay - metallic - two surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2543	onlay-metallic-3 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2544	onlay-metallic-4+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2610	inlay-porce/ceramic-1surface	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2620	inlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2630	inlay-porc/ceramic 3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2642	onlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2643	onlay-porcelain/ceramic-3 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2644	onlay-porcelain/ceramic-4+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2650	inlay-composite/resin 1surface	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2651	inlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2652	inlay-composite/resin-3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2662	onlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2663	onlay-composite/resin-3 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2664	onlay-composite/resin-4+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2710	crown - resin-based composite (indirect)	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2712	crown - 3/4 resin-based composite (indirect)	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2721	crown - resin with predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2722	crown - resin with noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2740	crown - porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2750	crown - porcelain fused to high noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2752	crown - porcelain fused to noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
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	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2780	crown - ¾ cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2781	crown - ¾ cast predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2782	crown - ¾ cast noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2783	crown - ¾ porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2790	crown - full cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2791	crown - full cast predominantly base metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2792	crown - full cast noble metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2794	Crown- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 1 Day(s) Per patient per tooth.	
D2799	provisional 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 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.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

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 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 1 Day(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 1 Day(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 1 Day(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 1 Day(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 1 Day(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2980	crown repair, by report	All Ages	Teeth 1 - 32	No	One of (D2980) per 1 Day(s) Per patient per tooth.	
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 1 Day(s) Per patient per tooth, per surface.	
D2999	unspecified restorative procedure, by report	All Ages	Teeth 1 - 32, A - T	No		

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December.

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

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Day(s) 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 Day(s) 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 Day(s) 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 Day(s) 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 Day(s) Per patient per tooth.	
D3331	treatment of root canal obstruction; non-surgical access	All Ages	Teeth 1 - 32	No	One of (D3331) per 1 Day(s) 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 Day(s) 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 Day(s) 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 Day(s) Per patient per tooth.	
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3410) per 1 Day(s) 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 Day(s) Per patient per tooth.	
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3425) per 1 Day(s) Per patient per tooth.	
D3426	apicoectomy (each additional root)	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32	No	One of (D3426) per 1 Day(s) Per patient per tooth.	
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	No	One of (D3430) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3999	unspecified endodontic procedure, by report	All Ages	Teeth 1 - 32, A - T	No		

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December.

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 bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant.	
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4240, D4241) per 1 Day(s) Per patient per quadrant.	
D4249	clinical crown lengthening - hard tissue	All Ages	Teeth 1 - 32	No	One of (D4249) per 1 Day(s) Per patient per tooth.	
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	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.	
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 A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	All Ages		No	One of (D1110, D4346, D4910) per 1 Day(s) Per patient.	
D4355	full mouth debridement to enable a comprehensive oral 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	Four of (D4910) per 1 Day(s) Per patient.	
D4999	unspecified periodontal procedure, by report	All Ages		No		

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December. 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, D5863, D5864) per 1 Day(s) Per patient.	
D5120	complete denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 1 Day(s) Per patient.	
D5130	immediate denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 1 Day(s) Per patient.	
D5140	immediate denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 1 Day(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, D5863, D5864) per 1 Day(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, D5865, D5866) per 1 Day(s) Per patient.	
D5213	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 1 Day(s) Per patient.	
D5214	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, D5865, D5866) per 1 Day(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 1 Day(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, D5865, D5866) per 1 Day(s) Per patient.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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 1 Day(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, D5865, D5866) per 1 Day(s) Per patient.	
D5225	maxillary partial denture-flexible base	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 1 Day(s) Per patient.	
D5226	mandibular partial denture-flexible base	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 1 Day(s) Per patient.	
D5410	adjust complete denture - maxillary	All Ages		No	One of (D5410) per 1 Day(s) Per patient per arch.	
D5411	adjust complete denture - mandibular	All Ages		No	One of (D5411) per 1 Day(s) Per patient per arch.	
D5421	adjust partial denture-maxillary	All Ages		No	One of (D5421) per 1 Day(s) Per patient per arch.	
D5422	adjust partial denture - mandibular	All Ages		No	One of (D5422) per 1 Day(s) Per patient per arch.	
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.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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.	
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.	
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.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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.	
D5863	Overdenture - complete maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 1 Day(s) Per patient.	
D5864	Overdenture - partial maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 1 Day(s) Per patient.	
D5865	Overdenture - complete mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 1 Day(s) Per patient.	
D5866	Overdenture - partial mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 1 Day(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		No		

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December.

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

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5999	unspecified maxillofacial prosthesis, by report	All Ages		No		

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December. 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	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6210	pontic - cast high noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6211	pontic-cast base metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6212	pontic - cast noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6214	Pontic - titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6240	pontic-porcelain fused-high noble	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6241	pontic-porcelain fused to base metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6242	pontic-porcelain fused-noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6243	Pontic - Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, fixed

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6245	prosthodontics fixed, pontic - porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6250	pontic-resin with high noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6251	pontic-resin with base metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6252	pontic-resin with noble metal	All Ages	Teeth 1 - 32	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) per 1 Day(s) Per patient per tooth.	
D6545	retainer - cast metal fixed	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6549	Resin retainer-For resin bonded fixed prosthesis	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, fixed

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6602	inlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6603	inlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6604	inlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6605	inlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6606	inlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6607	inlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6608	onlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6609	onlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6610	onlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6611	onlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6612	onlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6613	onlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6614	onlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6615	onlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6624	inlay - titanium	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, fixed

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6634	onlay - titanium	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6710	crown - indirect resin based composite	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6721	crown-resin with base metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6722	crown-resin with noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6740	retainer crown – porcelain/ceramic	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6750	crown-porcelain fused high noble	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6751	crown-porcelain fused to base metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6752	crown-porcelain fused noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6753	Retainer Crown- Porcelain fused to titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6780	crown-3/4 cst high noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6782	prosthodontics fixed, crown ¾ cast noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6784	Retainer Crown 3/4- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6790	crown-full cast high noble	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Prosthetics, fixed

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6791	crown - full cast base metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6792	crown - full cast noble metal	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6793	provisional retainer crown	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6794	Retainer crown - titanium and titanium alloys	All Ages	Teeth 1 - 32	No	One of (D6545, D6548, D6549, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6784, D6790, D6791, D6792, D6793, D6794) per 1 Day(s) Per patient per tooth.	
D6930	re-cement or re-bond fixed partial denture	All Ages		No	One of (D6930) per 1 Day(s) Per patient.	
D6980	fixed partial denture repair	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6980) per 1 Day(s) Per patient.	
D6999	fixed prosthodontic procedure	All Ages	Teeth 1 - 32	No		

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December.

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

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	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.	
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 A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Oral and Maxillofacial Surgery

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7251	Coronectomy-intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.	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 (D7251) per 1 Lifetime Per patient per tooth.	
D7260	oroantral fistula closure	All Ages		No	One 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.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	All Ages		No		
D7286	incisional biopsy of oral tissue-soft	All Ages		No		
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.	
D7321	alveoplasty 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 Lifetime 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		No		
D7411	excision of benign lesion greater than 1.25 cm	All Ages		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	All Ages		No		

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Oral and Maxillofacial Surgery

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	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		
D7471	removal of exostosis - per site	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7471) per 1 Day(s) Per patient per arch.	
D7472	removal of torus palatinus	All Ages		No	One of (D7472) per 1 Day(s) Per patient.	
D7473	removal of torus mandibularis	All Ages		No	One of (D7473) per 1 Day(s) Per patient.	
D7485	surgical reduction of osseous tuberosity	All Ages		No	One of (D7485) per 1 Day(s) Per patient.	
D7510	incision and drainage of abscess - intraoral soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Not allowed in conjunction with extraction on same date of service.	
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	All Ages		No	One of (D7960, D7963) per 1 Day(s) Per patient per arch.	
D7963	frenuloplasty	All Ages		No	One of (D7960, D7963) per 1 Day(s) Per patient per arch.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Oral and Maxillofacial Surgery

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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		No		

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Presbyterian Medicare Advantage Dual Eligible (SNP) members have a \$2000.00 Annual Maximum for All covered benefits, January through December. 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	All Ages		No	Not allowed with anything other than D0140 and x-rays.	
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		No	One of (D9222) per 1 Day(s) Per patient. Not allowed on same day as D9239, D9243	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		No	Not allowed on same day as D9239, D9243	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		No	One of (D9230) per 1 Day(s) Per patient. Not allowed on the same day as (D9222, D9223, D9239, D9243, or D9248).	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		No	One of (D9239) per 1 Day(s) Per patient. Not allowed on same date as (D9222, D9223).	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		No	Not allowed on same date as (D9222, D9223).	
D9248	non-intravenous moderate (conscious) sedation	All Ages		No	One of (D9248) per 1 Day(s) Per patient. Cannot be billed on same date of service as D9222, D9223, D9230, D9239, D9243.	
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.	
D9910	application of desensitizing medicament	All Ages		No	One of (D1206, D1208, D9910) per 1 Day(s) Per patient.	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	All Ages		No	One of (D9930) per 1 Day(s) Per patient. Not to be used for routine post-operative care or dry socket treatment. Narrative of medical necessity and description of service.	

**Exhibit A Benefits Covered for
Presbyterian Medicare Advantage Dual Eligible (SNP)**

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9950	occlusion analysis-mounted case	All Ages		No	One of (D9950, D9952) per 1 Day(s) Per patient.	
D9951	occlusal adjustment - limited	All Ages		No	One of (D9951) per 1 Day(s) Per patient.	
D9952	occlusal adjustment - complete	All Ages		No	One of (D9950, D9952) per 1 Day(s) Per patient.	
D9999	unspecified adjunctive procedure, by report	All Ages		No		