DENTAQUEST GROUP INC.

Office Reference Manual

Anthem

PO Box 2906

Milwaukee, WI 53201-2906

(833) 955-3422

www.dentaquest.com

DentaQuest®

ADDRESS AND PHONE NUMBERS

Provider Services
P.O. Box 2906
Milwaukee, WI 53201-2906
833-493-0593

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:
Customer Service/Member Services:
844-912-0938
24 Hour Emergency Line: 844-430-0341

Fraud Hotline:
800-237-9139

Credentialing:
https://managedcare.medicaid.ohio.gov/

Mail authorizations to:
DENTAQUEST of OH-Authorizations
P.O. Box 2906
Milwaukee, WI 53201-2906

Mail claims to:
DENTAQUEST of OH–Claims
PO Box 2906
Milwaukee, WI 53201-2906

Electronic claims/authorizations should be sent:
Online via Provider Portal
https://govservices.dentaquest.com/

or

Via Clearinghouse
Payer ID CX014
Include the following address:
DentaQuest LLC
P.O. Box 2906
Milwaukee, WI 53201-2906

STATEMENT OF MEMBER 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 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 members' rights and responsibilities.

- All members have a right to receive pertinent, 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.

- All members have a right to privacy and to be treated with respect and recognition of their dignity when receiving dental care.

- All members have the right to fully participate with caregivers in the decision-making process surrounding their healthcare.

- All members have the right to be fully informed about the medically necessary treatment options for any condition, regardless of the coverage or cost for the care discussed.

- All members have the right to voice a complaint against DentaQuest, 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.

- 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.

- All members have the right to make recommendations regarding DentaQuest's/plan's members' rights and responsibilities policies.

    Likewise:

- All members have the responsibility to provide, to the best of their abilities, accurate information DentaQuest and its participating dentists need to provide the highest quality of healthcare services.

- All members have a responsibility to follow the treatment plans and home care instructions closely for the care they have agreed upon with their healthcare practitioners.

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

DentaQuest

STATEMENT OF PROVIDER RIGHTS AND RESPONSIBILITIES

Dental providers shall have the right to:

- Communicate with patients, including Members, regarding dental treatment options.
- Recommend a course of treatment to a member, even if the course of treatment is not a covered benefit or approved by plan/DentaQuest.
- File an appeal or complaint pursuant to the procedures of plan/DentaQuest.
- Supply accurate, relevant and factual information to a member in connection with an appeal or complaint filed by the member.
- Object to policies, procedures or decisions made by plan/DentaQuest.
- Notify the member in writing and obtain a signature of waiver if a recommended course of treatment is not covered, e.g., not approved by plan/DentaQuest, and if the provider intends to charge the member for such a non-compensable service.
- 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, we 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

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

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

Members will receive a Plan ID Card.

DentaQuest recommends that each dental office make a photocopy of the member's identification card each time treatment is provided. It is important to note that the healthplan 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 alone does not guarantee a person is currently enrolled in the health plan.

Sample of Anthem Ohio ID Cards
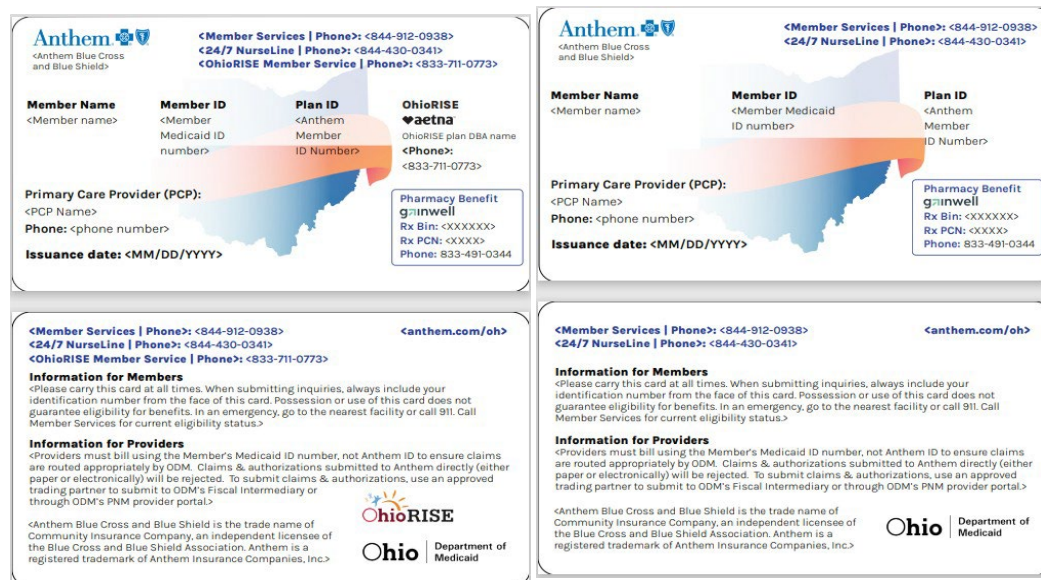
1.03   DENTAQUEST ELIGIBILITY SYSTEMS

Participating Providers may access Member eligibility information through DentaQuest's Interactive Voice Response (IVR) system or through the "Providers Only" section of DentaQuest's website at http://www.dentaquest.com. The eligibility information received from either system will be the same information you would receive by calling DentaQuest's Customer Service

department; however, by utilizing either system you can get information 24 hours a day, 7 days a week without having to wait for an available Customer Service Representative.

Access to eligibility information via the Internet

DentaQuest's Internet currently allows Providers to verify a Member's eligibility as well as submit claims directly to DentaQuest. You can verify the Member's eligibility on-line by entering the Member's date of birth, the expected date of service and the Member's identification number or last name and first initial. To access the eligibility information via DentaQuest's website, simply log on to the website at www.dentaquest.com. Once you have entered the website, click on "Dentist". From there choose your 'State" and press go. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. If you have not received instruction on how to complete Provider Self Registration contact DentaQuest's Customer Service Department at 1-888-308-9345.

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

Access to eligibility information via the IVR line

To access the IVR, simply call DentaQuest's Customer Service Department at

1-888-308-9345. The IVR system will be able to answer all of your eligibility questions for as many Members as you wish to check. Once you have completed your eligibility checks, you will have the option to transfer to a Customer Service Representative to answer any additional questions, i.e., Member history, which you may have. Using your telephone keypad, you can request eligibility information on a Medicaid or Medicare Member by entering your 6-digit DentaQuest location number, the Member's recipient identification number and an expected date of service. Specific directions for utilizing the IVR to check eligibility are listed below. After our system analyzes the information, the patient's eligibility for coverage of dental services will be verified. If the system is unable to verify the Member information you entered, you will be transferred to a Customer Service Representative.

Directions for using DentaQuest's IVR to verify eligibility:

*En*tering system with Tax and Location ID's

Call DentaQuest Customer Service at 1-888-308-9345.

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

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 1-888-308-9345. They will be able to assist you in utilizing either system.

1.04	STATE ELIGIBILITY SYSTEM

Ohio Department of Job and Family Services

800-686-1516

1.05	SPECIALIST REFERRAL PROCESS

A patient requiring a referral to a dental specialist can be referred directly to any specialist contracted with DentaQuest without authorization from DentaQuest. The dental specialist is responsible for obtaining prior authorization for services according to Appendix B of this

manual. If you are unfamiliar with the DentaQuest contracted specialty network or need assistance locating a certain specialty, please contact DentaQuest's Customer Service Department.

1.06	PARTICIPATING HOSPITALS

Upon approval, participating providers are required to administer services at plan's participating hospitals. Provider should submit services for dental care to DentaQuest for authorization. Upon receipt of approval from DentaQuest, Provider should use the information below for facility authorization if applicable.

For Medical Prior Authorizations you can submit your request on the DentaQuest Provider Portal or call directly.

Submitting on DentaQuest Provider Portal: govservices.dentaquest.com

Navigate to the Dental Pre-Auth Entry screen by clicking: *Claims/Pre-Authorizations/ Referrals/Dental Pre-Auth Entry*

The decisions will be available on provider portal and faxed to provider.

2.00 AUTHORIZATION FOR TREATMENT

2.01 DENTAL TREATMENT REQUIRING AUTHORIZATION

Authorization is a utilization tool that requires participating providers to submit "documentation" associated with certain dental services for a member. Participating providers will not be paid if this "documentation" is not provided to DentaQuest. Participating providers must hold the member, DentaQuest, plan and agency harmless as set forth in the Provider Participation Agreement if coverage is denied for failure to obtain authorization (either before or after service is rendered).

DentaQuest utilizes specific dental utilization criteria as well as an authorization process to manage utilization of services. DentaQuest's operational focus is to assure compliance with its utilization criteria. The criteria are included in this manual (see Clinical Criteria section). Please review these criteria as well as the benefits covered to understand the decision-making process used to determine payment for services rendered.

A. Authorization and documentation submitted before non-emergency treatment begins.

Services that require authorization (non-emergency) should not be started prior to the determination of coverage (approval or denial of the authorization). Non- emergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the member, the plan and/or DentaQuest.

Your submission of documentation should include:

1. Radiographs, narrative, or other information where requested (See Exhibits for specifics by code)

2. CDT codes on the claim form

Your submission should be sent on an ADA-approved claim form. The tables of Covered Services (Exhibits) contain a column marked Authorization Required. A "Yes" in this column indicates the service listed requires authorization (documentation) to be considered for reimbursement.

After the DentaQuest dental director reviews the documentation, the submitting office shall be provided an authorization number within two business days from the date the documentation is received. The authorization number will be issued to the submitting office by mail and must be submitted with the other required claim information after the treatment is rendered.

B. Submitting authorization requests and X-rays
- Electronic submission using the new web portal
- Electronic submission using National Electronic Attachment (NEA) is recommended. For more information, please visit http://www.nea-fast.com/ and click the "Learn More" button. To register, visit https://vynedental.com/fastattach and select "Register Now."
- Submission of duplicate radiographs (which we will recycle and not return)

- Submission of original radiographs with a self-addressed stamped envelope (SASE) so that we may return the original radiographs. Note that determinations will be sent separately and any radiographs received without a SASE will not be returned to the sender.

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

Acceptable methods of mounted radiographs are:

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

Unacceptable methods of mounted radiographs are:

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

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

2.02	EMERGENCY TREATMENTS AND AUTHORIZATIONS

If a patient presents with an emergency condition that requires immediate treatment or intervention, you should always take necessary clinical steps to mitigate pain, swelling, or other symptoms that might put the member's overall health at risk and completely document your findings. After treatment, please complete the appropriate

authorization request, and enter EMERGENCY/URGENT in box 35, and the appropriate narrative or descriptor of the patient's conditions, including all supporting documentation. Please FAX this to 262-241-7150.

DentaQuest will process emergency authorization requests as high priority.

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

3.00 CLAIM SUBMISSION PROCEDURES

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

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

3.01 SUBMITTING CLAIMS WITH X-RAYS

- Electronic submission using the provider web portal
- Electronic submission using National Electronic Attachment (NEA) is recommended.
- Submission of duplicate radiographs (which we will recycle and not return)
- Submission of original radiographs with a self-addressed stamped envelope (SASE) so that we may return the original radiographs. Note that determinations will be sent separately and any radiographs received without a SASE will not be returned to the sender.

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

Acceptable methods of mounted radiographs are:

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

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

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

3.02 ELECTRONIC CLAIM SUBMISSION UTILIZING DENTAQUEST'S WEBSITE

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

To submit claims via the website, simply log on to www.dentaquest.com. Once you have entered the website, click on the "Dentist" icon. From there choose your 'State'. You will then be able to log in using your password and ID. First time users will have to register by utilizing the Business's NPI or TIN, State and Zip Code. Once logged in, select "Claims/Pre-Authorizations" and then

"Dental Claim Entry". The Dentist Portal allows you to attach electronic files (such as x-rays in jpeg format, reports and charts) to the claim.

If you have questions on submitting claims or accessing the website, please contact our Provider Services department at 1-888-308-9345.

3.03	ELECTRONIC CLAIM SUBMISSION VIA CLEARINGHOUSE

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

DentaQuest Payor ID: CX014

Include the following address:
DentaQuest LLC
P.O. Box 2906
Milwaukee, WI 53201-2906

3.04	HIPAA COMPLIANT 837D FILE

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

3.05	NPI REQUIREMENTS FOR SUBMISSION OF ELECTRONIC CLAIMS

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

Providers must register for the appropriate NPI classification at the following website https://nppes.cms.hhs.gov/NPPES/ and provide this information to DentaQuest in its entirety. All providers must register for an Individual NPI. You may also be required to register for a group NPI (or as part of a group) dependent upon your designation.
When submitting claims to DentaQuest you must submit all forms of NPI properly and in their entirety for claims to be accepted and processed accurately. If you registered as part of a group, your claims must be submitted with both the Group and Individual NPI's. These numbers are not interchangeable and could cause your claims to be returned to you as non-compliant.

If you are presently submitting claims to DentaQuest through a clearinghouse or through a direct integration you need to review your integration to assure that it is in compliance with the revised HIPAA compliant 837D format. This information can be found on the 837D Companion Guide located on the Provider Web Portal.

3.06   PAPER CLAIM SUBMISSION

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

Member name, identification number, and date of birth must be listed on all claims submitted. If the Member identification number is missing or miscoded on the claim form, the patient cannot be identified. This could result in the claim being returned to the submitting Provider office, causing a delay in payment.

The paper claim must contain an acceptable provider signature. The Provider and office location information must be clearly identified on the claim. Frequently, if only the dentist signature is used for identification, the dentist's name cannot be clearly identified. Please include either a typed dentist (practice) name or the DentaQuest Provider identification number. The paper claim form must contain a valid provider NPI (National Provider Identification) number. In the event of not having this box on the claim form, the NPI must still be included on the form. The ADA claim form only supplies 2 fields to enter NPI. On paper claims, the Type 2 NPI identifies the payee, and may be submitted in conjunction with a Type 1 NPI to identify the dentist who provided the treatment. For example, on a standard ADA Dental Claim Form, the treating dentist's NPI is entered in field 54 and the billing entity's NPI is entered in field 49.

The date of service must be provided on the claim form for each service line submitted.

Approved ADA dental codes as published in the current CDT book or as defined in this manual must be used to define all services.

Affix the proper postage when mailing bulk documentation. DentaQuest does not accept postage due mail. This mail will be returned to the sender and will result in delay of payment.
Claims should be mailed to the following address:

DENTAQUEST LLC of OH
Claims
P.O. Box 2906
Milwaukee, WI 53201-2906

3.07   PAYMENT FOR NON-COVERED SERVICES

Participating providers shall hold members, DentaQuest, plan and Agency harmless for the payment of non-Covered Services except as provided in this paragraph. Provider may bill a member for non-Covered Services if the provider obtains a written waiver from the member prior to rendering such service that indicates:

- The services to be provided.
- DentaQuest, plan and Agency will not pay for or be liable for said services, and
- Member will be financially liable for such services.

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

3.08	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.

3.09	FILING LIMITS

Claims for OH Medicaid members are timely if received within Three hundred sixty-five days of the actual date the service was provided. (OAC Rule 5160-1-19)

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.

3.10	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.

3.11	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) and in the additional resources section of this manual.
➢ Attach a voided check and W-9 to the form. THE AUTHORIZATION CANNOT BE PROCESSED WITHOUT A VOIDED CHECK.
➢ COMPLETE THE STANDARD UPDATES FORM that can be found on the website (www.dentaquest.com) and in the additional resources section of this manual.
➢ Return the Direct Deposit Authorization Form, Standard Updates Form, W-9, and voided check to DentaQuest.

- Via Email: StandardUpdates@DentaQuest.com

- Via Fax: 1-262-241-4077

- Via Mail:

  DentaQuest
  ATTN: PDA Department
  PO Box 2906
  Milwaukee, WI 53201-2906

The Direct Deposit Authorization Form must be legible to prevent delays in processing. Providers should allow up to six weeks for the Direct Deposit Program to be implemented after the receipt of completed paperwork.

Providers will receive a bank note one check cycle prior to the first Direct Deposit payment.

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

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

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

4.00   DISPUTE RESOLUTION

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

DentaQuest LLC
Attention: Utilization Management/Provider Appeals
P.O. Box 2906
Milwaukee, WI 53201-2906

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

External Medical Review: For services denied on accounts of lack of medical necessity, participating providers have the right to file a request for an external medical review, within timely filing limits. Services that are denied for reasons other than lack of medical necessity (e.g., the service is not covered by Medicaid) are not subject to external medical review.

The providers must submit the completed ODM 06653 medical claim review request form (available on ODM's website at medicaid.ohio.gov/resources-for-providers), along with the claim form and all relevant supporting documents, to the following address for review:

Ohio Department of Medicaid, Provider Relations Section,
P.O. Box 1461,
Columbus, OH 43216-1461

DentaQuest will transmit all relevant information to the ODM-identified external medical review entity within five business days of the receipt of the provider's request for an external medical review. The external medical review entity's decision will be final; both DentaQuest and providers must abide accordingly.

5.00   INQUIRIES, COMPLAINTS AND GRIEVANCES (POLICIES 200.010, 200.011, 200.013, 200.017)

DentaQuest adheres to state, federal, and health plan requirements related to processing inquiries, complaints and grievances. Unless otherwise required by agency and health plan, DentaQuest processes such inquiries, complaints, and grievances consistent with the following:

- **Inquiry**: An inquiry is the first contact with the plan (verbal or written) expressing dissatisfaction from the member, an attorney on behalf of a member or a government agency.

- **Complaint**: A complaint is an expression of dissatisfaction (written or verbal) from a member, an attorney on behalf of a member or a government agency registering a request for review of a prior decision.

- **Grievance**: A notice sent by a member or attorney on behalf of a member registering a request for formal review of a complaint decision. Issues categorized as grievances have progressed through the inquiry, and complaint levels of the process resulting in a member's dissatisfaction with the outcome of issue review.

DentaQuest's Complaints/Grievance Coordinator receives member and provider inquiries and complaints. The Coordinator investigates the issues, compiles the findings, requests patient records (if applicable), sends the records to the dental consultant for review and determination (if applicable), and obtains a resolution. The appropriate individuals are notified of the resolution (i.e., plan, member and provider as applicable). The complaint is closed and maintained on file for tracking and trending purposes. Any member and any provider acting on behalf of a member with the member's consent may appeal any utilization management determination resulting in a denial, reduction, suspension or termination of dental services.

The Complaints/Grievances Coordinator receives member and provider grievances. The Coordinator requests appropriate documentation forwards the documentation to the dental consultant for review and determination, and the decision to uphold or overturn the initial decision is communicated to the appropriate individuals.

Note: Copies of DentaQuest policies and procedures can be requested by calling Customer Service at 855-208-6575. *(Policies 200.010, 200.011, 200.013, 200.017)*

5.01	MEMBER COMPLAINT SUBMISSION

Members have the right to submit a complaint to DentaQuest at any time. The complaint can be regarding any dispute the Member or Authorized Representative has with DentaQuest. Members have the right to assign a Representative. The Representative can be any individual of the member's choosing: spouse, family member, attorney, provider, Power of Attorney, guardian, etc.

- The complaint is not required to be written. Verbal requests are accepted and do not require written and signed documentation from the member or Authorized Representatives.
- A member or Authorized Representative can submit a verbal complaint by calling DentaQuest using the designated number with TTY services based on their plan.
- A member's written complaint may be submitted to DentaQuest's Complaints & Grievances Department at the following address:

DentaQuest

Attn: Complaints & Grievances P.O. Box 2906

Milwaukee, WI 53201-2906

6.00 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

As a healthcare provider, your office is required to comply with all aspects of the HIPAA regulations in effect as indicated in the final publications of the various rules covered by HIPAA. DentaQuest has implemented various operational policies and procedures to ensure that it is compliant with the Privacy, Administrative Simplification and Security Standards of HIPAA. One aspect of our compliance plan is

working cooperatively with our providers to comply with the HIPAA regulations. In relation to the Privacy Standards, DentaQuest has previously modified its provider contracts to reflect the appropriate HIPAA compliance language. These contractual updates include the following in regard to record handling and HIPAA requirements:

Maintenance of adequate dental/medical, financial and administrative records related to covered dental services rendered by Provider in accordance with federal and state law.
Safeguarding of all information about Members according to applicable state and federal laws and regulations. All material and information, in particular information relating to Members or potential Members, which is provided to or obtained by or through a Provider, whether verbal, written, tape, or otherwise, shall be reported as confidential information to the extent confidential treatment is provided under state and federal laws.

Neither DentaQuest nor Provider shall share confidential information with a Member's employer absent the Member's consent for such disclosure.

Provider agrees to comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") relating to the exchange of information and shall cooperate with DentaQuest in its efforts to ensure compliance with the privacy regulations promulgated under HIPAA and other related privacy laws.

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

In relation to the Administrative Simplification Standards, you will note that the benefit tables included in this ORM reflect the most current coding standards (CDT-5) recognized by the ADA. Effective the date of this manual, DentaQuest will require providers to submit all claims with the proper CDT-5 codes listed in this manual. In addition, all paper claims must be submitted on the current approved ADA claim form.

6.01 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).

7.00 UTILIZATION MANAGEMENT PROGRAM

7.01 INTRODUCTION

Reimbursement to dentists for dental treatment rendered can come from any number of sources such as individuals, employers, insurance companies and local, state or federal government. The source of dollars varies depending on the particular program. For example, in traditional

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

7.02	COMMUNITY PRACTICE PATTERNS

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

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

7.03	EVALUATION

DentaQuest's Utilization Management Programs evaluate claims submissions in such areas as:

- Diagnostic and preventive treatment;
- Patient treatment planning and sequencing;
- Types of treatment;
- Treatment outcomes; and
- Treatment cost effectiveness.

7.04	RESULTS

Therefore, with the objective of ensuring the fair and appropriate distribution of these "budgeted" Medicaid Assistance Dental Program dollars to dentists, DentaQuest's Utilization Management Programs will help identify those dentists whose patterns show significant deviation from the normal practice patterns of the community of their peer dentists (typically less than 5% of all dentists). When presented with such information, dentists will implement slight modification of their diagnosis and treatment processes that bring their practices back within the normal range. However, in some isolated instances, it may be necessary to recover reimbursement.

7.05	FRAUD AND ABUSE

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

Fraud: Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under federal or state law. For example, in traditional insurance, the dentist reimbursement is composed of an insurance payment and a patient coinsurance payment. Since there is usually no patient co-payment, these dollars represent all the reimbursement available to the dentist. These "budgeted" dollars, being limited in nature, make the fair and appropriate distribution to the dentists of crucial importance.

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

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

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

If there is any suspicion of Fraud and Abuse, please call the Fraud Hotline at 800-237-9139.

7.06	COMMUNITY PRACTICE PATTERNS

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

8.00 QUALITY IMPROVEMENT PROGRAM

DentaQuest currently administers a Quality Improvement Program modeled after National Committee for Quality Assurance (NCQA) standards. The NCQA standards are adhered to as the standards apply to dental managed care. The Quality Improvement Program includes, but is not limited to:

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

A copy of DentaQuest's Quality Improvement Program is available upon request by contacting DentaQuest's Customer Service Department at 1-855-398-8411 or via e-mail at denelig.benefits@dentaquest.com.

9.00   CREDENTIALING

Effective Oct. 1, 2022, Ohio Medicaid and MyCare providers will utilize the Provider Network Management (PNM) module from the Ohio Department of Medicaid for submitting provider applications, credentialing request, and provider demographic updates. The PNM module will be the single point for providers to complete provider enrollment, centralized credentialing, and provider self-service. The PNM module is replacing MITS provider portal. Please visit managedcare.medicaid.ohio.gov/ for further details.

A provider must be registered with Ohio Department of Medicaid, have a valid Ohio Medicaid Dental License, Medicaid ID and NPI to contract with DentaQuest.

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 NCQA guidelines as the guidelines apply to dentistry.

Nothing in this credentialing plan limits DentaQuest's sole discretion to accept and discipline participating providers. No portion of this credentialing plan limits DentaQuest's right to permit restricted participation by a dental office or DentaQuest's ability to terminate a provider's participation in accordance with the participating provider's written agreement, instead of this credentialing plan.

The plan has the final decision-making power regarding network participation. DentaQuest will notify the plan of all disciplinary actions enacted upon participating providers.

Appeal of Credentialing Committee Recommendations. (Policy 300.017)

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

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

Discipline of Providers (Policy 300.019)

The Credentialing Committee, in its sole discretion or upon recommendation by the Peer Review Committee, may discipline a participating provider for substandard performance, failure to comply with the administrative requirements, or the professional criteria, or any other reason the Credentialing Committee deems appropriate.

Procedures for Discipline and Termination (Policies 300.017-300.025)

Where the Credentialing Committee determines that remedial action was or will be ineffective to the adverse actions, it may suspend, terminate or restrict the participation of a provider and remove them from all network directories.

Recredentialing (Policy 300.016)

All existing providers must be reviewed every 36 months from the date of their previous credentialing action.

Note: DentaQuest policies are available upon request by calling DentaQuest Customer Service at 855-208-6575 or emailing denelig.benefits@dentaquest.com.

10.00 THE PATIENT RECORD

A. ORGANIZATION

1. The record must have areas for documentation of the following information:
    - Registration data including a complete health history.
    - Medical alert predominantly displayed inside chart jacket.
    - Initial examination data.
    - Radiographs.
    - Periodontal and Occlusal status.
    - Treatment plan/Alternative treatment plan.
    - Progress notes to include diagnosis, preventive services, treatment rendered, and medical/dental consultations.
    - Miscellaneous items (correspondence, referrals, and clinical laboratory reports).

2. The design of the record must provide the capability or periodic update, without the loss of documentation of the previous status, of the following information:
    - Health history.
    - Medical alert.
    - Examination/Recall data.
    - Periodontal status.
    - Treatment plan.

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

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

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

B. CONTENT - THE PATIENT RECORD MUST CONTAIN THE FOLLOWING:

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

2. An adequate health history that requires documentation of these items:
    - Current medical treatment.
    - Significant past illnesses.
    - Current medications.
    - Drug allergies.
    - Hematologic disorders
    - Cardiovascular disorders.
    - Respiratory disorders.
    - Endocrine disorders.
    - Communicable diseases.

- Neurologic disorders.
- Signature and date by patient.
- Signature and date by reviewing dentist.
- History of alcohol and/or tobacco usage including smokeless tobacco.

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

   - Significant changes in health status.

4. Current medical treatment.
5. Current medications.
6. Dental problems/concerns.
7. Signature and date by reviewing dentist.
8. A conspicuously placed medical alert inside the chart jacket that documents highly significant terms from health history. These items are health problems which contraindicate certain types of dental treatment.
9. Health problems that require precautions or pre-medication prior to dental treatment.
10. Current medications that may contraindicate the use of certain types of drugs or dental treatment.
11. Drug sensitivities.
12. Infectious diseases that may endanger personnel or other patients.
13. Adequate documentation of the initial clinical examination which is dated and requires descriptions of findings in these items:
    - Blood pressure. (Recommended)

14. Head/neck examination.
15. Soft tissue examination.
16. Periodontal assessment.
17. Occlusal classification.
18. Dentition charting.
19. Adequate documentation of the patient's status at subsequent Periodic/Recall examinations which is dated and requires descriptions of changes/new findings in these items:
    - Blood pressure. (Recommended)

20. Head/neck examination.
21. Soft tissue examination.
22. Periodontal assessment.
23. Dentition charting.
24. Radiographs which are:
    - Identified by patient name.

25. Dated.
26. Designated by patient's left and right side.
27. Mounted (if intraoral films).
28. An indication of the patient's clinical problems/diagnosis.
29. Adequate documentation of the treatment plan (including any alternate treatment options) that specifically describes all the services planned for the patient by entry of these items:
    Procedure.
30. Localization (area of mouth, tooth number, surface).

31. An adequate documentation of the periodontal status, if necessary, which is dated and requires charting of the location and severity of these items:
    - Periodontal pocket depth.
32. Furcation involvement.
33. Mobility.
34. Recession.
35. Adequacy of attached gingiva.
36. Missing teeth.
37. An adequate documentation of the patient's oral hygiene status and preventive efforts which requires entry of these items:
    - Gingival status.
38. Amount of plaque.
39. Amount of calculus.
40. Education provided to the patient.
41. Patient receptiveness/compliance.
42. Recall interval.
43. Date.
44. An adequate documentation of medical and dental consultations within and outside the practice which requires entry of these items:
    - Provider to whom consultation is directed.
45. Information/services requested.
46. Consultant's response.
47. Adequate documentation of treatment rendered which requires entry of these items:
    - Date of service/procedure.
48. Description of service, procedure and observation. Documentation in treatment record must contain documentation to support the level of American Dental Association Current Dental Terminology code billed as detailed in the nomenclature and descriptors. Documentation must be written on a tooth by tooth basis for a per tooth code, on a quadrant basis for a quadrant code and on a per arch basis for an arch code. Type and dosage of anesthetics and medications given or prescribed.
49. Localization of procedure/observation. (tooth #, quadrant etc.)
50. Signature of the Provider who rendered the service.
51. Adequate documentation of the specialty care performed by another dentist that includes:
    - Patient examination.
52. Treatment plan.
53. Treatment status.

C.   COMPLIANCE

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

11.00 PATIENT RECALL SYSTEM REQUIREMENTS

A. Recall System Requirement

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

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

- "We missed you when you did not come for your dental appointment on month/date. Regular check-ups are needed to keep your teeth healthy."

- "Please call to reschedule another appointment. Call us ahead of time if you cannot keep the appointment. Missed appointments are very costly to us. Thank you for your help."

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

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

B. Office Compliance Verification Procedures

- In conjunction with its office claim audits described in section 4, DentaQuest will measure compliance with the requirement to maintain a patient recall system.
- DentaQuest Dentists are expected to meet minimum standards with regards to appointment availability.
- Urgent care must be available within 72 hours of referral.
- Emergency care must be available within 48 hours.
- Preventative & Routine Care must be available within 30 days of referral.
- Standard wait time in office must not be more than 45 minutes.

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

12.00 RADIOLOGY REQUIREMENTS

Note: Please refer to benefit tables for radiograph benefit limitations.

DentaQuest utilizes the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health. These guidelines were developed in conjunction with the Food and Drug Administration.

A. **Radiographic Examination of the New Patient**

   Child – primary dentition

   The Panel recommends posterior bitewing radiographs for a new patient, with a primary dentition and closed proximal contacts.

   Child – transitional dentition

   The Panel recommends an individualized periapical/occlusal examination with posterior bitewings OR a panoramic radiograph and posterior bitewings, for a new patient with a transitional dentition.

   Adolescent – permanent dentition prior to the eruption of the third molars

   The Panel recommends an individualized radiographic examination consisting of selected periapicals with posterior bitewings for a new adolescent patient.

   Adult – dentulous

   The Panel recommends an individualized radiographic examination consisting of selected periapicals with posterior bitewings for a new dentulous adult patient.

   Adult – edentulous

   The Panel recommends a full-mouth intraoral radiographic survey OR a panoramic radiograph for the new edentulous adult patient.

B. **Radiographic Examination of the Recall Patient**

   Patients with clinical caries or other high – risk factors for caries

   Child – primary and transitional dentition

   The Panel recommends that posterior bitewings be performed at a 6-12 month interval for those children with clinical caries or who are at increased risk for the development of caries in either the primary or transitional dentition.

   Adolescent

   The Panel recommends that posterior bitewings be performed at a 6-12 month interval for adolescents with clinical caries or who are at increased risk for the development of caries.

   Adult – dentulous

   The Panel recommends that posterior bitewings be performed at a 6-12 month interval for adults with clinical caries or who are at increased risk for the development of caries.

   Adult – edentulous

   The Panel found that an examination for occult disease in this group cannot be justified on the basis of prevalence, morbidity, mortality, radiation dose and cost. Therefore, the Panel recommends that no radiographs be performed for edentulous recall patients without clinical signs or symptoms.

C. **Growth and Development Assessment**

   Child – Primary Dentition

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

Child – Transitional Dentition

The Panel recommends an individualized Periapical/Occlusal series OR a Panoramic Radiograph to assess growth and development at the first recall visit for a child after the eruption of the first permanent tooth.

Adolescent

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

Adult

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

NOTE: Please refer to benefit tables for benefits and limitations. Recommended Dental Periodicity Schedule for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling (AAPD Reference Manual 2022)

AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth®	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination [1]	•	•	•	•	•
Assess oral growth and development [2]	•	•	•	•	•
Caries-risk assessment [3]	•	•	•	•	•
Radiographic assessment [4]	•	•	•	•	•
Prophylaxis and topical fluoride [3,4]	•	•	•	•	•
Fluoride supplementation [5]	•	•	•	•	•
Anticipatory guidance/counseling [6]	•	•	•	•	•
Oral hygiene counseling [3,7]	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling [3,8]	•	•	•	•	•
Counseling for nonnutritive habits [9]	•	•	•	•	•
Injury prevention and safety counseling [10]	•	•	•	•	•
Assess speech/language development [11]	•	•	•		
Assessment developing occlusion [12]			•	•	•
Assessment for pit and fissure sealants [13]			•	•	•
Periodontal-risk ssessment [3,14]			•	•	•
Counseling for tobacco, vaping, and substance misuse				•	•
Counseling for human papilloma virus/ vaccine				•	•
Counseling for intraoral/perioral piercing				•	•
Assess third molars					•
Transition to adult dental care					•

1. First examination at the eruption of the first tooth and no later than 12 months. Repeat every six months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.
2. By clinical examination.
3. Must be repeated regularly and frequently to maximize effectiveness.
4. Timing, types, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
5. Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.
6. Appropriate discussion and counseling should be an integral part of each visit for care.
7. Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.
8. At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity. Monitor body mass index beginning at age two.
9. At first, discuss the need for nonnutritive sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or deleterious effect on the dentofacial complex occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
10. Initially pacifiers, car seats, play objects, electric cords; secondhand smoke; when learning to walk; with sports and routine playing, including the importance of mouthguards; then motor vehicles and high-speed activities.
11. Observation for age-appropriate speech articulation and fluency as well as achieving receptive and expressive language milestones.
12. Identify: transverse, vertical, and sagittal growth patterns; asymmetry; occlusal disharmonies; functional status including temporomandibular joint dysfunction; esthetic influences on self-image and emotional development.
13. For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.
14. Periodontal probing should be added to the risk-assessment process after the eruption of the first permanent molars.

American Academy of Pediatric Dentistry. Periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2022:253-65

14.00 CLINICAL CRITERIA

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

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

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

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

The clinical criteria presented in this section are the criteria that DentaQuest will use for making medical necessity determinations for prior authorizations, post-payment review and retrospective review. In addition, please review the general benefit limitations presented in Exhibit A of this manual for additional information on medical necessity on a per code basis.

Failure to submit the required documentation may result in a disallowed request and/or a denied payment of a claim related to that request. Prior authorization is required for all orthodontic treatment and any procedure requiring in-patient or outpatient treatment in any hospital or surgery center. Some services require pre-payment review, these services are detailed in Exhibit A benefits covered in the "Authorization Required" column.

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

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

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

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

Failure to provide the required documentation, adverse audit findings, or the failure to maintain acceptable practice standards may result in sanctions including, but not limited to, recoupment of benefits on paid claims, follow-up audits, or removal of the provider from the DentaQuest Provider Panel.

Multistage procedures are reported and may be reimbursed upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed, and the denture is inserted. The completion date for fixed partial dentures and crowns, onlays and inlays is the cementation date regardless of the type of cement utilized. The completion date for endodontic treatment is the date the canals are permanently filled.

14.01   CRITERIA FOR DENTAL EXTRACTIONS

Not all procedures require review.

Documentation needed for review procedure:

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

- Treatment rendered under emergency conditions, when review is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.

- Narrative demonstrating medical necessity.

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

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

Criteria

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

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

Alveoloplasty (code D7310) in conjunction with four or more extractions in the same quadrant will be covered subject to consultant review.

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

1. Documentation of medical necessity for oral surgery – evidence of diagnosed pathology or demonstrable need rather than anticipated future pathology.

   A. Pathology

   ➢ Provider must submit narrative and x-rays or photos describing pathology

   ➢ Each tooth must show pathology

   ➢ Symptomology or impactions without pathology may not be enough

   B. Demonstrable Need

   ➢ Narrative describing need

   ➢ Supporting documentation (e.g. X-rays, photos, hospital admissions, etc.)

2. General Approval vs. Denial Guidelines

   A. Probable Approval

   ➢ Pathology

   - Non-restorable decay

   - Tooth erupting on an angle and impinging on second molars

   - Recurrent pericoronitis

   - Dentigerous cyst or other growth

   - Internal or external root resorption

   - Third molar has over-erupted due to lack of opposing tooth contact

   ➢ Demonstrable Need

   - Pain with no pathology – On a per-tooth basis, provider must furnish a narrative that describes pain that is more than normal eruption pain – for example: a description of duration, intensity, medications or other factors that are more than normal eruption pain – the description of such factors is necessary to demonstrate need.

   B. Probable Approval

   ➢ Impaction or Symptomology

   - Impaction with no other pathology

   - Pain or discomfort with unknown pathology

   - Absence of root formation indicating tooth is pre-eruptive

   ➢ Other third molars have pathology (if one, two or three teeth show pathology, DentaQuest will not automatically approve the extraction of the remaining non-pathologic teeth)

C. Denials

    ➢ If administrative denial (e.g., lack of documentation):

- Resubmit according to deficiencies noted in EOB

    ➢ If clinical denial:

- Resubmit with documentation showing additional clinical evidence for extraction
- Advise member service is not covered
- Resubmit with documentation showing additional clinical evidence for extraction
- Advise member service is not covered

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

14.02	CRITERIA FOR CAST CROWNS

Documentation needed for review of procedure:

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

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

Criteria

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

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

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

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

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

- Request should include a dated post-endodontic radiograph.

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

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

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

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

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

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

Approval for Crowns will not meet criteria if:

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

- Tooth has subosseous and/or furcation caries.

- Tooth has advanced periodontal disease.

- Tooth is a primary tooth.

- Crowns are being planned to alter vertical dimension.

14.03 CRITERIA FOR ENDODONTICS

Not all procedures require review.

Documentation needed for review of procedure:

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

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

Criteria

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

Root canal therapy must meet the following criteria:

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

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

Approval for Root Canal therapy will not meet criteria if:

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

- The general oral condition does not justify root canal therapy due to loss of arch integrity.
- Root canal therapy is for third molars, unless they are an abutment for a partial denture.
- Tooth does not demonstrate 50% bone support.
- Root canal therapy is in anticipation of placement of an overdenture.
- A filling material not accepted by the Federal Food and Drug Administration (e.g. Sargenti filling material) is used.
- Retreatment of previous root canal therapy is a separate procedure (codes D3346, D3347 and D3348) and is generally not a covered service (check the member's plan for covered services).

Other Considerations

- Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obliteration of root canal(s), and progress radiographs, including a root canal fill radiograph.
- In cases where the root canal filling does not meet DentaQuest's treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after DentaQuest reviews the circumstances.

14.04	CRITERIA FOR STAINLESS STEEL CROWNS

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

Documentation needed for review of procedure:

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

- Treatment rendered under emergency conditions, when review is not possible, will still require that appropriate radiographs showing clearly the adjacent and opposing teeth be submitted with the claim for review for payment.

- Narrative demonstrating medical necessity if radiographs are not available.

Criteria

- In general, criteria for stainless steel crowns will be met only for teeth needing multi-surface restorations where amalgams and other materials have a poor prognosis.

- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma and should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma and should involve four or more surfaces and at least 50% of the incisal edge.

14.05	CRITERIA FOR REVIEW OF OPERATING ROOM (OR) CASES

Documentation needed for authorization of procedure:

• Treatment Plan (prior-authorized, if necessary).

• Narative describing medical necessity for OR.

All Operating Room (OR) Cases Must be Authorized.

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

Criteria:

In most cases, OR will be authorized (for procedures covered by Health Plan) if the following is (are) involved:

- Young children requiring extensive operative procedures such as multiple restorations, treatment of multiple abscesses, and/or oral surgical procedures if authorization documentation indicates that in-office treatment (nitrous oxide or IV sedation) is not appropriate and hospitalization is not solely based upon reducing, avoiding, or controlling apprehension, or upon Provider or Member convenience.
- Patients requiring extensive dental procedures and classified as American Society of Anesthesiologists (ASA) class III and ASA class IV (Class III – patients with uncontrolled disease or significant systemic disease; for recent MI, resent stroke, new chest pain, etc. Class IV – patient with severe systemic disease that is a constant threat to life).
- Medically compromised patients whose medical history indicates that the monitoring of vital signs or the availability of resuscitative equipment is necessary during extensive dental procedures.
- Patients requiring extensive dental procedures with a medical history of uncontrolled bleeding, severe cerebral palsy, or other medical condition that renders in-office treatment not medically appropriate.
- Patients requiring extensive dental procedures who have documentation of
- psychosomatic disorders that require special treatment.
- Cognitively disabled individuals requiring extensive dental procedures whose prior history indicates hospitalization is appropriate.

Documentation needed for authorization of procedure:

- Treatment plan.

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

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

Criteria

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

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

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

- A denture is determined to be an initial placement if the patient has never worn a prosthesis. This does not refer to just the time a patient has been receiving treatment from a certain Provider.

- Partial dentures are covered only for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.

- Radiographs must show no untreated cavities or active periodontal disease in the abutment teeth, and abutments must be at least 50% supported in bone.

- As part of any removable prosthetic service, dentists are expected to instruct the patient in the proper care of the prosthesis.

- In general, if there is a pre-existing removable prosthesis (includes partial and full dentures), it must be at least 5 years old and unserviceable to qualify for replacement.

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

- The replacement teeth should be anatomically full-sized teeth.

Authorizations for Removable prosthesis will not meet criteria:

- If there is a pre-existing prosthesis which is not at least 5 years old and unserviceable.

- If good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.

- If there are untreated cavities or active periodontal disease in the abutment teeth.

- If abutment teeth are less than 50% supported in bone.

- If the recipient cannot accommodate and properly maintain the prosthesis (i.e. Gag reflex, potential for swallowing the prosthesis, severely handicapped).

- If the recipient has a history or an inability to wear a prosthesis due to psychological or physiological reasons.

- If a partial denture, less than five years old, is converted to a temporary or permanent complete denture.

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

Criteria

If there is a pre-existing prosthesis, it must be at least 5 years old and unserviceable to qualify for replacement.

14.07	CRITERIA FOR THE EXCISION OF BONE TISSUE

To ensure the proper seating of a removable prosthetic (partial or full denture) some treatment plans may require the removal of excess bone tissue prior to the fabrication of the prosthesis. Clinical guidelines have been formulated for the dental consultant to ensure that the removal of tori (mandibular and palatal) is an appropriate course of treatment prior to prosthetic treatment.

Code D7471 (CDT–4) is related to the removal of the lateral exostosis. This code is subject to authorization and may be reimbursed for when submitted in conjunction with a treatment plan that includes removable prosthetics. These determinations will be made by the appropriate dental specialist/consultant.

Documentation needed for authorization of procedure:

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

14.08   CRITERIA FOR THE DETERMINATION OF A NON-RESTORABLE TOOTH

In the application of clinical criteria for benefit determination, dental consultants must consider the overall dental health. A tooth that is determined to be non-restorable may be subject to an alternative treatment plan.

A tooth may be deemed non-restorable if one or more of the following criteria are present:

- The tooth presents with greater than a 75% loss of the clinical crown.
- The tooth has less than 50% bone support.
- The tooth has subosseous and/or furcation caries.
- The tooth is a primary tooth with exfoliation imminent.
- The tooth apex is surrounded by severe pathologic destruction of the bone.
- The overall dental condition (i.e., periodontal) of the patient is such that an alternative treatment plan would be better suited to meet the patient's needs.

14.09   CRITERIA FOR GENERAL ANESTHESIA AND INTRAVENOUS (IV) SEDATION

Documentation needed for authorization of procedure:

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

Criteria

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

- Extensive or complex oral surgical procedures such as:
- Impacted wisdom teeth.
- Surgical root recovery from maxillary antrum.
- Surgical exposure of impacted or unerupted cuspids.
- Radical excision of lesions in excess of 1.25 cm.

And/or one of the following medical conditions:

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

14.10   CRITERIA FOR PERIODONTAL TREATMENT

Not all procedures require authorization.

Documentation needed for authorization of any periodontal procedures:

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

Periodontal scaling and root planing (D4341), per quadrant involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of presurgical procedures in others.

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

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

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

Criteria

- A minimum of four (4) affected teeth in the quadrant.
- Periodontal charting indicating abnormal pocket depths in multiple sites.
- Additionally, at least one of the following must be present:
  - Radiographic evidence of root surface calculus.
  - Radiographic evidence of noticeable loss of bone support.
- Other periodontal procedures will be reviewed for medical necessity and appropriateness of care according to the ADA definitions of code terminology.

APPENDIX A

GENERAL DEFINITIONS

The following definitions apply to this Office Reference Manual:

A. **"ODM" means the Ohio Department of Medicaid.**
B. **"Contract" means the document specifying the services provided by DentaQuest to:**

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

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

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

D. **"DentaQuest"** shall refer to DentaQuest USA Insurance Company, Inc.

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

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

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

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

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

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

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

ADDITIONAL RESOURCES

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

- Authorization for Dental Treatment

- Medical and Dental History Form

- Request for Transfer of Records

- Initial Clinical Exam - Sample Form

- Recall Examination - Sample Form

- Dental Claim Form

- Orthodontic Authorization Submission Requirements

- Ohio Orthodontic Criteria for Medical Necessity Form

- Referral Evaluation for Comprehensive Orthodontic Treatment

- Continuation of Care Submission Form

- OrthoCAD Submission Form

- Direct Deposit/EFT Form

- W-9

- Standard Updates Form

- Non-Covered Service Disclosure Form

- Member Appeal Consent Form

If you do not have internet access, to have a copy mailed, you may also contact DentaQuest Customer Service at 1-888-308-9345.

You can also scroll down to find these forms included in this document.

Authorization For Dental Treatment

Medical And Dental History Form

Request For Transfer of Records

Dental Claim Form

Referral Evaluation for Comprehensive Orthodontic Treatment

Continuation Of Care Submission Form

Direct Deposit/Eft Form

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Non-Covered Service Disclosure Form

APPENDIX B

COVERED BENEFITS (SEE EXHIBITS)

This section identifies covered benefits, provides specific criteria for coverage, and defines individual age and benefit limitations for Members younger than 21. Providers with benefit questions should call DentaQuest Customer Service directly at: 855-208-6575, press option two..

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; (e.g., 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 Ave. Chicago, IL 60611
800-947-4746

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

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

1.   The ADA approved service code to submit when billing,

2.   Brief description of the covered service,

3.   Any age limits imposed on coverage,

4.   A description of documentation, in addition to a completed ADA claim form, that must be submitted when a claim or request for prior authorization is submitted,

5.   An indicator of whether the service is subject to prior authorization, any other applicable benefit limitations.

For procedures where "Authorization Required" fields indicate "yes".

Please review the information below on when to submit documentation to DentaQuest. The information refers to the "Documentation Required" field in the Benefits Covered section (Exhibits). In this section, documentation may be requested to be sent prior to beginning treatment or "with claim" after completion of treatment.

When to submit documentation if an authorization is required:

"Authorization Required" Field	"Documentation Required" Field	Treatment Condition	When to Submit Documentation
Yes	Documentation Requested	Non-emergency (Routine)	Send documentation prior to beginning treatment
Yes	Documentation Requested	Emergency	Send documentation with claim after treatment

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

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

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Diagnostic services include the oral examinations, and selected radiographs, needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the Member's oral health. Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not, in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series. Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis. DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations. All radiographs must be of diagnostic quality, properly mounted, dated and identified with the Member's name. Radiographs not of diagnostic quality will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	21 and older		No	One of (D0120) per 6 Month(s) Per patient. One of (D0120, D0150) per 6 Month(s) Per Provider.	
D0140	limited oral evaluation-problem focused	21 and older		No		
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	One of (D0150) per 60 Month(s) Per Provider OR Location. One of (D0120, D0150) per 6 Month(s) Per Provider OR Location.	
D0180	comprehensive periodontal evaluation - new or established patient	21 and older		No	One of (D0180) per 1 Year(s) Per patient. Not reimbursable on the same day as a D0120 and D0150.	
D0210	intraoral - comprehensive series of radiographic images	21 and older		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0220	intraoral - periapical first radiographic image	21 and older		No		
D0230	intraoral - periapical each additional radiographic image	21 and older		No		
D0240	intraoral - occlusal radiographic image	21 and older		No		
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	21 and older		No		
D0270	bitewing - single radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0272	bitewings - two radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	
D0273	bitewings - three radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	
D0274	bitewings - four radiographic images	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	
D0321	other temporomandibular joint films, by report	21 and older		Yes		
D0330	panoramic radiographic image	21 and older		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0340	cephalometric radiographic image	21 and older		No	One of (D0340) per 12 Month(s) Per Provider OR Location.	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	21 and older		No	One of (D0350) per 12 Month(s) Per Provider OR Location.	
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	21 and older		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	21 and older		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0373	intraoral tomosynthesis – bitewing radiographic image	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	
D0374	intraoral tomosynthesis – periapical radiographic image	21 and older		No		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	21 and older		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	21 and older		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	21 and older		No		
D0396	3D printing of a 3D dental surface scan	21 and older		No	One of (D0396) per 1 Day(s) Per Provider. This service is included in another benefit.	
D0470	diagnostic casts	21 and older		No	One of (D0470) per 12 Month(s) Per Provider OR Location.	
D0604	antigen testing for a public health related pathogen, including coronavirus	21 and older		No		
D0605	antibody testing for a public health related pathogen, including coronavirus	21 and older		No		
D0801	3D dental surface scan – direct	21 and older		Yes	One of (D0801) per 1 Day(s) Per patient. One of (D0470, D0801, D0802, D0803, D0804) per 36 Month(s) Per patient.	
D0802	3D dental surface scan – indirect	21 and older		Yes	One of (D0802) per 1 Day(s) Per patient. One of (D0470, D0801, D0802, D0803, D0804) per 36 Month(s) Per patient.	
D0803	3D facial surface scan – direct	21 and older		Yes	One of (D0803) per 1 Day(s) Per patient. One of (D0470, D0801, D0802, D0803, D0804) per 36 Month(s) Per patient.	
D0804	3D facial surface scan – indirect	21 and older		Yes	One of (D0804) per 1 Day(s) Per patient. One of (D0470, D0801, D0802, D0803, D0804) per 36 Month(s) Per patient.	

**Exhibit A Benefits Covered for
OH Anthem Adult and ABD**

Space maintainers are a covered service when medically indicated due to the premature loss of a posterior primary tooth. A lower lingual holding arch placed where there is not permature loss of the primary molar is considered a transitional orthodontic appliance and not covered by this Plan.

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

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1110	prophylaxis - adult	21 and older		No	Two of (D1110) per 12 Month(s) Per patient.	
D1206	topical application of fluoride varnish	21 and older		No	One of (D1206) per 6 Month(s) Per patient.	
D1301	immunization counseling	21 and older		No	One of (D1301) per 12 Month(s) Per patient.	
D1310	nutritional counseling for control of dental disease	21 and older		No		
D1320	tobacco counseling for control and prevention of oral disease	21 and older		No	Two of (D1320) per 12 Month(s) Per patient.	
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	21 and older		No	Two of (D1321) per 12 Month(s) Per patient.	
D1354	application of caries arresting medicament- per tooth	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D1354) per 1 Day(s) Per patient per tooth. Three of (D1354) per 1 Year(s) Per patient per tooth. Maximum four teeth per date of service.	
D1355	caries preventive medicament application – per tooth	21 and older	Teeth 1 - 32, A - T	No	Maximum four teeth per date of service.	
D1510	space maintainer-fixed, unilateral- per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1510, D1520) per 24 Month(s) Per patient per quadrant. Indicate missing tooth numbers and arch/quadrant on claim.	
D1516	space maintainer --fixed--bilateral, maxillary	21 and older		No	One of (D1516, D1517, D1526, D1527) per 24 Month(s) Per patient per arch. Indicate missing tooth numbers and arch/quadrant on claim.	
D1517	space maintainer --fixed--bilateral, mandibular	21 and older		No	One of (D1516, D1517, D1526, D1527) per 24 Month(s) Per patient per arch. Indicate missing tooth numbers and arch/quadrant on claim.	

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1520	space maintainer-removable-unilateral	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1510, D1520) per 24 Month(s) Per patient per quadrant. Indicate missing tooth numbers and arch/quadrant on claim.	
D1526	space maintainer --removable--bilateral, maxillary	21 and older		No	Indicate missing tooth numbers and arch/quadrant on claim.	
D1527	space maintainer --removable--bilateral, mandibular	21 and older		No	Indicate missing tooth numbers and arch/quadrant on claim.	
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1	21 and older		No	One of (D1701) per 1 Lifetime Per patient.	
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2	21 and older		No	One of (D1702) per 1 Lifetime Per patient.	
D1703	Moderna Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1	21 and older		No	One of (D1703) per 1 Lifetime Per patient.	
D1704	Moderna Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2	21 and older		No	One of (D1704) per 1 Lifetime Per patient.	
D1705	AstraZeneca Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1	21 and older		No		
D1706	AstraZeneca Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2	21 and older		No		
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE These dental procedure codes	21 and older		No	One of (D1707) per 1 Lifetime Per patient.	

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1781	vaccine administration – human papillomavirus – Dose 1	21 and older		No		
D1782	vaccine administration – human papillomavirus – Dose 2	21 and older		No		
D1783	vaccine administration – human papillomavirus – Dose 3	21 and older		No		

Reimbursement includes local anesthesia. Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least twelve months. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not. Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases and curing are included as part of the restoration. When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED. The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.
BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE IMPRESSION DATE. DO NOT BILL UNTIL DELIVERED.

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

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	Amalgam - one surface, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2330	resin-based composite - one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	

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Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2335	resin-based composite - four or more surfaces (anterior)	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2740	crown - porcelain/ceramic	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2751, D2752, D2794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2751, D2752, D2794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2752	crown - porcelain fused to noble metal	21 and older	Teeth 1 - 32	Yes	One of (D2740, D2751, D2752, D2794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2920	re-cement or re-bond crown	21 and older	Teeth 1 - 32, A - T	No	Not allowed within 6 months of placement.	
D2928	prefabricated porcelain/ceramic crown – permanent tooth	21 and older	Teeth 1 - 32	No	One of (D2928) per 60 Month(s) Per patient per tooth.	
D2929	Prefabricated porcelain/ceramic crown – primary tooth	21 and older	Teeth C - H, M - R	No	One of (D2929) per 60 Month(s) Per patient per tooth.	
D2930	prefabricated stainless steel crown - primary tooth	21 and older	Teeth A - T	No		
D2931	prefabricated stainless steel crown-permanent tooth	21 and older	Teeth 1 - 32	No		
D2933	prefabricated stainless steel crown with resin window	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	21 and older	Teeth A - T	No		
D2940	protective restoration	21 and older	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	
D2941	Interim therapeutic restoration - primary dentition	21 and older	Teeth A - T	No	One of (D2941) per 1 Lifetime Per patient per tooth.	
D2950	core buildup, including any pins when required	21 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 1 Day(s) Per patient per tooth. One of (D2950) per 60 Month(s) Per patient per tooth.	
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 - 32	Yes	Three of (D2951) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D2952	cast post and core in addition to crown	21 and older	Teeth 6 - 11, 22 - 27	Yes	One of (D2952) per 1 Day(s) Per patient per tooth.	pre-operative x-ray(s)
D2954	prefabricated post and core in addition to crown	21 and older	Teeth 1 - 32	Yes	One of (D2954) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2976	band stabilization – per tooth	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D2976) per 1 Lifetime Per patient per tooth. This service is included in another benefit.	
D2989	excavation of a tooth resulting in the determination of non-restorability	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D2989) per 1 Lifetime Per patient per tooth.	
D2991	application of hydroxyapatite regeneration medicament – per tooth	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D2991) per 1 Lifetime Per patient per tooth.	

Exhibit A Benefits Covered for
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Reimbursement includes local anesthesia. In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances. Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g., Sargenti filling material) is not covered. Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

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

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3310	endodontic therapy, anterior tooth (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	21 and older	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	21 and older	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	21 and older	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D3352	apexification/recalcification - interim medication replacement	21 and older	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	21 and older	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D3410	apicoectomy - anterior	21 and older	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 12 Month(s) Per patient per quadrant. Covered to correct severe hyperplastic or hypertropic gingivititis associated with drug therapy or hormonal disturbances.	pre-operative x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 12 Month(s) Per patient per quadrant. Covered to correct severe hyperplastic or hypertropic gingivititis associated with drug therapy or hormonal disturbances.	pre-operative x-ray(s)
D4286	removal of non-resorbable barrier	21 and older		Yes	Four of (D4286) per 1 Day(s) Per patient. Pre-Transplant or Emergency Services Only.	narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 24 Month(s) Per patient per quadrant.	pre-op x-ray(s), perio charting
D4342	periodontal scaling and root planing - one to three teeth per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 24 Month(s) Per patient per quadrant.	pre-op x-ray(s), perio charting
D4910	periodontal maintenance procedures	21 and older		No	One of (D4910) per 12 Month(s) Per patient.	

Exhibit A Benefits Covered for
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Medically necessary partial or full mouth dentures, and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem. A preformed denture with teeth already mounted forming a denture module is not a covered service. Extractions for asymptomatic teeth are not covered services unless removal constitutes most cost-effective dental procedure for the provision of dentures. Provision for dentures for cosmetic purposes is not a covered service. A partial denture that replaces only posterior permanent teeth must include three or more teeth on the dentures that are anatomically correct (natural size, shape, and color) to be compensable (excluding third molars). Partial dentures must include one anterior tooth and/or 3 posterior teeth (excluding third molars). Fabrication of a removable prosthetic includes multiple steps (appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation. BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETIC SSHALL BE BASED ON THE CEMENTATION DATE.

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

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	21 and older		Yes	One of (D5110, D5130) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5120	complete denture - mandibular	21 and older		Yes	One of (D5120, D5140) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5130	immediate denture - maxillary	21 and older		Yes	One of (D5110, D5130) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5140	immediate denture - mandibular	21 and older		Yes	One of (D5120, D5140) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5211	maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	21 and older		Yes	One of (D5211, D5213, D5225) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5212	mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	21 and older		Yes	One of (D5212, D5214, D5226) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		Yes	One of (D5211, D5213, D5225) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	21 and older		Yes	One of (D5212, D5214, D5226) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5225	maxillary partial denture-flexible base	21 and older		Yes	One of (D5211, D5213, D5225) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5226	mandibular partial denture-flexible base	21 and older		Yes	One of (D5212, D5214, D5226) per 96 Month(s) Per patient.	pre-operative x-ray(s)

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5511	repair broken complete denture base, mandibular	21 and older		No		
D5512	repair broken complete denture base, maxillary	21 and older		No		
D5520	replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 - 32	No		
D5611	repair resin partial denture base, mandibular	21 and older		No		
D5612	repair resin partial denture base, maxillary	21 and older		No		
D5621	repair cast partial framework, mandibular	21 and older		No		
D5622	repair cast partial framework, maxillary	21 and older		No		
D5630	repair or replace broken retentive/clasping materials per tooth	21 and older	Teeth 1 - 32	No		
D5640	replace broken teeth-per tooth	21 and older	Teeth 1 - 32	No		
D5650	add tooth to existing partial denture	21 and older	Teeth 1 - 32	No		
D5660	add clasp to existing partial denture	21 and older	Teeth 1 - 32	No		
D5750	reline complete maxillary denture (laboratory)	21 and older		No	One of (D5750) per 36 Month(s) Per patient. One of (D5750) per 36 months of placement of (D5110, D5120, D5130, D5140). Not separately reimbursable within 6 months of placement of(D5130, D5140)	
D5751	reline complete mandibular denture (laboratory)	21 and older		No	One of (D5751) per 36 Month(s) Per patient. One of (D5751) per 36 months of placement of (D5110, D5120, D5130, D5140). Not separately reimbursable within 6 months of placement of (D5130, D5140)	
D5760	reline maxillary partial denture (laboratory)	21 and older		No	One of (D5760) per 36 Month(s) Per patient. One of (D5760) per 36 months of placement of (D5110, D5120, D5130, D5140). Not separately reimbursable within 6 months of placement of (D5130, D5140)	

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5761	reline mandibular partial denture (laboratory)	21 and older		No	One of (D5761) per 36 Month(s) Per patient. One of (D5761) per 36 months of placement of (D5110, D5120, D5130, D5140). Not separately reimbursable within 6 months of placement of (D5130, D5140)	
D5899	unspecified removable prosthodontic procedure, by report	21 and older		Yes		

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

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
D5913	nasal prosthesis	21 and older		No		
D5915	orbital prosthesis	21 and older		No		
D5916	ocular prosthesis	21 and older		No		
D5931	obturator prosthesis, surgical	21 and older		No		
D5932	obturator prosthesis, definitive	21 and older		No		
D5934	mandibular resection prosthesis with guide flange	21 and older		No		
D5935	mandibular resection prosthesis without guide flange	21 and older		No		
D5955	palatal lift prosthesis, definitive	21 and older		No		
D5999	unspecified maxillofacial prosthesis, by report	21 and older		Yes		narrative of medical necessity

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

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

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6089	accessing and retorquing loose implant screw – per screw	21 and older	Teeth 1 - 32	No	This service is included in another benefit.	
D6105	removal of implant body not requiring bone removal nor flap elevation	21 and older	Teeth 1 - 32	Yes	One of (D6105) per 1 Day(s) Per patient per tooth. Pre-Transplant or Emergency Services Only.	narr. of med. necessity, pre-op x-ray(s)
D6106	guided tissue regeneration – resorbable barrier, per implant	21 and older	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6107	guided tissue regeneration – non-resorbable barrier, per implant	21 and older	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	21 and older	Teeth 1 - 32	Yes	One of (D6197) per 24 Month(s) Per patient per tooth. Pre-Transplant or Emergency Services Only.	narr. of med. necessity, pre-op x-ray(s)

Exhibit A Benefits Covered for
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Reimbursement includes local anesthesia and routine post-operative care. The incidental removal of a cyst or lesion attached to the root(s) of an extraction is considered part of the extraction or surgical fee and should not be billed as a separate procedure. The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

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

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	21 and older	Teeth 1 - 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	21 and older	Teeth 1 - 32, 51 - 82	Yes	One of (D7220) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7230	removal of impacted tooth-partially bony	21 and older	Teeth 1 - 32, 51 - 82	Yes	One of (D7230) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7240	removal of impacted tooth-completely bony	21 and older	Teeth 1 - 32, 51 - 82	Yes	One of (D7240) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	21 and older	Teeth 1 - 32, 51 - 82	Yes	One of (D7241) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7250	surgical removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7250) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	21 and older	Teeth 1 - 32	Yes		narr. of med. necessity, post-op x-ray(s)
D7280	Surgical access of an unerupted tooth	21 and older	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D7283	placement of device to facilitate eruption of impacted tooth	21 and older	Teeth 1 - 32	Yes		
D7284	excisional biopsy of minor salivary glands	21 and older		No		

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	21 and older		Yes		Pathology report
D7286	incisional biopsy of oral tissue-soft	21 and older		Yes		Pathology report
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	narrative of medical necessity
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	narrative of medical necessity
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	21 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7320) per 1 Lifetime Per patient per quadrant.	narrative of medical necessity
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes		Pathology report
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes		Pathology report
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	21 and older		Yes		Pathology report
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	21 and older		Yes		Pathology report
D7471	removal of exostosis - per site	21 and older	Per Arch (01, 02, LA, UA)	Yes	One of (D7471) per 1 Lifetime Per patient per arch.	pre-operative x-ray(s)
D7472	removal of torus palatinus	21 and older		Yes	One of (D7472) per 1 Lifetime Per patient.	pre-operative x-ray(s)
D7473	removal of torus mandibularis	21 and older		Yes	One of (D7473) per 1 Lifetime Per patient per quadrant.	pre-operative x-ray(s)
D7509	marsupialization of odontogenic cyst	21 and older	Teeth 1 - 32, A - T	Yes	One of (D7509) per 1 Lifetime Per patient per tooth for All Permanent Teeth. Pre-Transplant or Emergency Services Only.	narr. of med. necessity, pre-op x-ray(s)
D7510	incision and drainage of abscess - intraoral soft tissue	21 and older	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes		narrative of medical necessity

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7520	incision and drainage of abscess - extraoral soft tissue	21 and older		Yes		narrative of medical necessity
D7670	alveolus stabilization of teeth, closed reduction splinting	21 and older		Yes		narr. of med. necessity, post-op x-ray(s)
D7671	alveolus - open reduction, may include stabilization of teeth	21 and older		Yes		narr. of med. necessity, post-op x-ray(s)
D7899	unspecified TMD therapy, by report	21 and older		Yes		pre-operative x-ray(s)
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	21 and older	Teeth 1 - 32	Yes	One of (D7956) per 1 Lifetime Per patient per tooth.	narrative of medical necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	21 and older	Teeth 1 - 32	Yes	One of (D7957) per 1 Lifetime Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D7961	buccal / labial frenectomy (frenulectomy)	21 and older		Yes		narrative of medical necessity
D7962	lingual frenectomy (frenulectomy)	21 and older		Yes		narrative of medical necessity
D7970	excision of hyperplastic tissue - per arch	21 and older	Per Arch (01, 02, LA, UA)	Yes		narrative of medical necessity

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

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

Orthodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D8670	periodic orthodontic treatment visit	21 and older		Yes	Eight of (D8670) per 1 Lifetime Per patient. One of (D8670) per 90 Day(s) Per patient.	
D8680	orthodontic retention (removal of appliances)	21 and older		Yes	Two of (D8680) per 1 Lifetime Per patient per arch.	
D8999	unspecified orthodontic procedure, by report	21 and older		No	Debanding only.	

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

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

Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
	Adjunctive General Services					
D9222	deep sedation/general anesthesia first 15 minutes	21 and older		Yes	One of (D9222, D9239) per 1 Day(s) Per patient. Not allowed on same day as D9239, D9243	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	21 and older		Yes	Four of (D9223) per 1 Day(s) Per patient. Not allowed on same day as D9239, D9243	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	21 and older		Yes	One of (D9222, D9223, D9239, D9243) per 1 Day(s) Per patient.	narrative of medical necessity
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	21 and older		Yes	One of (D9222, 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	21 and older		Yes	Four of (D9243) per 1 Day(s) Per patient. Not allowed on same date as (D9222, D9223).	
D9610	therapeutic drug injection, by report	21 and older		No	Three of (D9610, D9612) per 1 Day(s) Per patient.	
D9612	therapeutic drug injection - 2 or more medications by report	21 and older		No	Three of (D9610, D9612) per 1 Day(s) Per patient.	
D9920	behavior management, by report	21 and older		No		
D9944	occlusal guard--hard appliance, full arch	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 12 Month(s) Per patient per arch. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	
D9945	occlusal guard--soft appliance full arch	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 12 Month(s) Per patient per arch. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	
D9946	occlusal guard--hard appliance, partial arch	21 and older	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 12 Month(s) Per patient per arch. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	
D9947	custom sleep apnea appliance fabrication and placement	21 and older	Per Arch (01, 02, LA, UA)	Yes		
D9948	adjustment of custom sleep apnea appliance	21 and older	Per Arch (01, 02, LA, UA)	Yes		

Exhibit A Benefits Covered for
OH Anthem Adult and ABD

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9949	repair of custom sleep apnea appliance	21 and older	Per Arch (01, 02, LA, UA)	Yes		
D9953	Resurface dentition side of appliance with new soft or hard base material as required to restore original form and function.	21 and older		Yes		
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	21 and older		No	One of (D9954, D9955) per 24 Month(s) Per patient.	
D9955	oral appliance therapy (OAT) titration visit	21 and older		No	Two of (D9954, D9955) per 12 Month(s) Per patient.	
D9995	teledentistry – synchronous; real-time encounter	21 and older		No	Must be billed with D0140.	
D9997	Dental case management - patients with special health care needs	21 and older		Yes		
D9999	unspecified adjunctive procedure, by report	21 and older		Yes		pre-operative x-ray(s)

**Exhibit B Benefits Covered for
OH Anthem Medicaid Child, Child ABD, and CIC**

Diagnostic services include the oral examinations, and selected radiographs, needed to assess the oral health, diagnose oral pathology, and develop an adequate treatment plan for the Member's oral health. Reimbursement for some or multiple radiographs of the same tooth or area may be denied if DentaQuest determines the number to be redundant, excessive or not, in keeping with the federal guidelines relating to radiation exposure. The maximum amount paid for individual radiographs taken on the same day will be limited to the allowance for a full mouth series. Reimbursement for radiographs is limited to when required for proper treatment and/or diagnosis. DentaQuest utilizes the guidelines published by the Department of Health and Human Services Center for Devices and Radiological Health. However, please consult the following benefit tables for benefit limitations. All radiographs must be of diagnostic quality, properly mounted, dated and identified with the Member's name. Radiographs not of diagnostic quality will not be reimbursed for, or if already paid for, DentaQuest will recoup the funds previously paid.

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	0-20		No	One of (D0120) per 6 Month(s) Per Provider OR Location. One of (D0120, D0150) per 6 Month(s) Per Provider.	
D0140	limited oral evaluation-problem focused	0-20		No		
D0150	comprehensive oral evaluation - new or established patient	0-20		No	One of (D0150) per 60 Month(s) Per Provider OR Location. One of (D0120, D0150) per 6 Month(s) Per Provider OR Location.	
D0180	comprehensive periodontal evaluation - new or established patient	0-20		No	One of (D0180) per 1 Year(s) Per patient. Not covered on same date of service as D0120 or D0150	
D0210	intraoral - comprehensive series of radiographic images	6-20		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0220	intraoral - periapical first radiographic image	0-20		No		
D0230	intraoral - periapical each additional radiographic image	0-20		No		
D0240	intraoral - occlusal radiographic image	0-20		No		
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0-20		No		
D0270	bitewing - single radiographic image	2-20		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	

Exhibit B Benefits Covered for
OH Anthem Medicaid Child, Child ABD, and CIC

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0272	bitewings - two radiographic images	2-20		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	
D0273	bitewings - three radiographic images	10-20		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	
D0274	bitewings - four radiographic images	10-20		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	
D0321	other temporomandibular joint films, by report	0-20		Yes		
D0330	panoramic radiographic image	0-20		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0340	cephalometric radiographic image	0-20		No	One of (D0340) per 12 Month(s) Per Provider OR Location.	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0-20		No	One of (D0350) per 12 Month(s) Per Provider OR Location.	
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	0-20		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0372	intraoral tomosynthesis – comprehensive series of radiographic images	0-20		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0373	intraoral tomosynthesis – bitewing radiographic image	0-20		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	
D0374	intraoral tomosynthesis – periapical radiographic image	0-20		No		
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	0-20		No	One of (D0210, D0330, D0367, D0372, D0387) per 60 Month(s) Per Provider OR Location.	
D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	0-20		No	One of (D0270, D0272, D0273, D0274, D0373, D0388) per 6 Month(s) Per Provider OR Location.	

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0389	intraoral tomosynthesis – periapical radiographic image – image capture only	0-20		No	One of (D0220, D0374) per 12 Month(s) Per patient.	
D0396	3D printing of a 3D dental surface scan	0-20		No	One of (D0396) per 1 Day(s) Per Provider. This service is included in another benefit.	
D0470	diagnostic casts	0-20		No	One of (D0470) per 12 Month(s) Per Provider OR Location.	
D0604	antigen testing for a public health related pathogen, including coronavirus	0-20		No		
D0605	antibody testing for a public health related pathogen, including coronavirus	0-20		No		
D0801	3D dental surface scan – direct	0-20		Yes	One of (D0801) per 1 Day(s) Per patient. One of (D0470, D0801, D0802, D0803, D0804) per 36 Month(s) Per patient.	
D0802	3D dental surface scan – indirect	0-20		Yes	One of (D0802) per 1 Day(s) Per patient. One of (D0470, D0801, D0802, D0803, D0804) per 36 Month(s) Per patient.	
D0803	3D facial surface scan – direct	0-20		Yes	One of (D0803) per 1 Day(s) Per patient. One of (D0470, D0801, D0802, D0803, D0804) per 36 Month(s) Per patient.	
D0804	3D facial surface scan – indirect	0-20		Yes	One of (D0804) per 1 Day(s) Per patient. One of (D0470, D0801, D0802, D0803, D0804) per 36 Month(s) Per patient.	

Space maintainers are a covered service when medically indicated due to the premature loss of a posterior primary tooth. A lower lingual holding arch placed where there is not permature loss of the primary molar is considered a transitional orthodontic appliance and not covered by this Plan.

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	14-20		No	One of (D1110, D1120) per 6 Month(s) Per patient.	
D1120	prophylaxis - child	0-13		No	One of (D1110, D1120) per 6 Month(s) Per patient.	
D1206	topical application of fluoride varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	0-20		No	One of (D1206, D1208) per 6 Month(s) Per patient.	
D1301	immunization counseling	0-20		No	One of (D1301) per 12 Month(s) Per patient.	
D1320	tobacco counseling for control and prevention of oral disease	0-20		No	Two of (D1320) per 12 Month(s) Per patient.	
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	0-20		No	Two of (D1321) per 12 Month(s) Per patient.	
D1351	sealant - per tooth	5-20	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	Pit and fissure sealant may be applied to previously unrestored areas of permanent first and second molarS.	
D1354	application of caries arresting medicament- per tooth	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D1354) per 1 Day(s) Per patient per tooth. Three of (D1354) per 1 Year(s) Per patient per tooth.	
D1355	caries preventive medicament application – per tooth	0-20	Teeth 1 - 32, A - T	No	One of (D1355) per 1 Day(s) Per patient per tooth. Four of (D1355) per 1 Day(s) Per patient. Maximum four teeth per date of service.	
D1510	space maintainer-fixed, unilateral- per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1510, D1520) per 24 Month(s) Per patient per quadrant.	

	Preventative					
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1516	space maintainer --fixed--bilateral, maxillary	0-20		No	One of (D1516, D1526) per 24 Month(s) Per patient per arch. Indicate missing tooth numbers and arch/quadrant on claim.	
D1517	space maintainer --fixed--bilateral, mandibular	0-20		No	One of (D1517, D1527) per 24 Month(s) Per patient per arch. Indicate missing tooth numbers and arch/quadrant on claim.	
D1520	space maintainer-removable-unilateral	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1510, D1520) per 24 Month(s) Per patient per quadrant.	
D1526	space maintainer --removable--bilateral, maxillary	0-20		No	One of (D1516, D1526) per 24 Month(s) Per patient per arch. Indicate missing tooth numbers and arch/quadrant on claim.	
D1527	space maintainer --removable--bilateral, mandibular	0-20		No	One of (D1517, D1527) per 24 Month(s) Per patient per arch. Indicate missing tooth numbers and arch/quadrant on claim.	
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1	0-20		No	One of (D1701) per 1 Lifetime Per patient.	
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2	0-20		No	One of (D1702) per 1 Lifetime Per patient.	
D1703	Moderna Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1	0-20		No	One of (D1703) per 1 Lifetime Per patient.	
D1704	Moderna Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2	0-20		No	One of (D1704) per 1 Lifetime Per patient.	
D1705	AstraZeneca Covid-19 vaccine administration – first dose SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 1	0-20		No		

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1706	AstraZeneca Covid-19 vaccine administration – second dose SARSCOV2 COVID-19 VAC rS-ChAdOx1 5x1010 VP/.5mL IM DOSE 2	0-20		No		
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/.5mL IM SINGLE DOSE These dental procedure codes	0-20		No	One of (D1707) per 1 Lifetime Per patient.	
D1781	vaccine administration – human papillomavirus – Dose 1	0-20		No		
D1782	vaccine administration – human papillomavirus – Dose 2	0-20		No		
D1783	vaccine administration – human papillomavirus – Dose 3	0-20		No		

Exhibit B Benefits Covered for
OH Anthem Medicaid Child, Child ABD, and CIC

Reimbursement includes local anesthesia. Generally, once a particular restoration is placed in a tooth, a similar restoration will not be covered for at least twelve months. A restoration is considered a two or more surface restoration only when two or more actual tooth surfaces are involved, whether they are connected or not. Tooth preparation, all adhesives (including amalgam and resin bonding agents), acid etching, copalite, liners, bases and curing are included as part of the restoration. When restorations involving multiple surfaces are requested or performed, that are outside the usual anatomical expectation, the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED. The fee for crowns includes the temporary crown that is placed on the prepared tooth and worn while the permanent crown is being fabricated for permanent teeth.
BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE IMPRESSION DATE. DO NOT BILL UNTIL DELIVERED.

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	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2140	Amalgam - one surface, primary or permanent	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2140	Amalgam - one surface, primary or permanent	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2140	Amalgam - one surface, primary or permanent	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2140	Amalgam - one surface, primary or permanent	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	

Exhibit B Benefits Covered for
OH Anthem Medicaid Child, Child ABD, and CIC

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2150	Amalgam - two surfaces, primary or permanent	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2150	Amalgam - two surfaces, primary or permanent	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2150	Amalgam - two surfaces, primary or permanent	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2150	Amalgam - two surfaces, primary or permanent	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2160	amalgam - three surfaces, primary or permanent	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2160	amalgam - three surfaces, primary or permanent	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2160	amalgam - three surfaces, primary or permanent	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2161	amalgam - four or more surfaces, primary or permanent	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2161	amalgam - four or more surfaces, primary or permanent	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2161	amalgam - four or more surfaces, primary or permanent	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2330	resin-based composite - one surface, anterior	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2330	resin-based composite - one surface, anterior	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2330	resin-based composite - one surface, anterior	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2330	resin-based composite - one surface, anterior	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2331	resin-based composite - two surfaces, anterior	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2331	resin-based composite - two surfaces, anterior	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2331	resin-based composite - two surfaces, anterior	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	

Exhibit B Benefits Covered for
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Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2332	resin-based composite - three surfaces, anterior	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2332	resin-based composite - three surfaces, anterior	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2332	resin-based composite - three surfaces, anterior	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2332	resin-based composite - three surfaces, anterior	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces (anterior)	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces (anterior)	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2335	resin-based composite - four or more surfaces (anterior)	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2335	resin-based composite - four or more surfaces (anterior)	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2335	resin-based composite - four or more surfaces (anterior)	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2390	resin-based composite crown, anterior	0-20	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) per 12 Month(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2391	resin-based composite - one surface, posterior	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2391	resin-based composite - one surface, posterior	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2391	resin-based composite - one surface, posterior	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	

Exhibit B Benefits Covered for
OH Anthem Medicaid Child, Child ABD, and CIC

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2392	resin-based composite - two surfaces, posterior	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2392	resin-based composite - two surfaces, posterior	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2392	resin-based composite - two surfaces, posterior	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2392	resin-based composite - two surfaces, posterior	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2393	resin-based composite - three surfaces, posterior	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2393	resin-based composite - three surfaces, posterior	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2393	resin-based composite - three surfaces, posterior	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	0-4	Teeth D - G, N - Q	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	0-9	Teeth A - C, H - M, R - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2394	resin-based composite - four or more surfaces, posterior	10-20	Teeth A - C, H - M, R - T	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2394	resin-based composite - four or more surfaces, posterior	5-20	Teeth D - G, N - Q	Yes	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	pre-operative x-ray(s)
D2394	resin-based composite - four or more surfaces, posterior	0-20	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394) per 12 Month(s) Per patient per tooth, per surface.	
D2740	crown - porcelain/ceramic	0-20	Teeth 1 - 32	Yes	One of (D2740, D2751, D2752, D2794) per 60 Month(s) Per patient per tooth.	
D2751	crown - porcelain fused to predominantly base metal	0-20	Teeth 1 - 32	Yes	One of (D2740, D2751, D2752, D2794) per 60 Month(s) Per patient per tooth.	
D2752	crown - porcelain fused to noble metal	0-20	Teeth 1 - 32	Yes	One of (D2740, D2751, D2752, D2794) per 60 Month(s) Per patient per tooth.	

Exhibit B Benefits Covered for
OH Anthem Medicaid Child, Child ABD, and CIC

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2920	re-cement or re-bond crown	0-20	Teeth 1 - 32, A - T	No	Not allowed within 6 months of placement.	
D2928	prefabricated porcelain/ceramic crown – permanent tooth	0-20	Teeth 1 - 32	No	One of (D2928) per 60 Month(s) Per patient per tooth.	
D2929	Prefabricated porcelain/ceramic crown – primary tooth	0-20	Teeth C - H, M - R	No	One of (D2929) per 60 Month(s) Per patient per tooth.	
D2930	prefabricated stainless steel crown - primary tooth	0-4	Teeth D - G, N - Q	No		
D2930	prefabricated stainless steel crown - primary tooth	0-9	Teeth A - C, H - M, R - T	No		
D2930	prefabricated stainless steel crown - primary tooth	10-20	Teeth A - C, H - M, R - T	Yes		pre-operative x-ray(s)
D2930	prefabricated stainless steel crown - primary tooth	5-20	Teeth D - G, N - Q	Yes		pre-operative x-ray(s)
D2930	prefabricated stainless steel crown - primary tooth	0-20	Teeth 1 - 32	No		
D2931	prefabricated stainless steel crown-permanent tooth	0-20	Teeth 1 - 32	No		
D2933	prefabricated stainless steel crown with resin window	0-4	Teeth D - G, N - Q	No		
D2933	prefabricated stainless steel crown with resin window	0-9	Teeth A - C, H - M, R - T	No		
D2933	prefabricated stainless steel crown with resin window	10-20	Teeth A - C, H - M, R - T	Yes		pre-operative x-ray(s)
D2933	prefabricated stainless steel crown with resin window	5-20	Teeth D - G, N - Q	Yes		pre-operative x-ray(s)
D2933	prefabricated stainless steel crown with resin window	0-20	Teeth 1 - 32	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-4	Teeth D - G, N - Q	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-9	Teeth A - C, H - M, R - T	No		

					Restorative	
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0-20	Teeth 1 - 32	No		
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	5 - 20	Teeth D - G, N - Q	Yes		pre-operative x-ray(s)
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	10 - 20	Teeth A - C, H - M, R - T	Yes		pre-operative x-ray(s)
D2940	protective restoration	0-20	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	
D2941	Interim therapeutic restoration - primary dentition	0-20	Teeth A - T	No	One of (D2941) per 1 Lifetime Per patient per tooth.	
D2950	core buildup, including any pins when required	0-20	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D2951	pin retention - per tooth, in addition to restoration	0-20	Teeth 1 - 32	Yes	One of (D2951) per 12 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2952	cast post and core in addition to crown	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D2952) per 1 Day(s) Per patient per tooth.	pre-operative x-ray(s)
D2954	prefabricated post and core in addition to crown	0-20	Teeth 1 - 32	Yes	One of (D2954) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D2976	band stabilization – per tooth	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D2976) per 1 Lifetime Per patient per tooth. This service is included in another benefit.	
D2989	excavation of a tooth resulting in the determination of non-restorability	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D2989) per 1 Lifetime Per patient per tooth.	
D2991	application of hydroxyapatite regeneration medicament – per tooth	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D2991) per 1 Lifetime Per patient per tooth.	

Reimbursement includes local anesthesia. In cases where a root canal filling does not meet DentaQuest's general criteria treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after the DentaQuest Consultant reviews the circumstances. Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g., Sargenti filling material) is not covered. Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling and obturation of canals, intra-operative and fill radiographs.

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

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0-20	Teeth 1 - 32, A - T	No	One of (D3220) per 1 Lifetime Per patient per tooth.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0-20	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0-20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	0-20	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D3352	apexification/recalcification - interim medication replacement	0-20	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	0-20	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D3410	apicoectomy - anterior	0-20	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)

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

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	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 12 Month(s) Per patient per quadrant. Covered to correct severe hyperplastic or hypertropic gingivititis associated with drug therapy or hormonal disturbances.	pre-operative x-ray(s)
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 12 Month(s) Per patient per quadrant. Covered to correct severe hyperplastic or hypertropic gingivititis associated with drug therapy or hormonal disturbances.	pre-operative x-ray(s)
D4286	removal of non-resorbable barrier	0-20		Yes	Four of (D4286) per 1 Day(s) Per patient. Pre-Transplant or Emergency Services Only.	narr. of med. necessity, pre-op x-ray(s)
D4341	periodontal scaling and root planing - four or more teeth per quadrant	15-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 24 Month(s) Per patient per quadrant.	pre-op x-ray(s), perio charting
D4342	periodontal scaling and root planing - one to three teeth per quadrant	15-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 24 Month(s) Per patient per quadrant.	pre-op x-ray(s), perio charting
D4910	periodontal maintenance procedures	0-20		No	One of (D4910) per 12 Month(s) Per patient.	

Exhibit B Benefits Covered for
OH Anthem Medicaid Child, Child ABD, and CIC

Medically necessary partial or full mouth dentures, and related services are covered when they are determined to be the primary treatment of choice or an essential part of the overall treatment plan to alleviate the member's dental problem. A preformed denture with teeth already mounted forming a denture module is not a covered service. Extractions for asymptomatic teeth are not covered services unless removal constitutes most cost-effective dental procedure for the provision of dentures. Provision for dentures for cosmetic purposes is not a covered service. A partial denture that replaces only posterior permanent teeth must include three or more teeth on the dentures that are anatomically correct (natural size, shape, and color) to be compensable (excluding third molars). Partial dentures must include one anterior tooth and/or 3 posterior teeth (excluding third molars). Fabrication of a removable prosthetic includes multiple steps (appointments) these multiple steps (impressions, try-in appointments, delivery etc.) are inclusive in the fee for the removable prosthetic and as such not eligible for additional compensation. BILLING AND REIMBURSEMENT FOR CAST CROWNS, CAST POST & CORES AND LAMINATE VENEERS OR ANY OTHER FIXED PROSTHETICS SHALL BE BASED ON THE CEMENTATION DATE.

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

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	0-20		Yes	One of (D5110, D5130) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5120	complete denture - mandibular	0-20		Yes	One of (D5120, D5140) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5130	immediate denture - maxillary	0-20		Yes	One of (D5110, D5130) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5140	immediate denture - mandibular	0-20		Yes	One of (D5120, D5140) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5211	maxillary partial denture, resin base (including retentive/clasping materials, rests, and teeth)	0-20		Yes	One of (D5211, D5213, D5225) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5212	mandibular partial denture, resin base (including retentive/clasping materials, rests, and teeth)	0-20		Yes	One of (D5212, D5214, D5226) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5213	maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5211, D5213, D5225) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	0-20		Yes	One of (D5212, D5214, D5226) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5225	maxillary partial denture-flexible base	0-20		Yes	One of (D5211, D5213, D5221, D5223, D5225) per 96 Month(s) Per patient.	pre-operative x-ray(s)
D5226	mandibular partial denture-flexible base	0-20		Yes	One of (D5212, D5214, D5222, D5224, D5226) per 96 Month(s) Per patient.	pre-operative x-ray(s)

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5511	repair broken complete denture base, mandibular	0-20		No		
D5512	repair broken complete denture base, maxillary	0-20		No		
D5520	replace missing or broken teeth - complete denture (each tooth)	0-20	Teeth 1 - 32	No		
D5611	repair resin partial denture base, mandibular	0-20		No		
D5612	repair resin partial denture base, maxillary	0-20		No		
D5621	repair cast partial framework, mandibular	0-20		No		
D5622	repair cast partial framework, maxillary	0-20		No		
D5630	repair or replace broken retentive/clasping materials per tooth	0-20	Teeth 1 - 32	No		
D5640	replace broken teeth-per tooth	0-20	Teeth 1 - 32	No		
D5650	add tooth to existing partial denture	0-20	Teeth 1 - 32	No		
D5660	add clasp to existing partial denture	0-20	Teeth 1 - 32	No		
D5750	reline complete maxillary denture (laboratory)	0-20		No	One of (D5750) per 36 Month(s) Per patient. One of (D5750) per 36 months of placement of (D5110, D5120, D5130, D5140). Not separately reimbursable within 6 months of placement of(D5130, D5140)	
D5751	reline complete mandibular denture (laboratory)	0-20		No	One of (D5751) per 36 Month(s) Per patient. One of (D5751) per 36 months of placement of (D5110, D5120, D5130, D5140). Not separately reimbursable within 6 months of placement of (D5130, D5140)	
D5760	reline maxillary partial denture (laboratory)	0-20		No	One of (D5760) per 36 Month(s) Per patient. One of (D5760) per 36 months of placement of (D5110, D5120, D5130, D5140). Not separately reimbursable within 6 months of placement of (D5130, D5140)	

	Prosthodontics, removable					
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5761	reline mandibular partial denture (laboratory)	0-20		No	One of (D5761) per 36 Month(s) Per patient. One of (D5761) per 36 months of placement of (D5110, D5120, D5130, D5140). Not separately reimbursable within 6 months of placement of (D5130, D5140)	
D5899	unspecified removable prosthodontic procedure, by report	0-20		Yes		

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

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6089	accessing and retorquing loose implant screw – per screw	0-20	Teeth 1 - 32	No	One of (D6089) per 60 Month(s) Per patient per tooth. This service is included in another benefit.	
D6105	removal of implant body not requiring bone removal nor flap elevation	0-20	Teeth 1 - 32	Yes	One of (D6105) per 1 Day(s) Per patient per tooth. Pre-Transplant or Emergency Services Only.	narr. of med. necessity, pre-op x-ray(s)
D6106	guided tissue regeneration – resorbable barrier, per implant	0-20	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6107	guided tissue regeneration – non-resorbable barrier, per implant	0-20	Teeth 1 - 32	Yes	One of (D6106, D6107, D7956, D7957) per 60 Month(s) Per patient per tooth.	Full mouth x-rays
D6197	replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	0-20	Teeth 1 - 32	Yes	One of (D6197) per 24 Month(s) Per patient per tooth. Pre-Transplant or Emergency Services Only.	narr. of med. necessity, pre-op x-ray(s)

Exhibit B Benefits Covered for
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Reimbursement includes local anesthesia and routine post-operative care. The incidental removal of a cyst or lesion attached to the root(s) of an extraction is considered part of the extraction or surgical fee and should not be billed as a separate procedure. The extraction of asymptomatic impacted teeth is not a covered benefit. Symptomatic conditions would include pain and/or infection or demonstrated malocclusion causing a shifting of existing dentition.

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)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	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	0-5	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7210) 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	11-20	Teeth A - C, H - M, R - T	No	One of (D7210) 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	6-10	Teeth A - C, H - M, R - T	No	One of (D7210) 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	6-20	Teeth D - G, N - Q	No	One of (D7210) 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	0-20	Teeth 1 - 32, 51 - 82	No	One of (D7210) per 1 Lifetime Per patient per tooth.	
D7220	removal of impacted tooth-soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7220) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)

	Oral and Maxillofacial Surgery					
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7230	removal of impacted tooth-partially bony	0-20	Teeth 1 - 32, 51 - 82	Yes	One of (D7230) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7240	removal of impacted tooth-completely bony	0-20	Teeth 1 - 32, 51 - 82	Yes	One of (D7240) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	0-20	Teeth 1 - 32, 51 - 82	Yes	One of (D7241) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7250	surgical removal of residual tooth roots (cutting procedure)	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7250) per 1 Lifetime Per patient per tooth.	pre-operative x-ray(s)
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0-20	Teeth 1 - 32	Yes		narr. of med. necessity, post-op x-ray(s)
D7280	Surgical access of an unerupted tooth	0-20	Teeth 1 - 32	Yes		pre-operative x-ray(s)
D7283	placement of device to facilitate eruption of impacted tooth	0-20	Teeth 1 - 32	Yes		narr. of med. necessity, post-op x-ray(s)
D7284	excisional biopsy of minor salivary glands	0-20		No		
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	0-20		Yes		Pathology report
D7286	incisional biopsy of oral tissue-soft	0-20		Yes		Pathology report
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	narrative of medical necessity
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	7-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	narrative of medical necessity
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0-20	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D7320) per 1 Lifetime Per patient per quadrant.	narrative of medical necessity
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes		Pathology report

	Oral and Maxillofacial Surgery					
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes		Pathology report
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	0-20		Yes		Pathology report
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	0-20		Yes		Pathology report
D7471	removal of exostosis - per site	0-20	Per Arch (01, 02, LA, UA)	Yes	One of (D7471) per 1 Lifetime Per patient per arch.	pre-operative x-ray(s)
D7472	removal of torus palatinus	0-20		Yes	One of (D7472) per 1 Lifetime Per patient.	narrative of medical necessity
D7473	removal of torus mandibularis	0-20		Yes	One of (D7473) per 1 Lifetime Per patient per quadrant.	pre-operative x-ray(s)
D7509	marsupialization of odontogenic cyst	0-20	Teeth 1 - 32, A - T	Yes	One of (D7509) per 1 Lifetime Per patient per tooth for All Permanent Teeth. Pre-Transplant or Emergency Services Only.	narr. of med. necessity, pre-op x-ray(s)
D7510	incision and drainage of abscess - intraoral soft tissue	0-20	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes		narrative of medical necessity
D7520	incision and drainage of abscess - extraoral soft tissue	0-20		Yes		narrative of medical necessity
D7670	alveolus stabilization of teeth, closed reduction splinting	0-20		Yes		narr. of med. necessity, post-op x-ray(s)
D7671	alveolus - open reduction, may include stabilization of teeth	0-20		Yes		narr. of med. necessity, post-op x-ray(s)
D7899	unspecified TMD therapy, by report	0-20		Yes		pre-operative x-ray(s)
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	0-20	Teeth 1 - 32	Yes	One of (D7956) per 1 Lifetime Per patient per tooth.	narrative of medical necessity
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	0-20	Teeth 1 - 32	Yes	One of (D7957) per 1 Lifetime Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D7961	buccal / labial frenectomy (frenulectomy)	0-20		Yes		narrative of medical necessity

Exhibit B Benefits Covered for
OH Anthem Medicaid Child, Child ABD, and CIC

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7962	lingual frenectomy (frenulectomy)	0-20		Yes		narrative of medical necessity
D7970	excision of hyperplastic tissue - per arch	0-20	Per Arch (01, 02, LA, UA)	Yes		narrative of medical necessity

Coverage of comprehensive orthodontics is limited to treatment of existing or developing malocclusion, misalignment, or malposition of teeth that has, or may have, an adverse medical or psychosocial impact on the patient. Orthodontic service is considered to be medically necessary when its purpose is to restore or establish structure or function, to ameliorate or prevent disease or physical or psychosocial injury, or to promote oral health. Purely cosmetic orthodontic service is not covered. Coverage is further limited to children under age 21. Only one course of orthodontic treatment per recipient, per lifetime is covered.

D8670 periodic orthodontic treatment visit 21 and older would only be covered for a member whose comprehensive treatment had begun prior to age 21. One per 90 Day(s) Per patient. Allowed as quarterly treatment visit. (D8670). May not be billed less than 90 days from previous periodic orthodontic treatment visit. (D8670). May not be billed less than 90 days from previous banding date. (D8080, D8070, D8090). May not be billed prior to D8080 / D8070 / D8090. Only payable to a dental provider with a specialty of Orthodontics. Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspids are in good occlusion seldom qualify. Crowding alone is not usually dysfunctional in spite of the aesthetic considerations.

All orthodontic services require prior authorization by one of DentaQuest's Dental Consultants. The Member should present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing.

The ODMS 3630 Referral Evaluation Criteria Form is used as the basis for determining whether a Member qualifies for orthodontic treatment. Completed ODMS 3630 form and treatment plan must be submitted with the request for prior authorization of services. Treatment should not begin prior to receiving notification from DentaQuest indicating coverage or non-coverage for the proposed treatment plan. Dentists who begin treatment before receiving an approved or denied prior authorization are financially obligated to complete treatment at no charge to the Member or face possible termination of their Provider agreement. Providers cannot bill prior to services being performed.

If the case is denied, the prior authorization will be returned to the Provider indicating that DentaQuest will not cover the orthodontic treatment. DentaQuest will provide payment to the provider for the procedures submitted when requested (i.e. D0330, D0340, D0350, D0470).

General Billing Information for Orthodontics:

The start and billing date of orthodontic services is defined as the date when the bands, brackets, or appliances are placed in the Member's mouth. The Member must be eligible on this date of service. If a Member becomes ineligible during treatment and before full payment is made, it is the Member's responsibility to pay the balance for any remaining treatment. The Provider should notify the Member of this requirement prior to beginning treatment.

To guarantee proper and prompt payment of orthodontic cases, please follow the steps below:

Electronically file, fax or mail a copy of the completed ADA form with the date of service (banding date) filled in. Our fax number is 262. 241.7150. Once DentaQuest receives the banding date, the initial payment for code D8080 will be set to pay out. Providers must submit claims for periodic treatment visits (Code D8670) and 2 units of retention (D8680). The member must be eligible on the date of the visit.

The maximum case payment for orthodontic treatment will be 1 initial payment (D8080) and 8 quarters of periodic orthodontic treatment visits (D8670). Additional periodic orthodontic treatment visits beyond 8 quarters will be the Provider's financial responsibility and not the Member's. Members may not be billed for broken, repaired, or replacement of brackets or wires. The Member must be eligible with their Health Plan in order for payments to be made. Whenever the Member becomes ineligible, the Member is responsible for payment during that time period.

Please notify DentaQuest should the Member discontinue treatment for any reason

Continuation of Treatment:

DentaQuest of Ohio, LLC requires the following information for possible payment of continuation of care cases:

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* Completed 'Orthodontic Continuation of Care Form'
* Completed ADA claim form listing services to be rendered.
* A copy of Member's prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees.
* A copy of the patient billing ledger.

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

					Orthodontics		
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**	
D8080	comprehensive orthodontic treatment of the adolescent dentition	0-20		Yes	One of (D8080) per 1 Lifetime Per patient. Additional Documentation required: Ceph, Photos and Pano.		
D8210	removable appliance therapy (includes appliances for thumb sucking and tongue thrusting)	0-20		Yes	One of (D8210) per 1 Lifetime Per patient. Complete images, diagnostic models, or photographs of the mouth. Additional Documentation.	Photograph	
D8220	fixed appliance therapy (includes appliances for thumb sucking and tongue thrusting)	0-20		Yes	Two of (D8220) per 1 Lifetime Per patient. Complete images, diagnostic models, or photographs of the mouth. Additional Documentation.	Photograph	
D8670	periodic orthodontic treatment visit	0-20		Yes	Seven of (D8670) per 1 Lifetime Per patient. One of (D8670) per 90 Day(s) Per patient.		
D8680	orthodontic retention (removal of appliances)	0-20		Yes	Two of (D8680) per 1 Lifetime Per patient per arch.		
D8999	unspecified orthodontic procedure, by report	0-20		Yes	Debanding only.		

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

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9222	deep sedation/general anesthesia first 15 minutes	0-20		Yes	One of (D9222, D9239) per 1 Day(s) Per patient. Not allowed on same day as D9239, D9243	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	0-20		Yes	Four of (D9223) per 1 Day(s) Per patient. Not allowed on same day as D9239, D9243	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	0-20		Yes	One of (D9222, D9223, D9239, D9243) per 1 Day(s) Per patient.	narrative of medical necessity
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	0-20		Yes	One of (D9222, 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	0-20		Yes	Four of (D9243) per 1 Day(s) Per patient. Not allowed on same date as (D9222, D9223).	
D9610	therapeutic drug injection, by report	0-20		No	Three of (D9610, D9612) per 1 Day(s) Per patient.	
D9612	therapeutic drug injection - 2 or more medications by report	0-20		No	Three of (D9610, D9612) per 1 Day(s) Per patient.	
D9920	behavior management, by report	0-20		No		
D9944	occlusal guard--hard appliance, full arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 12 Month(s) Per patient per arch. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	
D9945	occlusal guard--soft appliance full arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 12 Month(s) Per patient per arch. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	
D9946	occlusal guard--hard appliance, partial arch	0-20	Per Arch (01, 02, LA, UA)	No	One of (D9944, D9945, D9946) per 12 Month(s) Per patient per arch. Not to be reported for any type of sleep apnea, snoring or TMD appliances.	
D9947	custom sleep apnea appliance fabrication and placement	0-20	Per Arch (01, 02, LA, UA)	Yes		
D9948	adjustment of custom sleep apnea appliance	0-20	Per Arch (01, 02, LA, UA)	Yes		

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9949	repair of custom sleep apnea appliance	0-20	Per Arch (01, 02, LA, UA)	Yes		
D9953	Resurface dentition side of appliance with new soft or hard base material as required to restore original form and function.	0-20		Yes		
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	0-20		No	One of (D9954, D9955) per 24 Month(s) Per patient.	
D9955	oral appliance therapy (OAT) titration visit	0-20		No	Two of (D9954, D9955) per 12 Month(s) Per patient.	
D9995	teledentistry – synchronous; real-time encounter	0-20		No	Must be billed with D0140.	
D9997	Dental case management - patients with special health care needs	0-20		Yes		
D9999	unspecified adjunctive procedure, by report	0-20		Yes		pre-operative x-ray(s)