DentaQuest USA Insurance Company, Inc.

Office Reference Manual

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

Clover Health Medicare

PO Box 2906
Milwaukee, WI 53201-2906
888-308-9345
www.dentaquest.com

DentaQuest, LLC
Address and Telephone Numbers

Provider Services
PO Box 2906
Milwaukee, WI 53201-2906
1-888-308-9345

Fax numbers:
Claims/payment issues: 1-262-241-7379
Claims to be processed: 1-262-834-3589
All other: 1-262-834-3450

Claims questions:
denclaims@dentaquest.com

Eligibility or Benefit Questions:
denelig.benefits@dentaquest.com

DentaQuest Member Services:
800-896-2373

Clover Health Member Services:
855-781-3235

TTY:
800-466-7566

DentaQuest Fraud Hotline
1-800-237-9139

Credentialing
PO Box 2906
Milwaukee, WI 53201-2906
Credentialing Hotline: 1-800-233-1468
Fax: 1-262-241-4077

Claims should be sent to:
DentaQuest Claims
PO Box 2906
Milwaukee, WI 53201-2906

Electronic Claims should be sent:
Direct entry on the web –
www.dentaquest.com

Or

Via Clearinghouse –
Payer ID #: CX014
DentaQuest, LLC
P.O. Box 2906
Milwaukee, WI 53201

DentaQuest USA Insurance Company, Inc.

Statement of Members Rights and Responsibilities

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

1. All Members have a right to receive pertinent written and up-to-date information about DentaQuest, the managed care services DentaQuest provides, the Participating Providers and dental offices, as well as Member rights and responsibilities.

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

3. All Members have the right to fully participate with caregivers in the decision making process surrounding their health care.

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

5. All Members have the right to voice a complaint against DentaQuest, or any of its participating dental offices, or any of the care provided by these groups or people, when their performance has not met the Member's expectations.

6. All Members have the right to appeal any decisions related to patient care and treatment. Members may also request an external review or second opinion.

7. All Members have the right to make recommendations regarding DentaQuest/Plan members' rights and responsibilities policies.

8. Right to be provided with policies and procedures

9. Right to refuse care from specific practitioners

10. Have access to your medical records in accordance with applicable Federal and State laws

11. Be free from harm, including unnecessary physical restraints or isolation, excessive medication, physical or mental abuse or neglect

12. Be free of hazardous procedures

13. Receive information on available treatment options or alternative courses of care

14. Refuse treatment and be informed of the consequences of such refusal

15. Be afforded a choice of specialist among participating providers

16. Obtain a current directory of participating providers in the Plan including addresses and telephone numbers, and a listing of providers who accept members who speak languages other than English

17. Obtain assistance and referral to providers with experience in treatment of patients with chronic disabilities

18. Be free from balance billing by providers for medically necessary services that were authorized by the Plan, except as permitted for copayments in your plan

Likewise:

1. All Members have the responsibility to provide, to the best of their abilities, accurate information that DentaQuest and its participating dentists need in order to provide the highest quality of health care services.

2. Know about your dental and health care and the rules for getting care.

3. Schedule your appointments, be on time, and call if you are going to be late to or miss your appointment.

4. Use your ID cards when you go to appointments or get services and do not let anyone else use your card.

5. Be respectful to the providers who are giving you care.

6. Know the name of your PCP and your care manager if you have one

7. All Members have a responsibility to closely follow the treatment plans and home care instructions for the care that they have agreed upon with their health care practitioners.

8. Ask for more information if you do not understand your care or health condition.

9. Tell the Plan and DMAHS about your concerns, questions or problems.

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

DentaQuest USA Insurance Company, Inc.

Statement of Provider Rights and Responsibilities

Providers shall have the right to:

1. Communicate with patients, including Members regarding dental treatment options.

2. Recommend a course of treatment to a Member, even if the course of treatment is not a covered benefit, or approved by Plan/DentaQuest.

3. File an appeal or complaint pursuant to the procedures of Plan/DentaQuest.

4. Supply accurate, relevant, factual information to a Member in connection with an appeal or complaint filed by the Member.

5. Object to policies, procedures, or decisions made by Plan/DentaQuest.

6. If a recommended course of treatment is not covered, e.g., not approved by Plan/DentaQuest, the participating Provider must notify the Member in writing and obtain a signature of waiver if the Provider intends to charge the Member for such a non-compensable service.

7. To be informed of the status of their credentialing or recredentialing application, upon request.

* * *

All contracted dental specialists must be board certified.

All contracted dentists must have, or have confirmations of application submission, of valid DEA and CDS certificates.

DentaQuest makes every effort to maintain accurate information in this manual; however will not be held liable for any damages directly or indirectly due to typographical errors. Please contact us should you discover an error.

Office Reference Manual
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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.

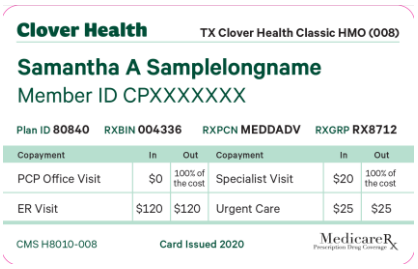
Please note that due to possible eligibility status changes, this information does not guarantee payment and is subject to change without notice.

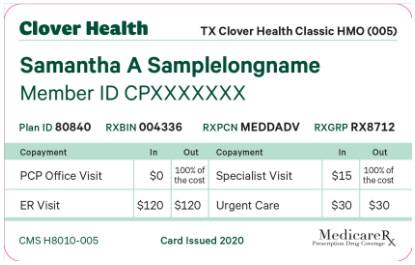
Members will receive a Plan ID Card.

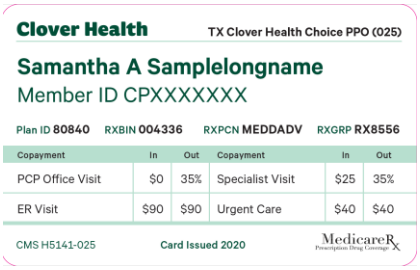
DentaQuest recommends that each dental office make a photocopy of the Member's identification card each time treatment is provided. It is important to note that the Health Plan identification card is not dated and it does not need to be returned to the Health Plan should a Member lose eligibility. Therefore,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

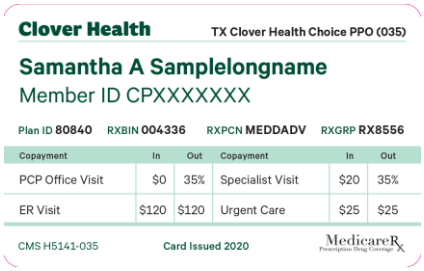
Sample Clover Health I.D. Card:

Front:









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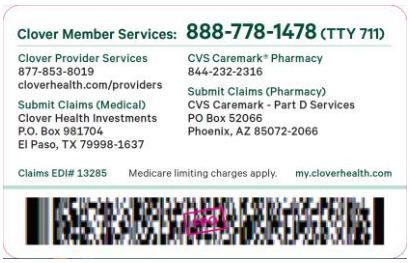

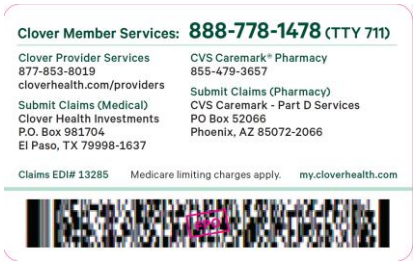

1.03 DentaQuest Eligibility Systems

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

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

1. Call DentaQuest Customer Service at 1-888-308-9345.
2. After the greeting, stay on the line for English or press 1 for Spanish.
3. When prompted, press or say 2 for Eligibility.
4. When prompted, press or say 1 if you know your NPI (National Provider Identification number) and Tax ID number.
5. If you do not have this information, press or say 2. When prompted, enter your User ID (previously referred to as Location ID) and the last 4 digits of your Tax ID number.
6. Does the member's ID have **numbers and letters** in it? If so, press or say 1. When prompted, enter the member ID.
7. Does the member's ID have **only numbers** in it? If so, press or say 2. When prompted, enter the member ID.
8. Upon system verification of the Member's eligibility, you will be prompted to repeat the information given, verify the eligibility of another member, get benefit information, get limited claim history on this member, or get fax confirmation of this call.
9. If you choose to verify the eligibility of an additional Member(s), you will be asked to repeat

t*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 Health Plan Eligibility Phone Number

Clover Health
1-888-781-3235

2.00 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.

2.01 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.

2.02 Electronic Attachments

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

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

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

800.782.5150

2.03 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.

2.04 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.

2.05 Electronic Claim Submission via Clearinghouse

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

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

2.06 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.

2.07 NPI Requirements for Submission of Electronic Claims

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

- Providers must register for the appropriate NPI classification at the following website https://nppes.cms.hhs.gov/NPPES/Welcome.do and provide this information to DentaQuest in its entirety.
- All providers must register for an Individual NPI. You may also be required to register for a group NPI (or as part of a group) dependant 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.

2.08 Paper Claim Submission

- Claims must be submitted on ADA approved claim forms (2006 or newer).

- 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 Claims
PO Box 2906
Milwaukee, WI 53201-2906

2.09 Dispute Resolution /Provider Appeals Procedure

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 sent to DentaQuest within 60 days from the date of the original determination to be reconsidered by DentaQuest's Peer Review Committee.

DentaQuest, LLC
Attention: Utilization Management/Provider Appeals
PO 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 to the Provider.

2.10 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.

2.11 Filing Limits

Each provider contract specifies a specific timeframe after the date of service for when a claim must be submitted to DentaQuest. Any claim submitted beyond the timely filing limit specified in the contract will be denied for "untimely filing." If a claim is

denied for "untimely filing", the provider cannot bill the member. If DentaQuest is the secondary carrier, the timely filing limit begins with the date of payment or denial from the primary carrier.

2.12 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.

2.13 Direct Deposit

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

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

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

  - Via Fax – 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:

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

3.00 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 feral 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.

Note: Copies of DentaQuest's HIPAA policies are available upon request by contacting DentaQuest's Customer Service department at 1-855-398-8411 or via e-mail at denelig.benefits@dentaquest.com.

3.01 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).

4.00 Inquiries, Complaints and Grievances

Inquiries, complaints and grievances for Clover Health should be sent to:

Clover Health
NJ P.O. Box 471
Jersey City, NJ 07303

5.00 Utilization Management Program

5.01 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.

5.02 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.

5.03 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.

5.04 Results

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.

5.05 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.

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

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

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

6.00 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

7.00 Credentialing

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

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

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

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

Appeal of Credentialing Committee Recommendations. (Policy 300.017)
If the Credentialing Committee recommends acceptance with restrictions or the denial of an application, the Committee will offer the applicant an opportunity to appeal the recommendation.

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

Discipline of Providers (Policy 300.019)

Procedures for Discipline and Termination (Policies 300.017-300.025)

Recredentialing (Policy 300.016)
Network Providers are recredentialed at least every 24 months.

Note: The aforementioned policies are available upon request by contacting DentaQuest's Customer Service at 1-888-308-9345 or via e-mail at:

denelig.benefits@dentaquest.com

8.00 The Patient Record

A. Organization

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

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

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

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

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

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

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

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

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

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

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

    a. Current medical treatment.
    b. Significant past illnesses.
    c. Current medications.
    d. Drug allergies.
    e. Hematologic disorders.
    f. Cardiovascular disorders.
    g. Respiratory disorders.
    h. Endocrine disorders.
    i. Communicable diseases.
    j. Neurologic disorders.
    k. Signature and date by patient.
    l. Signature and date by reviewing dentist.
    m. History of alcohol and/or tobacco usage including smokeless tobacco.

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

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

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

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

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

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

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

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

7. Radiographs which are:

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

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

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

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

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

a. Periodontal pocket depth.
b. Furcation involvement.
c. Mobility.
d. Recession.
e. Adequacy of attached gingiva.
f. Missing teeth.

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

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

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

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

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

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

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

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

C. Compliance

1. The patient record has one explicitly defined format that is currently in use.
2. There is consistent use of each component of the patient record by all staff.
3. The components of the record that are required for complete documentation of each patient's status and care are present.
4. Entries in the records are legible.
5. Entries of symbols and abbreviations in the records are uniform, easily interpreted and are commonly understood in the practice.
6. Evaluate the cultural and linguistic needs of the member when maintaining records
7. Audits of dental records are performed to monitor compliance with dental record standards

9.00 Patient Recall System Requirements

A. Recall System Requirement

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

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

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

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

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

B. Office Compliance Verification Procedures

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

10.00 Radiology Requirements

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

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

A. Radiographic Examination of the New Patient

1. Child – primary dentition

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

2. Child – transitional dentition

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

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

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

4. Adult – dentulous

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

5. Adult – edentulous

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

B. Radiographic Examination of the Recall Patient

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

   a. Child – primary and transitional dentition

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

   b. Adolescent

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

c. Adult – dentulous

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

d. Adult – edentulous

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

2. Patients with no clinical caries and no other high risk factors for caries

a. Child – primary dentition

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

b. Adolescent

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

c. Adult – dentulous

The Panel recommends that posterior bitewings be performed at intervals of 24-36 months for dentulous adult patients who show no clinical caries and are not at an increased risk for the development of caries.

3. Patients with periodontal disease, or a history of periodontal treatment for child – primary and transitional dentition, adolescent and dentulous adult

The Panel recommends an individualized radiographic survey consisting of selected periapicals and/or bitewing radiographs of areas with clinical evidence or a history of periodontal disease, (except nonspecific gingivitis).

4. Growth and Development Assessment

   a. Child – Primary Dentition

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

   b. Child – Transitional Dentition

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

   c. Adolescent

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

   d. Adult

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

APPENDIX A

Attachments

General Definitions

The following definitions apply to this Office Reference Manual:

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

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

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

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

C. "DentaQuest" shall refer to DentaQuest USA Insurance Company, Inc.

D. "DentaQuest Service Area" shall be defined as the State of Texas.

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:

- Dental Claim Form
- Instructions for Dental Claim Form
- Initial Clinical Exam Form
- Recall Examination Form
- Electronic Funds Transfer Form
- Medical and Dental History
- Provider Change Form
- Request for Transfer of Records
- HIPAA Companion Guide

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

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

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

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Three of (D0140) per 12 Month(s) Per patient. Not allowed with routine services.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0150, D0180) per 36 Month(s) Per Provider OR Location. One of (D0120, D0150, D0180) per 6 Month(s) Per Provider OR Location.	
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	
D0170	re-evaluation, limited problem focused	All Ages		No	Two of (D0120, D0160, D0170) per 12 Month(s) Per patient.	
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0150, D0180) per 36 Month(s) Per Provider OR Location. One of (D0120, D0150, D0180) per 6 Month(s) Per Provider OR Location.	
D0210	intraoral - complete series of radiographic images	All Ages		No	One of (D0210, D0277, D0330) per 36 Month(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No	One of (D0220) per 1 Day(s) Per patient.	
D0230	intraoral - periapical each additional radiographic image	All Ages		No		
D0240	intraoral - occlusal radiographic image	All Ages		No	Two of (D0240) per 24 Month(s) Per patient.	
D0270	bitewing - single radiographic image	All Ages		No	One of (D0270, D0272, D0273, D0274) per 12 Month(s) Per patient.	
D0272	bitewings - two radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274) per 12 Month(s) Per patient.	
D0273	bitewings - three radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274) per 12 Month(s) Per patient.	
D0274	bitewings - four radiographic images	All Ages		No	One of (D0270, D0272, D0273, D0274) per 12 Month(s) Per patient.	
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0210, D0277, D0330) per 36 Month(s) Per patient.	

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Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Diagnostic						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0277, D0330) per 36 Month(s) Per patient.	

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

Preventative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D1110	prophylaxis - adult	All Ages		No	Two of (D1110, D4346, D4910) per 12 Month(s) Per patient.	
D1206	topical application of fluoride varnish	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

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

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

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

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

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2392	resin-based composite - two surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2393	resin-based composite - three surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2394	resin-based composite - four or more surfaces, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface. Do not allow any of D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335 once D2390 or other crown service paid.	
D2510	inlay - metallic -1 surface	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2520	inlay-metallic-2 surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2530	inlay-metallic-3+ surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2542	onlay - metallic - two surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2543	onlay-metallic-3 surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2544	onlay-metallic-4+ surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2610	inlay-porce/ceramic-1surface	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2620	inlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2630	inlay-porc/ceramic 3+ surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2642	onlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2643	onlay-porcelain/ceramic-3 surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2644	onlay-porcelain/ceramic-4+ surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2650	inlay-composite/resin 1surface	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2651	inlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2652	inlay-composite/resin-3+ surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2662	onlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2663	onlay-composite/resin-3 surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2664	onlay-composite/resin-4+ surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2710	crown - resin-based composite (indirect)	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2712	crown - 3/4 resin-based composite (indirect)	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2721	crown - resin with predominantly base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2722	crown - resin with noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2740	crown - porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2750	crown - porcelain fused to high noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2751	crown - porcelain fused to predominantly base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2752	crown - porcelain fused to noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2780	crown - ¾ cast high noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2781	crown - ¾ cast predominantly base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2782	crown - ¾ cast noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2783	crown - ¾ porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2790	crown - full cast high noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2791	crown - full cast predominantly base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2792	crown - full cast noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2794	Crown- Titanium and Titanium Alloys	All Ages	Teeth 1 - 32	Yes	Pre-operative periapical radiograph	
D2799	provisional crown	All Ages	Teeth 1 - 32	No	Disallow - included in the crown benefit	
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No	One of (D2910) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	All Ages	Teeth 1 - 32	No	One of (D2915) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2920	re-cement or re-bond crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2920) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2940	protective restoration	All Ages	Teeth 1 - 32, A - T	No	One of (D2940) per 1 Lifetime Per patient per tooth.	
D2950	core buildup, including any pins when required	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2951	pin retention - per tooth, in addition to restoration	All Ages	Teeth 1 - 32	No	One of (D2951) per 60 Month(s) Per patient per tooth. With resin or amalgam restoration. Deny D2951 as included in D2950,D2952,D2954 if billed separately.	
D2952	cast post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2953	each additional cast post - same tooth	All Ages	Teeth 1 - 32	No	One of (D2953) per 60 Month(s) Per patient per tooth. When billed with D2952.	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Restorative						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D2954	prefabricated post and core in addition to crown	All Ages	Teeth 1 - 32	No	One of (D2950, D2952, D2954) per 60 Month(s) Per patient per tooth. Deny when billed with resin or amalgam restoration.	
D2980	crown repair, by report	All Ages	Teeth 1 - 32	No	One of (D2980) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D2990	Resin infiltration of incipient smooth surface lesions	All Ages	Teeth 1 - 32, A - T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2990) per 24 Month(s) Per patient per tooth, per surface.	
D2999	unspecified restorative procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	

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

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3221	pulpal debridement, primary and permanent teeth	All Ages	Teeth 1 - 32, A - T	No	One of (D3220, D3221) per 1 Lifetime Per patient per tooth. Not allowed in conjunction with root canal therapy by same provider/location within 90 days.	
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3310) per 1 Lifetime Per patient per tooth.	
D3320	endodontic therapy, premolar tooth (excluding final restoration)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320) per 1 Lifetime Per patient per tooth.	
D3330	endodontic therapy, molar tooth (excluding final restoration)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3330) per 1 Lifetime Per patient per tooth.	
D3331	treatment of root canal obstruction; non-surgical access	All Ages	Teeth 1 - 32	No	One of (D3331) per 1 Lifetime Per patient per tooth.	
D3346	retreatment of previous root canal therapy-anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3346) per 1 Lifetime Per patient per tooth.	
D3347	retreatment of previous root canal therapy - premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3347) per 1 Lifetime Per patient per tooth.	
D3348	retreatment of previous root canal therapy-molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3348) per 1 Lifetime Per patient per tooth.	
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	Yes	One of (D3410) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D3421	apicoectomy - premolar (first root)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	One of (D3421) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	Yes	One of (D3425) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D3426	apicoectomy (each additional root)	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32	Yes	One of (D3426) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	Yes	One of (D3430) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Endodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D3999	unspecified endodontic procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes	Narrative of medical necessity and description of service	

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

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 36 Month(s) Per patient per quadrant. Radiographs, perio charting and photographs	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211) per 36 Month(s) Per patient per quadrant. Radiographs, perio charting and photographs	
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240, D4241) per 36 Month(s) Per patient per quadrant. Radiographs and perio charting	
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4240, D4241) per 36 Month(s) Per patient per quadrant. Radiographs and perio charting	
D4249	clinical crown lengthening - hard tissue	All Ages	Teeth 1 - 32	Yes	One of (D4249) per 1 Lifetime Per patient per tooth. Radiographs and perio charting	
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260, D4261) per 36 Month(s) Per patient per quadrant. Radiographs and perio charting	
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4260, D4261) per 36 Month(s) Per patient per quadrant. Radiographs and perio charting	
D4341	periodontal scaling and root planing - four or more teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 36 Month(s) Per patient per quadrant. Radiographs and perio charting	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 36 Month(s) Per patient per quadrant.	
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	All Ages		No	Two of (D1110, D4346, D4910) per 12 Month(s) Per patient.	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Periodontics						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4355) per 36 Month(s) Per patient.	
D4910	periodontal maintenance procedures	All Ages		No	Four of (D4910) per 12 Month(s) Per patient.	
D4999	unspecified periodontal procedure, by report	All Ages		Yes	Narrative of medical necessity and description of service	

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

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5110	complete denture - maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5120	complete denture - mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5130	immediate denture - maxillary	All Ages		No	One of (D5130) per 1 Lifetime Per patient. One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5140	immediate denture - mandibular	All Ages		No	One of (D5140) per 1 Lifetime Per patient. One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5211	maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5212	mandibular partial denture – resin base (includingretentive/clasping materials, rests, and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5221) per 1 Lifetime Per patient. One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5222) per 1 Lifetime Per patient. One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5223) per 1 Lifetime Per patient. One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	All Ages		No	One of (D5224) per 1 Lifetime Per patient. One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5225	maxillary partial denture-flexible base	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5226	mandibular partial denture-flexible base	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5410	adjust complete denture - maxillary	All Ages		No	Two of (D5410) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5411	adjust complete denture - mandibular	All Ages		No	Two of (D5411) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5421	adjust partial denture-maxillary	All Ages		No	Two of (D5421) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5422	adjust partial denture - mandibular	All Ages		No	Two of (D5422) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5511	repair broken complete denture base, mandibular	All Ages		No	One of (D5511) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5512	repair broken complete denture base, maxillary	All Ages		No	One of (D5512) per 12 Month(s) Per patient per arch. (After 6 months have elapsed since initial placement).	
D5520	replace missing or broken teeth - complete denture (each tooth)	All Ages	Teeth 1 - 32	No	One of (D5520) per 12 Month(s) Per patient per tooth. (After 6 months have elapsed since initial placement).	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5611	repair resin partial denture base, mandibular	All Ages		No	One of (D5611) per 12 Month(s) Per patient per arch.	
D5612	repair resin partial denture base, maxillary	All Ages		No	One of (D5612) per 12 Month(s) Per patient per arch.	
D5621	repair cast partial framework, mandibular	All Ages		No	One of (D5621) per 12 Month(s) Per patient per arch.	
D5622	repair cast partial framework, maxillary	All Ages		No	One of (D5622) per 12 Month(s) Per patient per arch.	
D5630	repair or replace broken retentive/clasping materials per tooth	All Ages	Teeth 1 - 32	No	One of (D5630) per 12 Month(s) Per patient per tooth.	
D5640	replace broken teeth-per tooth	All Ages	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	
D5650	add tooth to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5650) per 12 Month(s) Per patient per tooth.	
D5660	add clasp to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5660) per 12 Month(s) Per patient per tooth.	
D5710	rebase complete maxillary denture	All Ages		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5711	rebase complete mandibular denture	All Ages		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5720	rebase maxillary partial denture	All Ages		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5721	rebase mandibular partial denture	All Ages		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5730	reline complete maxillary denture (chairside)	All Ages		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5731	reline complete mandibular denture (chairside)	All Ages		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5740	reline maxillary partial denture (chairside)	All Ages		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5741	reline mandibular partial denture (chairside)	All Ages		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5750	reline complete maxillary denture (laboratory)	All Ages		No	One of (D5710, D5730, D5750) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5751	reline complete mandibular denture (laboratory)	All Ages		No	One of (D5711, D5731, D5751) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5760	reline maxillary partial denture (laboratory)	All Ages		No	One of (D5720, D5740, D5760) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5761	reline mandibular partial denture (laboratory)	All Ages		No	One of (D5721, D5741, D5761) per 36 Month(s) Per patient. (After 6 months have elapsed since initial placement).	
D5850	tissue conditioning, maxillary	All Ages		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5851	tissue conditioning,mandibular	All Ages		No	Only allowed in conjunction with fabrication of new denture. Not allowed for 60 months after delivery of new denture.	
D5863	Overdenture - complete maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5864	Overdenture - partial maxillary	All Ages		No	One of (D5110, D5130, D5211, D5213, D5221, D5223, D5225, D5863, D5864) per 60 Month(s) Per patient.	
D5865	Overdenture - complete mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	
D5866	Overdenture - partial mandibular	All Ages		No	One of (D5120, D5140, D5212, D5214, D5222, D5224, D5226, D5865, D5866) per 60 Month(s) Per patient.	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Prosthodontics, removable						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D5876	add metal substructure to acrylic full denture (per arch)	All Ages	Per Arch (01, 02, LA, UA)	No	Only allowed on the same date of servcie as D5110, D5120, D5130, D5140.	
D5899	unspecified removable prosthodontic procedure, by report	All Ages		Yes	Pre-operative radiographs and narrative	

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

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

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

Implant Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6010	surgical placement of implant body: endosteal implant	All Ages	Teeth 1 - 32	Yes	One of (D6010, D6013) per 60 Month(s) Per patient per quadrant.	Full mouth x-rays
D6013	surgical placement of mini implant	All Ages	Teeth 1 - 32	Yes	One of (D6010, D6013) per 60 Month(s) Per patient per quadrant.	Full mouth x-rays
D6058	abutment supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6059	abutment supported porcelain fused to metal crown (high noble metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6061	abutment supported porcelain fused to metal crown (noble metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6062	abutment supported cast metal crown (high noble metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6063	abutment supported cast metal crown (predominantly base metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6064	abutment supported cast metal crown (noble metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6065	implant supported porcelain/ceramic crown	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6066	Implant Supported Crown- Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6067	Implant Supported Crown- High Noble Alloys	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6068	abutment supported retainer for porcelain/ceramic FPD	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Implant Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6072	abutment supported retainer for cast metal FPD (high noble metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6074	abutment supported retainer for cast metal FPD (noble metal)	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6075	implant supported retainer for ceramic FPD	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6076	Implant Supported Retainer for FPD-Porcelain Fused to High Noble Alloys	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6077	Implant Supported Retainer for Metal FPD- High Noble Alloys	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays
D6090	repair implant prosthesis	All Ages	Teeth 1 - 32	No	One of (D6090) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D6092	re-cement or re-bond implant/abutment supported crown	All Ages		No	One of (D6092) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	All Ages		No	One of (D6093) per 24 Month(s) Per patient per tooth. Only after 6 months of initial placement.	
D6094	Abutment supported crown-titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes		Full mouth x-rays

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Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6205	pontic - indirect resin based composite	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6210	pontic - cast high noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6211	pontic-cast base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6212	pontic - cast noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6214	Pontic - titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6240	pontic-porcelain fused-high noble	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6241	pontic-porcelain fused to base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6242	pontic-porcelain fused-noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6245	prosthodontics fixed, pontic - porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6250	pontic-resin with high noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6251	pontic-resin with base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6252	pontic-resin with noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6545	retainer - cast metal fixed	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6548	prosthodontics fixed, retainer - porcelain/ceramic for resin bonded fixed prosthodontic	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6549	Resin retainer-For resin bonded fixed prosthesis	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6602	inlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6603	inlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6604	inlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6605	inlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6606	inlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6607	inlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6608	onlay - porcelain/ceramic, two surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6609	onlay - porcelain/ceramic, three or more surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6610	onlay - cast high noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6611	onlay - cast high noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6612	onlay - cast predominantly base metal, two surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6613	onlay - cast predominantly base metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6614	onlay - cast noble metal, two surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6615	onlay - cast noble metal, three or more surfaces	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6624	inlay - titanium	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6634	onlay - titanium	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6710	crown - indirect resin based composite	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6720	crown-resin with high noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6721	crown-resin with base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6722	crown-resin with noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6740	retainer crown – porcelain/ceramic	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6750	crown-porcelain fused high noble	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6751	crown-porcelain fused to base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6752	crown-porcelain fused noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Prosthodontics, fixed						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D6780	crown-3/4 cst high noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6782	prosthodontics fixed, crown ¾ cast noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6790	crown-full cast high noble	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6791	crown - full cast base metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6792	crown - full cast noble metal	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6793	provisional retainer crown	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6794	Retainer crown - titanium and titanium alloys	All Ages	Teeth 1 - 32	Yes	Pre-operative radiographs	
D6930	re-cement or re-bond fixed partial denture	All Ages		No	One of (D6930) per 24 Month(s) Per patient. Only after 6 months of initial placement.	
D6980	fixed partial denture repair	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6980) per 24 Month(s) Per patient. Only after 6 months of initial placement.	
D6999	fixed prosthodontic procedure	All Ages	Teeth 1 - 32	Yes	Narrative of medical necessity and description of service	

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Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7140) per 1 Lifetime Per patient per tooth.	
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7210) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D7220	removal of impacted tooth-soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7220) per 1 Lifetime Per patient per tooth.	
D7230	removal of impacted tooth-partially bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7230) per 1 Lifetime Per patient per tooth.	
D7240	removal of impacted tooth-completely bony	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7240) per 1 Lifetime Per patient per tooth.	
D7241	removal of impacted tooth-completely bony, with unusual surgical complications	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D7241) per 1 Lifetime Per patient per tooth.	
D7250	surgical removal of residual tooth roots (cutting procedure)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7250) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7251	Coronectomy-intentional partial tooth removal is performed when a neurovascular complication is likely if the entire impacted tooth is removed.	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	Yes	One of (D7251) per 1 Lifetime Per patient per tooth. Pre-operative radiographs	
D7260	oroantral fistula closure	All Ages		No	Two of (D7260) per 1 Lifetime Per patient per arch.	
D7261	primary closure of a sinus perforation	All Ages		No	Two of (D7261) per 1 Lifetime Per patient per arch.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	All Ages		No		
D7286	incisional biopsy of oral tissue-soft	All Ages		No		
D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	
D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7310, D7311) per 1 Lifetime Per patient per quadrant.	
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Lifetime Per patient per quadrant.	
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D7320, D7321) per 1 Lifetime Per patient per quadrant.	
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7340) per 1 Lifetime Per patient per arch.	
D7350	vestibuloplasty - ridge extension	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7350) per 1 Lifetime Per patient per arch.	
D7410	radical excision - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7411	excision of benign lesion greater than 1.25 cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		Yes	Narrative of medical necessity and description of service	
D7471	removal of exostosis - per site	All Ages	Per Arch (01, 02, LA, UA)	Yes	Two of (D7471) per 1 Lifetime Per patient per arch. regardless of the provider.	
D7472	removal of torus palatinus	All Ages		Yes	One of (D7472) per 1 Lifetime Per patient. regardless of the provider.	
D7473	removal of torus mandibularis	All Ages		Yes	Two of (D7473) per 1 Lifetime Per patient. regardless of the provider.	
D7485	surgical reduction of osseous tuberosity	All Ages		Yes	Two of (D7485) per 1 Lifetime Per patient. regardless of the provider.	
D7510	incision and drainage of abscess - intraoral soft tissue	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	Not allowed in conjunction with extraction on same date of service.	
D7520	incision and drainage of abscess - extraoral soft tissue	All Ages		No		
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		
D7960	frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	All Ages		No	One of (D7960, D7963) per 1 Lifetime Per patient per arch.	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Oral and Maxillofacial Surgery						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D7963	frenuloplasty	All Ages		No	One of (D7960, D7963) per 1 Lifetime Per patient per arch.	
D7970	excision of hyperplastic tissue - per arch	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7970) per 1 Lifetime Per patient per arch.	
D7971	excision of pericoronal gingiva	All Ages	Teeth 1 - 32	No	One of (D7971) per 1 Lifetime Per patient per tooth.	
D7999	unspecified oral surgery procedure, by report	All Ages		Yes	Narrative of medical necessity and description of service	

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Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9110	palliative (emergency) treatment of dental pain - minor procedure	All Ages		No	Not allowed with anything other than D0140 and x-rays.	
D9222	deep sedation/general anesthesia first 15 minutes	All Ages		Yes	One of (D9222) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		Yes	Three of (D9223) per 1 Day(s) Per patient. Not allowed with (D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	All Ages		Yes	One of (D9230) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9239, D9243, D9248) on the same day. Narrative, treatment record (including anesthesia records).	
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		Yes	One of (D9239) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		Yes	Three of (D9243) per 1 Day(s) Per patient. Not allowed with (D9222, D9223) on the same day. Narrative, treatment record (including anesthesia records).	
D9248	non-intravenous moderate (conscious) sedation	All Ages		Yes	One of (D9248) per 1 Day(s) Per patient. Not allowed with (D9222, D9223, D9230, D9239, D9243) on the same day. Narrative, treatment record (including anesthesia records).	
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No	One of (D9310) per 1 Year(s) Per Provider OR Location. Not allowed with (D0120, D0140, D0150, D0160, D0170, D0180) by same provider or location.	
D9410	house/extended care facility call	All Ages		No	One of (D9410) per 1 Day(s) Per patient. Six of (D9410) per 1 Year(s) Per patient.	
D9420	hospital or ambulatory surgical center call	All Ages		No	One of (D9420) per 1 Day(s) Per patient. Six of (D9420) per 1 Year(s) Per patient.	

Exhibit A Benefits Covered for
Comprehensive - TX Clover Health Choice (PPO)(025),TX Clover Health Choice Value (PPO)(035),TX Clover Health Classic (HMO)(005),TX Clover Health Classic (HMO)(008)

Adjunctive General Services						
Code	**Description**	**Age Limitation**	**Teeth Covered**	**Authorization Required**	**Benefit Limitations**	**Documentation Required**
D9910	application of desensitizing medicament	All Ages		No	Two of (D1206, D1208, D9910) per 12 Month(s) Per patient.	
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	All Ages		Yes	One of (D9930) per 1 Year(s) Per patient. Not to be used for routine post-operative care or dry socket treatment. Narrative of medical necessity and description of service.	
D9950	occlusion analysis-mounted case	All Ages		Yes	One of (D9950, D9952) per 60 Month(s) Per patient. Narrative of medical necessity and description of service	
D9951	occlusal adjustment - limited	All Ages		Yes	One of (D9951) per 12 Month(s) Per patient. Narrative of medical necessity and description of service	
D9952	occlusal adjustment - complete	All Ages		Yes	One of (D9950, D9952) per 60 Month(s) Per patient. Narrative of medical necessity and description of service	
D9999	unspecified adjunctive procedure, by report	All Ages		Yes	Narrative of medical necessity and description of service	