



## **DentaQuest, LLC and affiliates**

(including DSM USA Insurance Company, Inc., DentaQuest of Florida and DentaQuest USA Insurance Company)

## **Office Reference Manual**

**Individual Personal Dental Plan  
Individual Personal Dental Plan Basic  
Individual Personal Dental Plan Plus**

**465 Medford St.  
Boston, MA 02129-1454  
877.453.8456**

**<http://www.dentaquest.com>**

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**DentaQuest  
Address and Telephone Numbers**

**DentaQuest Provider and Member Services:**

IL Personal Dental Plans	844-214-1275	VA Personal Dental Plan	844-214-1280
TN Personal Dental Plan	844-214-1276	GA Personal Dental Plan	844-233-4519
OH Personal Dental Plan	844-214-1277	PA Personal Dental Plan	844-233-4520
FL Personal Dental Plan	844-214-1278	AZ Personal Dental Plan	844-233-4521
TX Personal Dental Plan	844-214-1279	Personal Dental Plan Sales	844-214-1274
MO Personal Dental Plan	844-214-5604		
IN Personal Dental Plan	844-241-5608		
LA Personal Dental Plan	844-241-5609		

**TTY Service:**

800.855.2880

**Claims Address:**

DentaQuest Claims  
PO Box 2906  
Milwaukee, WI 53201-2906

**Fax:**

262.834.3589

**Electronic Claims should be sent:**Direct entry on the web – [www.dentaquest.com](http://www.dentaquest.com)

Or,

Via Clearinghouse – Payer ID CX014  
Include address on electronic claims –

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

**Credentialing:**

DentaQuest,  
PO Box 2906  
Milwaukee, WI 53201-2906  
Fax: 262.241.4077



## **DentaQuest, LLC and affiliates**

(including DSM USA Insurance Company, Inc., DentaQuest of Florida and DentaQuest USA Insurance Company)

### **STATEMENT OF PROVIDER RIGHTS AND RESPONSIBILITIES**

Providers shall have the right and responsibility to:

- 1.00 Communicate with patients, regarding dental treatment options.
- 2.00 Recommend a course of treatment to a Member, even if the course of treatment is not a covered benefit, or approved by Plan/DentaQuest.
- 3.00 File an appeal or complaint pursuant to the procedures of DentaQuest.
- 4.00 Supply accurate, relevant, factual information to a Member in connection with a complaint filed by the Member.
- 5.00 Object to policies, procedures, or decisions made by DentaQuest.
- 6.00 To be informed of the status of their credentialing or recredentialing application, upon request.
- 7.00 Verify member eligibility, benefits and authorizations required for services to be performed.

\* \* \*

**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.**

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- Exhibit A (Personal Dental Plan, Personal Dental Plan Basic, Personal Dental Plan Plus)
- Exhibit B (Personal Dental Plan Basic, Personal Dental Plan Plus)
- Exhibit C (Personal Dental Plan Plus)

**INTRODUCTION**

The information contained in this Provider Office Reference Manual is intended as a resource for you and your staff. It lists our standard administrative guidelines for claims processing as well as information regarding DentaQuest's standard policies. In all cases, specific group contract provisions, limitations and exclusions take precedence.

The introductory pages provide general information about DentaQuest policies. The remaining pages are organized according to the most current edition of the Current Dental Terminology (CDT), published by the American Dental Association (ADA). For complete code descriptions, we strongly encourage you to purchase an official CDT 2017 manual from the ADA by calling 1-800-947-4746 or visiting [www.ada.org](http://www.ada.org). The presence of a code in the CDT does not automatically mean that it is a covered benefit.

**NOTE: DentaQuest reserves the right to add, delete or change the policies and procedures described in this reference guide at any time.**

**DEFINITIONS**

**Adverse determination:** a utilization review decision by the Plan, or a health care provider acting on behalf of the Plan that:

- a) decides a proposed or delivered health care service which would otherwise be covered under this Agreement is not, or was not medically necessary, appropriate, or efficient; and
- b) may result in non-coverage of the health care service.

Adverse determination does not include a decision concerning a subscriber's status as a member.

**Agreement:** refers to this Subscriber Policy, the Schedule of Benefits, and any applicable Application, Riders, Endorsements and Supplemental Agreements.

**Benefit Year:** AZ, GA, IL, IN, LA, OH, PA, TX, TN a calendar year for which the Plan provides coverage for dental benefits. FL- the Benefit Year is the plan year.

**Covered dependents:** See Family Coverage definition.

**Covered individual:** a person who is eligible for and receives dental benefits. This usually includes subscribers and their covered dependents.

**Date of service:** the actual date that the service was completed. With multi-stage procedures, the date of service is the final completion date (the insertion date of a crown, for example).

**Deductible:** the portion of the covered dental expenses that the covered individual must pay before the Plan's payment begins.

**Effective Date:** the date (at 12:00 A.M. Mountain Time), as shown on our records, on which your coverage begins under this Subscriber Policy or an amendment to it.

**Emergency medical condition:** a medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part or, with respect to a pregnant woman, as further defined in section 1867 (e)(1)(B) of the Social Security Act, 42 USC section 1395dd(e)(1)(B). Emergency dental care includes treatment to relieve acute pain or control a dental condition that requires immediate care to prevent permanent harm.

**Family coverage:** coverage that includes you, your spouse and dependent children up to and including twenty-six (26) years of age. Your or your spouse's adopted children are covered from the date of adoptive

or parental placement with an insured subscriber or plan enrollee for the purpose of adoption, children under testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration, and grandchildren in your court-ordered custody who are dependent upon you are also covered. Attainment of the limiting age shall not operate to terminate the coverage of a covered dependent child while the child is and continues to be both incapable of self-sustaining employment by reason of intellectual disability or physical disability and chiefly dependent on the Subscriber for support and maintenance. Proof of such incapacity and dependency shall be furnished to the Plan by the Subscriber within thirty-one (31) days of the child's attainment of the limiting age and subsequently as may be required by the Plan but not more frequently than annually after the two-year period following the child's attainment of the limiting age. A child will not be denied enrollment because: (i) the child was born out of wedlock; (ii) the child is not claimed as a dependent on the parent's federal or state tax return; or (iii) the child does not reside with the parent or in the Plan's service area.

**Fee Schedule:** the payment amount for the services that may be provided by Participating or Non-participating Dentists under this Subscriber Policy. Benefits are payable in accordance with the terms and conditions of the applicable Schedule of Benefits attached to this Subscriber Policy and in effect at the time services are rendered.

**Fracture:** the breaking off of rigid tooth structure not including crazing due to thermal changes or chipping due to attrition.

**Health care provider:** any hospital or person that is licensed or otherwise authorized in the state to furnish health care and dental services.

**Health care service:** the furnishing of a service to any individual for the purpose of preventing, alleviating, curing, or healing human illness, injury or physical disability.

**Individual (or single) coverage:** coverage that includes only the subscriber, or only a minor dependent in the case of child only coverage.

**Non-participating Dentist:** a licensed dentist who has not entered into an agreement with the Plan to furnish services to its covered individuals.

**Out of Pocket Maximum:** the maximum a Covered Individual will pay in deductibles, copays and coinsurance for allowable expenses in any Benefit Year.

**Participating Dentist:** a licensed dentist located in the Plan's service area that has entered into an agreement with the Plan to furnish services to its covered individuals.

**Participating Dentist Contract:** contract between the Plan and a Participating Dentist.

**Schedule of Benefits:** the part of this Subscriber Policy which outlines the specific coverage in effect as well as the amount, if any, that you may be responsible for paying towards your dental care.

**Subscriber:** the Subscriber Policy holder who is eligible to receive dental benefits. A parent or guardian enrolling a minor dependent, including under a child only plan, assumes all of the subscriber responsibilities on behalf of the minor dependent.

**The Plan:** refers to DentaQuest, LLC and affiliates (including DSM USA Insurance Company, Inc., DentaQuest USA Insurance Company and DentaQuest of Florida).

**You:** the subscriber of the dental plan.

## PATIENT ELIGIBILITY VERIFICATION PROCEDURES

### Plan Eligibility

Any person who is enrolled in a Plan's program is eligible for benefits under the Plan certificate. Please contact our Customer Service Department at the numbers listed above or visit the Provider Web Portal at <https://govservices.dentaquest.com/> to verify eligibility and benefits the day of the member's appointment.

### Member Identification Card

Members will receive a Plan ID Card. Participating Providers are responsible for verifying that Members are eligible at the time services are rendered and to determine if recipients have other health insurance.

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

#### Sample of DentaQuest ID Cards:

##### Front

<b>DentaQuest</b>	
Fully Insured	[DentaQuest legal name]
<b>Policy Holder:</b>	<b>Effective Date:</b>
[Insert plan name]	
<b>Member ID:</b>	DentaQuest [1-XXX-XXX-XXXX] [website address]

##### Back

<b>To Plan Subscriber:</b>	
This identification card provides you with the information your dentist will need to set up a patient information record for you or one of your eligible dependents for billing purposes.	
This card does not guarantee that your coverage is currently in effect.	
To obtain full extent of benefits, you must receive services from a dentist who participates in your plan network.	
<b>Submitting Claims</b>	<b>Provider Services</b>
DentaQuest	X-XXX-XXX-XXXX
PO Box 2906	
Milwaukee, WI 53201-2906	Payer ID: CX014

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.

## CALCULATING PATIENT CO-PAYMENTS

DentaQuest provides information on our website, through our Voice Response System and through our Customer Service department regarding coinsurance amounts, deductibles, and plan maximums. To calculate the patient co-payment you will need to:

- Establish the patient's benefit level for the procedure being done. Example: 100%, 80%, or 50%
- Determine the dentist's contracted fee allowance for the procedure performed from the appropriate fee schedule.
- Determine if a deductible applies and if the patient has already satisfied it.
- Determine how much money remains in the patient's annual or plan year maximum.
- Follow the formula shown in the example below.

### Example (in-network):

A patient is scheduled for an anterior root canal. His plan covers endodontic care at 60% with a \$50 individual deductible that has not been met and he has \$1,500 remaining of his calendar year maximum. The dentist's charge is \$500 and his DentaQuest contract fee is \$313.97.

To determine the patient responsibility, you can apply this formula:

- $(\text{Contract fee} - \text{deductible}) \times \text{patient coinsurance} + \text{deductible} = \text{patient responsibility}$
- $(\$313.97 - \$50) \times .40 \text{ (40\% patient coinsurance)} + \$50 = \$155.59$

To determine how much DentaQuest will pay towards the procedure, you can apply the following formula:

- $\$313.97 \text{ (DentaQuest will pay up to the contract fee)} - \$50 \text{ (deductible)} \times .60 \text{ (60\% coinsurance)} = \$158.38$

### Out of Network (For Members enrolled in a PPO Program only):

DentaQuest will pay the same percentage of the allowable charges for covered services received in and out of network. The member will be responsible for the difference between the plan's allowable charges and the dentist's usual and customary fees.

## COORDINATION OF BENEFITS

Coordination of Benefits (COB) occurs when a patient has dental coverage under two plans, and the coverage from both plans is coordinated so the patient may receive the maximum allowable benefit under each one. The combined benefit should not exceed the submitted charge for the completed dental services.

### Determining Primary and Secondary

*Processing Guidelines are based on the National Association of Insurance Carriers (NAIC)*

- Subscribers are always primary for themselves
- Spouse is secondary on subscriber's coverage
- The children's coverage is based on the *Birthdate Rule*. The *Birthdate Rule* is defined as the parent whose birth month and day comes first chronologically (not the year of birth). That parent is the primary for the children. If both parents have the exact same birthday, then the plan in effect the longest is primary.

### Divorce Situations

- Custodial parent is primary
- Custodial step-parent is secondary
- Non-custodial parent is third
- Non-custodial step-parent is fourth

### Exceptions for Determination

- Court orders override all rules in determining coverage



## Submitting Claims

- When you prepare a claim for COB, indicate on the claim form that the patient has other dental coverage information
- Complete the COB questions on the claim form along with the other carrier information
- Submit a claim to the primary carrier first and wait to receive payment. Then submit a claim to the secondary carrier with a copy of the Explanation of Benefits (EOB) from the primary carrier. This EOB shows the secondary carrier the amount that has already been paid.

## Coordinating Benefits with Medical Carrier

When a patient is covered for a dental service by both the medical carrier and DentaQuest, the medical carrier is primary. This includes limited preventive dental plans offered by HMO's.

## Calculating Patient Balance

- A quick rule of thumb is to first take the primary payment and add it to the secondary payment
- If the total equals your submitted charge, then there is no patient payment and no adjustment required
  - If the total is more than, or up to your contracted fee, then there is no patient balance
  - If it is less than your contract fee then, you can charge the patient the difference between the total of both COB payments and your contract allowance

## Things to Remember

- Never Record the primary claim adjustment until after the secondary payment because the secondary payment will sometimes cover the adjustment amount.
- COB will not result in your office being entitled to receive reimbursement up to your submitted fee. The DentaQuest payment will be limited to your contract fee allowance.
- If the patient is no longer covered by another plan, write the day, month, and year of termination on the EOB and return it to DentaQuest so we can update our records.
- If there is no medical coverage for a surgical procedure, please note this on the claim in the remarks section.
- If you do not participate with a primary health plan that does not provide out of network coverage you can note this in the comments section on the claim and DentaQuest will process your claim as primary.

If the COB patient responsibility is not clear, you can call our Customer Service department at the numbers listed above.

## ELECTRONIC ATTACHMENTS

**FastAttach™** - DentaQuest accepts dental radiographs electronically via **FastAttach™** for authorization requests. DentaQuest, in conjunction with National Electronic Attachment, LLC (NEA), allows Participating Providers the opportunity to submit all claims electronically, even those that require attachments. This program allows transmissions via secure Internet lines for radiographs, 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](http://www.nea-fast.com) or call NEA at: 800.782.5150

## PROVIDER COMPLAINTS, GRIEVANCES AND APPEALS PROCEDURE

DentaQuest adheres to State, Federal, and Plan requirements related to processing inquiries, complaints, and grievances. Procedures governing the provider complaint, grievance and appeal process are designed to identify and resolve provider complaints in a timely and satisfactory manner.

### **B. Complaints/Grievance Staff:**

DentaQuest's Complaints/Grievance Coordinator receives Provider inquiries, complaints, grievances and appeals. The Coordinator investigates the issues, compiles the findings, requests patient records (if applicable), sends the records to the dental consultant for review and determination (if applicable), and obtains a resolution. The appropriate individuals are notified in writing of the resolution (i.e. Plan, Member, and Provider as applicable). The complaint, grievance or appeal is closed and maintained on file for tracking and trending purposes.

### **Provider Complaints and Grievances**

-Written notices of complaints must be submitted to:

DentaQuest  
Attention: Provider Complaints  
PO Box 2906  
Milwaukee, WI 53201-2906  
Fax: 262.834.3452

Providers have the right to submit documentation with their Complaint. It is advantageous for the provider to clearly outline his/her Complaint and to provide supporting information. The provider should indicate why a decision should be made in the provider's favor. Complaints will be acknowledged and a determination will be made in the timeframes identified in section C. below.

### **Provider Appeals**

Written notices of appeal must be submitted to:

DentaQuest  
Attention: Provider Appeals  
PO Box 2906  
Milwaukee, WI 53201-2906  
Fax: 262.834.3452

Providers have the right to submit documentation with their Appeal. It is advantageous for the provider to clearly outline his/her Appeal and to provide supporting information. The provider should indicate why a decision should be made in the provider's favor. Appeals will be acknowledged and a determination will be made in the timeframes identified in section C. below

Providers also have the right to request and receive a written copy of DentaQuest's utilization management criteria, in cases where the Complaint or Appeal is related to a clinical decision/denial, or other applicable health plan policies or procedures relevant to the decision or action that is the subject of the Complaint or Appeal. These can be requested by contacting Provider Services.

Provider Claims Corrections:

### **Claim Corrections should be mailed to the following address:**

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

**Peer to Peer Review:**

Providers may contact Provider Services at any time and request to speak to a Dental Director regarding a clinical decision made by DentaQuest. When submitting a formal appeal, there is an opportunity for Providers or their representatives to present their cases in person to the Peer Review Committee.

**Member Inquiries, Complaints, Grievances & Appeals**

*DentaQuest adheres to State, Federal, and Plan requirements related to processing inquiries, complaints, and grievances. Enrollees have the right to request continuation of benefits while utilizing the grievance system. Unless otherwise required by Agency and Plan, DentaQuest's processes such as inquiries, complaints, grievances and appeals consistent with the following:*

**A. Definitions:**

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

*Complaint: A complaint is any oral or written expression of dissatisfaction by an enrollee submitted to the health plan or to a state agency and resolved by close of business the following day. Possible subjects for complaints include, but are not limited to, the quality of care, the quality of services provided, aspects of interpersonal relationships such as rudeness of a provider or health plan employee, failure to respect the enrollee's rights, health plan administration, claims practices, or provision of services that relates to the quality of care rendered by a provider pursuant to the health plan's contract. A complaint is an informal component of the grievance system. A complaint is the lowest level of challenge and provides the health plan an opportunity to resolve a problem without its becoming a formal grievance. Complaints must be resolved by close of business the day following receipt or be moved into the grievance system.*

*Grievance: An expression of dissatisfaction about any matter other than an action. Possible subjects for grievances include, but are not limited to, the quality of care, the quality of services provided and aspects of interpersonal relationships such as rudeness of a provider or health plan employee or failure to respect the enrollee's rights.*

*Appeal: A formal request from an enrollee to seek a review of an action taken by the Health Plan pursuant to 42 CFR 438.400(b). An appeal is a request for review of an action.*

*Expedited Appeal: An expedited request for review of an action. An Expedited appeal should be processed when it is determined that allowing the time for a standard resolution could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function. Such determination is based on:*

1. A request from the Member
2. A provider's support of a member's request
3. A provider's request on behalf of the member or
4. The plans' determination.

**B. Complaints/Grievance Staff:**

*DentaQuest's Complaints/Grievance Coordinator receives Member inquiries, complaints, grievances and appeals. The Coordinator investigates the issues, compiles the findings, requests patient records (if applicable), sends the records to the dental consultant for review and determination (if applicable), and obtains a resolution. The appropriate individuals are notified in writing of the resolution (i.e. Plan, Member, and Provider as applicable). The complaint, grievance or appeal is closed and maintained on file for tracking and trending purposes.*

**Member Complaints and Grievances**

Written notices of complaints must be submitted to:

DentaQuest  
Attention: Member Complaints  
PO Box 2906  
Milwaukee, WI 53201-2906  
Fax: 262.834.3452

Members have the right to submit documentation with their Complaint. The Member should clearly outline his/her Complaint and provide supporting information. DentaQuest may also contact you or your provider to obtain new or additional information needed to address the complaint. Complaints will be acknowledged and a determination will be made in the timeframes identified in section C. below.

### Member Appeals

Written notices of appeal must be submitted to:

DentaQuest  
Attention: Member Appeals  
PO Box 2906  
Milwaukee, WI 53201-2906  
Fax: 262.834.3452

Members have the right to submit documentation with their Appeal. The Member should clearly outline his/her Appeal and provide supporting information. DentaQuest may also contact you or your provider to obtain new or additional information needed to address the appeal. Complaints will be acknowledged and a determination will be made in the timeframes identified in section C. below.

Members also have the right to request and receive a written copy of DentaQuest's utilization management criteria, in cases where the Complaint or Appeal is related to a clinical decision/denial, or other applicable health plan policies or procedures relevant to the decision or action that is the subject of the Complaint or Appeal. These can be requested by contacting Member Services.

*Contact and timeframe information for each plan is located in the Member and provider table in Section C below.*

### **C. Member Provider Complaints/Grievances/Appeals Contact Information and Timelines:**

<b><u>State</u></b>	<b><u>Member Services:</u></b>	<b><u>Provider Services:</u></b>
<b>Arizona</b>	<b>1-844-233-4521</b>  <b>Appeal:</b> <b>Expedited:</b> Determination will be made within 1 business day of receipt.  <b>Standard:</b> <ul style="list-style-type: none"> <li>• 90 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 business days.</li> <li>• Determination will be sent within 30 calendar days for pre-service and 60 calendar days for post service.</li> </ul>	<b>1-844-233-4521</b>  <b>Appeal:</b> <b>Expedited:</b> Determination will be made within 1 business day of receipt.  <b>Standard:</b> <ul style="list-style-type: none"> <li>• 90 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 business days.</li> <li>• Determination will be sent within 30 calendar days for pre-service and 60 calendar days for post service.</li> </ul>

	<p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 5 business days.</li> <li>• Resolution sent within 30 Calendar days.</li> </ul>	<p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 5 business days.</li> <li>• Resolution sent within 30 Calendar days.</li> </ul>
Florida	<p><b>1-844-214-1278</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 1 business day of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 business days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 20 calendar days.</li> <li>• Resolution sent within 60 Calendar days.</li> <li>• Access issues resolved within 2 business days.</li> </ul>	<p><b>1-844-214-1278</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 1 business day of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 business days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 20 calendar days.</li> <li>• Resolution sent within 60 Calendar days.</li> <li>• Access issues resolved within 2 business days.</li> </ul>
Georgia	<p><b>1-844-233-4519</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 24 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 2 calendar days.</li> <li>• Determination will be sent within 30 calendar days for pre-service and 45 calendar days for post service.</li> </ul> <p><b>Grievances:</b>  <b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 2 calendar days.</li> </ul>	<p><b>1-844-233-4519</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 24 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 2 calendar days.</li> <li>• Determination will be sent within 30 calendar days for pre-service and 45 calendar days for post service.</li> </ul> <p><b>Grievances:</b>  <b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from date of incident to submit a grievance.</li> </ul>

	<ul style="list-style-type: none"> <li>Resolution sent within 30 Calendar days.</li> <li>Access issues resolved within 2 business days.</li> </ul>	<ul style="list-style-type: none"> <li>Acknowledgment sent within 2 calendar days.</li> <li>Resolution sent within 30 Calendar days.</li> <li>Access issues resolved within 2 business days</li> </ul>
<b>Illinois</b>	<p><b>1-844-214-1275</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 24 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>180 days from determination to submit an appeal.</li> <li>Acknowledgment will be sent within 3 business days.</li> <li>Determination will be sent within 15 business days.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>1 year from date of incident to submit a grievance.</li> <li>Acknowledgment sent within 3 business days.</li> <li>Resolution sent within 30 Calendar days.</li> <li>Access issues resolved within 2 business days.</li> </ul>	<p><b>1-844-214-1275</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 24 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>180 days from determination to submit an appeal.</li> <li>Acknowledgment will be sent within 3 business days.</li> <li>Determination will be sent within 15 business days.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>1 year from date of incident to submit a grievance.</li> <li>Acknowledgment sent within 3 business days.</li> <li>Resolution sent within 30 Calendar days.</li> <li>Access issues resolved within 2 business days.</li> </ul>
<b>Indiana</b>	<p><b>1-844-241-5608</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 72 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>180 days from determination to submit an appeal.</li> <li>Acknowledgment will be sent within 5 calendar days.</li> <li>Determination will be sent within 30 calendar days.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>180 days from date of incident to submit a complaint.</li> <li>Acknowledgment sent within 5 calendar days.</li> <li>Resolution sent within 30 calendar days.</li> </ul>	<p><b>1-844-241-5608</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 72 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>180 days from determination to submit an appeal.</li> <li>Acknowledgment will be sent within 5 calendar days.</li> <li>Determination will be sent within 30 calendar days.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>180 days from date of incident to submit a complaint.</li> <li>Acknowledgment sent within 5 calendar days.</li> <li>Resolution sent within 30 calendar days.</li> </ul>
<b>Louisiana</b>	<p><b>1-844-241-5609</b></p> <p><b>Appeal:</b></p>	<p><b>1-844-241-5609</b></p> <p><b>Appeal:</b></p>

	<p><b>Expedited:</b> Determination will be made within 72 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>• 180 days from date of incident to submit a complaint.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 30 calendar days.</li> </ul>	<p><b>Expedited:</b> Determination will be made within 72 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>• 180 days from date of incident to submit a complaint.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 30 calendar days.</li> </ul>
Missouri	<p><b>1-844-214-5604</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Verbal notification within 72 Hours                  Written notification within 3 business days</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a complaint.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 30 Calendar days.</li> </ul> <p>Access issues resolved within 2 business days</p>	<p><b>1-844-214-5604</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Verbal notification within 72 Hours                  Written notification within 3 business days</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a complaint.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 30 Calendar days.</li> </ul> <p>Access issues resolved within 2 business days</p>
Ohio	<p><b>1-844-214-1277</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 72 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> </ul>	<p><b>1-844-214-1277</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 72 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> </ul>

	<ul style="list-style-type: none"> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a complaint.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 30 Calendar days.</li> <li>• Access issues resolved within 2 business days</li> </ul>	<ul style="list-style-type: none"> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a complaint.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 30 Calendar days.</li> <li>• Access issues resolved within 2 business days</li> </ul>
<b>Pennsylvania</b>	<p><b>1-844-233-4520</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 24 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 15 calendar days for pre-service and 30 calendar days for post service.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 15 Calendar days.</li> <li>• Access issues resolved within 2 business days.</li> </ul>	<p><b>1-844-233-4520</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 24 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 15 calendar days for pre-service and 30 calendar days for post service.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 15 Calendar days.</li> <li>• Access issues resolved within 2 business days.</li> </ul>
<b>Tennessee</b>	<p><b>1-844-214-1276</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 72 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 10 business days.</li> </ul>	<p><b>1-844-214-1276</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 72 hours of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 180 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 calendar days.</li> <li>• Determination will be sent within 10 business days.</li> </ul>



	<p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>• 180 days from date of incident to submit a complaint.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 10 business days.</li> <li>• Access issues resolved within 2 business days</li> </ul>	<p><b>Complaints:</b></p> <ul style="list-style-type: none"> <li>• 180 days from date of incident to submit a complaint.</li> <li>• Acknowledgment sent within 5 calendar days.</li> <li>• Resolution sent within 10 business days.</li> <li>• Access issues resolved within 2 business days</li> </ul>
<b>Texas</b>	<p><b>1-844-214-1279</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 1 business day of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 120 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 business days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 90 days from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 5 business days.</li> <li>• Resolution sent within 30 Calendar days.</li> <li>• Access issues resolved within 2 business days</li> </ul>	<p><b>1-844-214-1279</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 1 business day of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 120 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 5 business days.</li> <li>• Determination will be sent within 30 calendar days.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 90 days from date of incident to submit a grievance.</li> <li>• Acknowledgment sent within 5 business days.</li> <li>• Resolution sent within 30 Calendar days.</li> <li>• Access issues resolved within 2 business days</li> </ul>
<b>Virginia</b>	<p><b>1-844-214-1280</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 1 business day of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 120 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 20 calendar days.</li> <li>• Determination will be sent within 30 calendar days for pre-service and 45 calendar days for post service.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a grievance</li> </ul>	<p><b>1-844-214-1280</b></p> <p><b>Appeal:</b>  <b>Expedited:</b> Determination will be made within 1 business day of receipt.</p> <p><b>Standard:</b></p> <ul style="list-style-type: none"> <li>• 120 days from determination to submit an appeal.</li> <li>• Acknowledgment will be sent within 20 calendar days.</li> <li>• Determination will be sent within 30 calendar days for pre-service and 45 calendar days for post service.</li> </ul> <p><b>Grievances:</b></p> <ul style="list-style-type: none"> <li>• 1 year from date of incident to submit a grievance</li> </ul>

	<p><i>Acknowledgment sent within 5 business days.</i></p> <ul style="list-style-type: none"> <li>• <i>Resolution sent within 30 Calendar days.</i></li> <li>• <i>Access issues resolved within 2 business days</i></li> </ul>	<p><i>Acknowledgment sent within 5 business days.</i></p> <ul style="list-style-type: none"> <li>• <i>Resolution sent within 30 Calendar days.</i></li> <li>• <i>Access issues resolved within 2 business days</i></li> </ul>
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**F. Policy and Procedures:**

*Copies of DentaQuest's policies and procedures can be requested by contacting Provider Services at the numbers provider within this document.*

## CLAIM SUBMISSION

### Tips to Expedite Claims Processing

- Submit your claims electronically.
- If submitting claims on paper, use a 2006 or later version of the ADA form and type or print legibly (being careful to stay within the boxes).
- Do not write a dollar sign (\$), and only submit the whole dollar amount for the procedure. For example: 25, not \$25.00.
- The treating dentist's license number and individual NPI should be on the claim to assure correct processing.
- Always use current CDT procedure codes.
- When submitting copies of radiographs, be sure they are the most recent radiograph taken. They should be properly dated, labeled, and of good diagnostic quality. Note radiographs will ONLY be returned if a self-addressed, stamped envelope is provided for each claim/inquiry.
- When periodontal charting is submitted, be sure it is comprehensive, legible, dated, documented with six measuring points, recorded in mm. per tooth with classified furcation defects, identifying tooth mobility, and is as current as possible (within 12 months).
- If a Pre-Estimate is obtained and the patient elects to go forward with treatment, submit a new ADA claim form with the completion date of service. Our processing system will programmatically cross reference your existing pre-estimate during processing.
- Pre-estimates are valid for one year.
- When a claim is submitted under an unspecified code "DX999", describe the procedure and submit a narrative. This is reviewed for its content. What constitutes an appropriate narrative?
  - Short concise findings
  - Reason for treatment option chosen
  - Reason why a lesser treatment was not appropriate
  - Clear radiograph of the tooth being treated
  - Any additional information not evident on the x-ray that will help the dental consultant make an appropriate determination
- Do not place stickers or write notes across the body of the claim form.
- When another carrier is primary and you are billing for secondary coverage through DentaQuest be sure to include a copy of the primary Explanation of Benefits or indicate the primary payment amount in the "Remarks" section of the claim form preceded by the notation COB. For example: COB – prime paid \$41.00.

### Submitting Authorization or Claims with X-Rays

- Electronic submission using the web portal
- Electronic submission using National Electronic Attachment (NEA) is recommended. For more information, please visit [www.nea-fast.com](http://www.nea-fast.com) and click the "Learn More" button. To register, click the "Provider Registration" button in the middle of the home page.
- Submission of duplicate radiographs (which we will recycle and not return)
- Submission of original radiographs with a self addressed stamped envelope (SASE) so that we may return the original radiographs. Note that determinations will be sent separately and any radiographs received without a SASE will not be returned to the sender.

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

Acceptable methods of mounted radiographs are:

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

Unacceptable methods of mounted radiographs are:

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

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

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

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

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

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

To submit claims via the website, simply log on to <http://www.dentaquest.com/>

Once you have entered the website, Steps are as follows:

- a. Choose the Link called Login (located on the top)
- b. Choose 'Dentists in All other States'
- c. Enter user id and password
- d. Also for provider registration if they are new they need to enter the Business's TIN and State.

Once logged in, select "Claims/Pre-Authorizations" and then "Dental Claim Entry". The Dentist Portal allows you to attach electronic files (such as x-rays in jpeg format, reports and charts) to the claim.

If you have questions on submitting claims or accessing the website, please contact our Systems Operations Department at 888.560.8135 or via e-mail at: [EDITeam@DentaQuest.com](mailto:EDITeam@DentaQuest.com)

### **Electronic Authorization Submission Utilizing DentaQuest's Internet Website**

Participating Providers may submit Pre-Authorizations directly to DentaQuest by utilizing the "Dentist" section of our website. Submitting Pre-Authorizations 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 pre-authorizations via the website, simply log on to <http://www.dentaquest.com/>. Once you have entered the website, Steps are as follows:

- a. Choose the Link called Login (located on the top)
- b. Choose 'Dentists in All other States'
- c. Enter user id and password

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. Once logged in, select "Claims/Pre-Authorizations" and then "Dental Pre-Auth Entry".

The Dentist Portal also allows you to attach electronic files (such as x-rays in jpeg format, reports and charts) to the pre-authorization.

### 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, InMediata 1-877-466-9656 and One Mind 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.

### 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@dentaquest.com](mailto:EDITeam@dentaquest.com) to inquire about this option for electronic claim submission.

### 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.

### Paper Claim Submission

- Claims must be submitted on ADA approved claim forms or other forms approved in advance by DentaQuest.
- Member name, identification number, and date of birth must be listed on all claims submitted. If the Member identification number is missing or miscoded on the claim form, the patient cannot be identified. This could result in the claim being returned to the submitting Provider office, causing a delay in payment.
- The paper claim must contain an acceptable provider signature.

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

**Claims should be mailed to the following address:**

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

**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.

**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.

**Direct Deposit**

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

To receive claims payments through Direct Deposit, Providers must:

- Complete and sign the Direct Deposit Form found in the Document List of the provider website.
- Attach a voided check to the form. The authorization cannot be processed without a voided check.
- Return the Direct Deposit Form and voided check to DentaQuest.
  - Via Fax - 262.241.4077 **or**
  - Via Mail -

DentaQuest USA Insurance Company, Inc.  
PO Box 2906  
Milwaukee, WI 53201-2906  
ATTN: PEC Department

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

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

- Go to [www.dentaquest.com](http://www.dentaquest.com)
- Choose the tab called Dentist (located on the top)
- Choose 'choose the "State"
- Choose link called "Login"
- Once logged into the Provider Portal, go to Menu item called Claims/Pre-Authorizations/Referrals>> Dental Pre-Auth Entry

#### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

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

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

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

- Neither DentaQuest nor Provider shall share confidential information with a Member's employer absent the Member's consent for such disclosure.
- Provider agrees to comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") relating to the exchange of information and shall cooperate with DentaQuest in its efforts to ensure compliance with the privacy regulations promulgated under HIPAA and other related privacy laws.

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

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

Note: Copies of DentaQuest's HIPAA policies are available upon request by contacting DentaQuest's Customer Service department at the phone numbers listed on page 2 or via e-mail at [denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com).

### **HIPAA Companion Guide**

To view a copy of the most recent Companion Guide please visit our website at [www.dentaquest.com](http://www.dentaquest.com). Choose the Link called Login (located on the top) , then choose 'Dentists in All other States'. 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).

## **UTILIZATION MANAGEMENT PROGRAM AND CLINICAL REVIEW**

### **Introduction**

Utilization Management (UM) is the department at DentaQuest that reviews claims to ensure quality of care, to ensure procedures are billed correctly and that the work performed is necessary and appropriate. Necessary and appropriate as defined in our members' subscriber certificates must be consistent with the prevention of oral disease or with the diagnosis and treatment of 1. Those teeth that are decayed or fractured or 2. Those teeth where supporting structures are weakened by disease (including periodontal, endodontic and related diseases) and in accordance with standards of good dental practice. In cases where there is more than one course of treatment most plans consider benefits for the least expensive alternate treatment that meets generally accepted standards of care. These benefit determinations are not intended to be, nor should they be construed as treatment decisions. Actual payments may vary depending upon plan maximums, deductibles, frequency limitations, and other requirements. The professionals in our UM department include licensed dentists, registered dental hygienists and dental assistants.

### **Focused Review**

Focused Review is the process by which we review dental practitioners' practice patterns, determine providers whose patterns differ from the norm and provide intervention if and when appropriate to the specific case. The processes include statistical analysis, monitoring of claims, prospective review of radiographs and documentation prior to claims payment or retrospective review radiographs and documentation after payment, in-office audits, provider education and/or any combination of the above.

Specifically, the focused review process has replaced our traditional professional review, which consisted of sending in supporting documentation for all invasive procedures. In an effort to reduce administrative burdens for our participating dentists, we adopted an approach that selects a limited



number of dentists either on a random basis or as a result of statistical data analysis. These providers are then placed on review for specific procedure codes. Once chosen, supporting documentation is required for reimbursement of the selected codes. The required documentation ranges from duplication of x-rays that are of good diagnostic quality, periodontal charting and in some cases detailed narratives.

All providers submitting claims to DentaQuest will be subject to some form of UM. The program includes both general dentists and specialists. General dentists and specialists are compared to their own peer groups.

### **Implant Review**

All submissions for placement of surgical implants (D6010) and mini implants (D6013) require documentation and review. Benefits are based on least costly treatment to replace a missing tooth with consideration of the condition of adjacent teeth. Please see the implant section of this Processing Policies and Procedures Reference Guide for specific guidelines and submission requirements. Submission of a pre-estimate is strongly recommended for surgical implants (D6010 and D6013) to be sure the patients dental condition qualifies for the benefit. This can help avoid any potential billing disputes with your patients.

### **Procedure Codes on Clinical Review**

Submissions for the following procedure codes and criteria (tooth number or patient age) require documentation and review. Claims are evaluated based on the policies set forth in this Processing Policies and Procedures Reference Guide, as well as the guidelines in each of our groups' Subscriber Certificates. Submission of a pre-estimate is strongly recommended the below procedure codes to be sure the patients dental condition qualifies for the benefit. This can help avoid any potential billing disputes with your patients. During clinical review of claims and pre-estimates, DentaQuest reserves the right to request radiographic images and/or documentation for procedures that otherwise may be identified as not requiring the submission of documentation

Procedure Code(s)	UM Review Required Documentation				Comments
	Pre-operative X-ray	Pano or FMX	Perio Chart-preoperative	Perio Chart re-eval post phase I	
All Unspecified. Codes DX999	X				Describe the procedure and submit a narrative; x-ray of the tooth; any additional information not evident on the x-ray
D2710-D2794 Anterior crowns (6-11 and 22-27)	X				All networks and products
D2950-D2954 Build-ups/cast posts (all teeth)	X				All networks and products
D4210-D4211 Gingivectomy (for patients under age 30)	X		X		Current FMX and or BW All networks and products
D4240-D4241 Flap surgery (for patients under age 30)	X		X	X	Current FMX and or BW All networks and products
D4341-D4342 Scaling and root planing (for patients under age 30)	X		X		Current FMX and or BW All networks and products
D4260-D4261 Osseous surgery (for patients under age 30)	X		X	X	Current FMX and or BW All networks and products
D6010 Surgical Implant and D6013 Mini implant (all teeth)	X	X			Record all missing teeth in the arch- note implants for exchange products are only a benefit for members over age 19
D7971 Excision of periocoronary gingival- all teeth	X				Pre-operative x-ray/narrative
D7970 Excision of hyperplastic tissue-per arch					Arch ID and operative report/ narrative

**FRAUD AND ABUSE**

Health care fraud and abuse occurs when someone knowingly submits or helps someone else submit false information related to a health care claim. Typical examples include:

- Filing claims for services not provided
- Forgoing receipts for altering information on original receipts
- Embellishing or lying about services provided or received
- Borrowing a subscriber's health plan identification card
- Altering of diagnosis or other records
- Billing for a more costly service than was actually performed (upcoding) or billing each stage of a procedure separately (unbundling)

The Utilization Review department performs compliance audits based on grievances, complaints or as the result of a Focused Review.

To report suspected fraud or abuse, please contact DentaQuest at any of the phone numbers list on page 2 or write to:

Utilization Review Department  
DentaQuest

PO Box 2906

Milwaukee, WI 53201-2906

Providers may also send a fax to: 262.241.7366

**CREDENTIALING**

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

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

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

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

**Appeal of Credentialing Committee Recommendations**

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

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

Note: The aforementioned policies are available upon request by contacting DentaQuest's Customer Service department or via e-mail at [denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com).

DentaQuest Plans are designed to follow the generally accepted treatment followed by dentists: diagnosis, restoration, then if necessary, replacement.

This chart provides a general outline of benefit programs. **For specific information regarding your patients' coverage, please call the state appropriate Customer Service.**

Diagnostic and Preventive Services	Restorative and Other Basic Services	Complex Dental Services
<p><b>Diagnostic</b></p> <ul style="list-style-type: none"> <li>• Comprehensive oral evaluation per dental office</li> <li>• Periodic (recall) evaluation, each 6 months</li> <li>• Full mouth x-rays, each 60 months</li> <li>• Bitewing x-rays, once every 6 months when oral conditions indicate need</li> <li>• Single tooth x-rays, as needed</li> </ul> <p><b>Preventive</b></p> <ul style="list-style-type: none"> <li>• Oral prophylaxis, each 6 months</li> <li>• Fluoride treatment (for members under age 19), each 6 months</li> <li>• Space maintainers (required due to the premature loss of teeth) for members under age 14 and not for the replacement of primary or permanent anterior teeth</li> <li>• Sealants on unrestored permanent molars are covered once per tooth in 48 months, for members under age 19.</li> </ul>	<p><b>Restorative</b></p> <ul style="list-style-type: none"> <li>• Amalgam fillings</li> <li>• Composite fillings for anterior teeth</li> <li>• One surface composite fillings for posterior teeth</li> <li>• Temporary fillings</li> <li>• Stainless steel crowns</li> </ul> <p><b>Simple extractions</b></p> <p><b>Prosthetic Maintenance</b></p> <ul style="list-style-type: none"> <li>• Bridge or denture repair, once within any 12-month period.</li> <li>• Rebase or reline of dentures, each 36-month period.</li> <li>• Re-cementing of bridges, crowns, inlays, and onlays once within any 12 month period</li> </ul> <p><b>General Anesthesia</b></p> <ul style="list-style-type: none"> <li>• In conjunction with covered surgical services</li> </ul> <p><b>Palliative Emergency Dental Care</b></p> <ul style="list-style-type: none"> <li>• To relieve dental pain – minor procedure</li> </ul>	<p><b>Prosthetic</b></p> <ul style="list-style-type: none"> <li>• Complete or partial dentures</li> <li>• Fixed bridges, when part of a bridge</li> <li>• Implants</li> </ul> <p><b>Major Restorative</b></p> <ul style="list-style-type: none"> <li>• Crowns, inlays, and onlays when teeth cannot be restored with regular fillings</li> </ul> <p>*Complex Services are subject to a 60-month time limitation</p> <p><b>Oral Surgery</b></p> <ul style="list-style-type: none"> <li>• Surgical extractions, including impactions</li> </ul> <p><b>Periodontics</b></p> <ul style="list-style-type: none"> <li>• Periodontal maintenance procedures following active therapy, each 3 months</li> <li>• Periodontal surgery</li> <li>• Root planing, once per quadrant each 24 months</li> </ul> <p><b>Endodontics</b></p> <ul style="list-style-type: none"> <li>• Root canal therapy on permanent teeth</li> <li>• Vital pulpotomy, limited to deciduous teeth</li> </ul>

**GENERAL POLICIES**

General policies related to each category of procedure codes precede the category code listing. Policies for specific procedure codes are listed in each category after the codes and nomenclature.

In all cases, specific group contract provisions, limitations, and exclusions take precedence over processing policies. Because certain contractual items (i.e., time limits, frequency of procedure, age limits, etc.) can vary among groups, they have not all been listed with their associated procedure codes. The “standard” limitations are included in the reference charts on the following pages. Therefore, this document should not be interpreted as comprehensive and encompassing all possible limitations and exclusions.

**All services provided to covered members are subject to the following general policies:**

- Documentation of extraordinary circumstances can be submitted for review by report.

- Services must be submitted for payment within 12 months of the date when treatment was rendered or benefits are DENIED.
- There are NO GRACE PERIODS for any time limitations.
- Fees for completion of claim forms and submission of documentation to DentaQuest to enable benefit determination are not allowed. They are *not* collectable from the patient by a participating dentist.
- Infection control and OSHA compliance are considered part of normal office overhead. Therefore, they are included in the fee for each procedure and not collectable separately from the patient by a participating dentist.
- Multistage procedures are reported and benefited upon completion. The completion date is the date of insertion for removable prosthetic appliances. The completion date for immediate dentures is the date that the remaining teeth are removed and the denture is inserted. The completion date for fixed partial dentures, crowns, onlays, and inlays is the cementation date regardless of the type of cement utilized. The completion date for root canal therapy is the date the canals are permanently filled.
- Charges for procedures determined not to be necessary or not meeting generally accepted standards of care may be DENIED. Many of the processing policies that follow detail payment procedures based on the timing and sequence of inter-related procedures. However, the timing and sequence of treatment is the responsibility of the dentist rendering care and should always be determined based on each patient's dental needs.
- Pre-estimates are for benefit purposes only and are NOT an absolute commitment that payment will be made. They are valid for one year; after the year expires a new pre-estimate may be submitted.
- The time limitations listed in this reference guide reflect the "standard" plan design. Specific coverage may vary based on account requirements.
- Services not documented in the patient's clinical record are deemed not done and a refund may be requested when identified.
- The existence of a procedure code does not mean that the procedure is a covered or reimbursed benefit.

#### **WAITING PERIODS**

- Preventative & Diagnostic Services (Class I) there are no waiting periods.
- Restorative and Other Basic Services (Class II) are subject to a six (6) month waiting period.
- Complex and Major Restorative Dental Services (Class III) are subject to an eighteen (18) month waiting period.

## DENTAQUEST INDIVIDUAL PERSONAL DENTAL PLAN FOR A PPO (EXCEPT ILLINOIS)

Individuals and Families			
Plan Name	DentaQuest Personal Dental Plan	DentaQuest Personal Dental Plan Basic	DentaQuest Personal Dental Plan Plus
<b>Network</b>	PPO	PPO	PPO
<b>In-Network Benefits</b>			
<b>Coinsurance</b>			
Type I	100%	100%	100%
Type II	N/A	50%	50%
Type III	N/A	N/A	30%
Ortho	N/A	N/A	N/A
Perio, Endo, Oral Surgery	N/A	N/A	type III
<b>Out-of-Network Benefits</b>			
<b>Coinsurance</b>			
Class I	100%	100%	100%
Class II	N/A	50%	50%
Class III	N/A	N/A	30%
Ortho	N/A	N/A	N/A
Perio, Endo, Oral Surgery	N/A	N/A	N/A
<b>Deductible (Applies In-Network Only)</b>			
Individual	N/A	\$50	\$100
Family	N/A	\$150	\$300
Applies to Types	N/A	II	II and III
<b>Deductible, Annual Max Period</b>	Calendar Year	Calendar Year	Calendar Year
<b>Annual Maximum</b>			
Annual Maximum	unlimited	\$1,000	\$1,250
<b>Waiting Period (in months)</b>			
Class II	N/A	6	6
Class III	N/A	N/A	18
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## DENTAQUEST INDIVIDUAL PERSONAL DENTAL PLAN FOR AN EPO

Individuals and Families			
Plan Name	DentaQuest Personal Dental Plan	DentaQuest Personal Dental Plan Basic	DentaQuest Personal Dental Plan Plus
<b>Network</b>	EPO	EPO	EPO
<b>In-Network Benefits</b>			
<b>Coinsurance</b>			
Class I	100%	100%	100%
Class II	N/A	50%	50%
Class III	N/A	N/A	30%
Ortho	N/A	N/A	N/A
Perio, Endo, Oral Surgery	N/A	N/A	type III
<b>Out-of-Network Benefits</b>			
<b>Coinsurance</b>			
Class I	N/A	N/A	N/A
Class II	N/A	N/A	N/A
Class III	N/A	N/A	N/A
Ortho	N/A	N/A	N/A
Perio, Endo, Oral Surgery	N/A	N/A	N/A
<b>Deductible (Applies In-Network Only)</b>			
Individual	N/A	\$50	\$100
Family	N/A	\$150	\$300
Applies to Types	N/A	II	II and III
<b>Deductible, Annual Max Period</b>	Calendar Year	Calendar Year	Calendar Year
<b>Annual Maximum</b>			
Annual Maximum	unlimited	\$1,000	\$1,250
<b>Waiting Period (in months)</b>			
Class II	N/A	6	6
Class III	N/A	N/A	18

## ILLINOIS ONLY

Individuals and Families			
Plan Name	DentaQuest Personal Dental Plan	DentaQuest Personal Dental Plan Basic	DentaQuest Personal Dental Plan Plus
Network	PPO	PPO	PPO
<b>In-Network Benefits</b>			
<b>Coinsurance</b>			
Type I	100%	100%	100%
Type II	N/A	50%	50%
Type III	N/A	N/A	30%
Ortho	N/A	N/A	N/A
Perio, Endo, Oral Surgery	N/A	N/A	type III
<b>Out-of-Network Benefits</b>			
<b>Coinsurance</b>			
Class I	100%	100%	100%
Class II	N/A	50%	50%
Class III	N/A	N/A	50%
Ortho	N/A	N/A	N/A
Perio, Endo, Oral Surgery	N/A	N/A	N/A
<b>Deductible (Applies In-Network Only)</b>			
Individual	N/A	\$50	\$100
Family	N/A	\$150	\$300
Applies to Types	N/A	II	II and III
Deductible, Annual Max Period	Calendar Year	Calendar Year	Calendar Year
<b>Annual Maximum</b>			
Annual Maximum	unlimited	\$1,000	\$1,250
<b>Waiting Period (in months)</b>			
Class II	N/A	6	6
Class III	N/A	N/A	18
			-

**IMPORTANT:** If you are required to send supporting x-rays with a claim, please submit a duplicate and retain the originals for your files. DentaQuest no longer mails back x-rays or digital print x-rays sent in by dental offices.

**SUBMISSION REQUIREMENTS:** Items in italics in the submission requirement column are necessary for all claims. Other documentation requirements listed are only necessary when the claim is selected for review



**Exhibit A Benefits Covered for  
Personal Dental Plans**

Clinical Oral Evaluations per CDT 2015 definition “The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist.....”

Evaluations/examinations include, but are not limited to, examination of all hard and soft tissue of the oral cavity, periodontal charting, oral cancer examination, diagnosis and treatment planning. These procedures should not be billed separately.

Evaluations/examinations must be performed by a licensed dentist to be considered for reimbursement.

There is no distinction made between evaluation codes provided by General Practitioners and Specialists.

One oral evaluation is benefited on the same date of service; any additional evaluations/consults by the same dentist/dental office are **DISALLOWED**.

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Two of (D0140) per 12 Month(s) Per patient.	narrative of medical necessity
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	All Ages		No	Two of (D0120, D0145) per 1 Calendar year(s) Per patient.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0150, D0160) per 60 Month(s) Per Location.	narrative of medical necessity
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	One of (D0150, D0160) per 60 Month(s) Per Location.	narrative of medical necessity
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0180) per 60 Month(s) Per patient. One of (D0150, D0180) per 12 Month(s) Per Provider.	narrative of medical necessity
D0210	intraoral - complete series of radiographic images	11 and older		No	One of (D0210, D0330) per 60 Month(s) Per patient. One of (D0270, D0272, D0273, D0274, D0277) per 6 Month(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274, D0277) per 6 Month(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No		narrative of medical necessity
D0230	intraoral - periapical each additional radiographic image	All Ages		No		narrative of medical necessity

**Exhibit A Benefits Covered for  
Personal Dental Plans**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0240	intraoral - occlusal radiographic image	All Ages		No	Two of (D0240) per 12 Month(s) Per patient. Two of (D0240) per 12 Month(s) Per Business.	narrative of medical necessity
D0270	bitewing - single radiographic image	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. Four of (D0270) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0272	bitewings - two radiographic images	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0273	bitewings - three radiographic images	All Ages		No	One of (D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0274	bitewings - four radiographic images	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330) per 60 Month(s) Per patient.	narrative of medical necessity
D0460	pulp vitality tests	All Ages		No		
D0999	unspecified diagnostic procedure, by report	All Ages		No	Chlorhexidine Mouthrinse is a covered benefit only when administered and dispensed in the dentists office following scaling and root planing. Fluoride Toothpaste is a covered benefit only when administered and dispensed in the dentists office following periodontal surgery.	narrative of medical necessity

**Exhibit A Benefits Covered for  
Personal Dental Plans**

Personal Dental Plan, Personal Dental BASIC and Personal Dental Plan PLUS cover Diagnostic and Preventative Services at 100% of the contracted rate.

A fee for a prophylaxis done on the same episode of treatment as periodontal maintenance, full mouth debridement or scaling and root planing is considered part of those procedures and is **DISALLOWED**.

Periodontal maintenance (D4910) is counted toward the contract limitation for prophylaxis. Within the same office, periodontal maintenance (D4910) and prophylaxis (D1110) may not be alternated every 3 months. The patient is either in periodontal treatment or is in healthy status.

A prophylaxis paste containing fluoride in conjunction with a prophylaxis (D1110) is considered part of the prophylaxis (D1110) and is **DISALLOWED**.

The age limitation for topical fluoride treatment is determined by contract, usually up to the 19th birthday.

Fluoride gels, rinses, tablets, or other preparations intended for home applications are usually denied and chargeable to the patient. See code D0999 for exceptions.

A space maintainer (fixed or removable) is a benefit once per quadrant or arch. Once we have paid for one tooth in the quadrant or arch another space maintainer will be **DENIED** in that quadrant or arch. For example, if we paid for a space maintainer on tooth A and then we received a space maintainer for tooth B, we would **DENY** the second since they are in the same quadrant.

Repair or replacement of a space maintainer is not a covered surface and will be **DENIED**.

Space maintainers for missing primary anterior teeth (D through G and N through Q), missing permanent teeth, and for persons age 14 or over are **DENIED**.

Space maintainer fees include all teeth, clasps, and rests. Any fee charged in excess of the allowance for the appliance is **DISALLOWED**.

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	15 and older		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	
D1120	prophylaxis - child	0-14		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	
D1206	topical application of fluoride varnish	0-18		No	Two of (D1206, D1208) per 1 Calendar year(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	0-18		No	Two of (D1206, D1208) per 1 Calendar year(s) Per patient.	
D1351	sealant - per tooth	0-15	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351, D1352) per 48 Month(s) Per patient per tooth.	

**Exhibit A Benefits Covered for  
Personal Dental Plans**

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1352	Preventive resin restoration is a mod. to high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit or fissure that doesn't extend into dentin: includes placmt of a sealant in radiating non-carious fissure or pits.	0-15	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351, D1352) per 48 Month(s) Per patient per tooth.	
D1510	space maintainer-fixed-unilateral	0-14	Teeth A - C, H - M, R - T	No	One of (D1510, D1520) per 1 Lifetime Per patient per quadrant. One of (D1515, D1525) per 1 Lifetime Per patient per arch.	
D1515	space maintainer - fixed - bilateral	0-14	Teeth A - C, H - M, R - T	No	One of (D1510, D1520) per 1 Lifetime Per patient per quadrant. One of (D1515, D1525) per 1 Lifetime Per patient per arch.	
D1520	space maintainer-removable-unilateral	0-14	Teeth A - C, H - M, R - T	No	One of (D1510, D1520) per 1 Lifetime Per patient per quadrant. One of (D1515, D1525) per 1 Lifetime Per patient per arch.	
D1525	space maintainer-removable-bilateral	0-14	Teeth A - C, H - M, R - T	No	One of (D1510, D1520) per 1 Lifetime Per patient per quadrant. One of (D1515, D1525) per 1 Lifetime Per patient per arch.	
D1550	re-cement or re-bond space maintainer	0-14		No	One of (D1550) per 1 Lifetime Per patient.	
D1555	removal of fixed space maintainer	All Ages		No	One of (D1555) per 1 Lifetime Per patient. Covered when done by a dentist who did not place the original appliance.If the same dentist/dental office placed the space maintainer the fee is DISALLOWED.	
D1575	distal shoe space maintainer - fixed - unilateral	0-8	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1575) per 1 Lifetime Per patient per quadrant.	
D1999	Unspecified preventive procedure, by report	All Ages		No		

**Exhibit A Benefits Covered for  
Personal Dental Plans**

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
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	All Ages		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Clinical Oral Evaluations per CDT 2015 definition “The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist.....”

Evaluations/examinations include, but are not limited to, examination of all hard and soft tissue of the oral cavity, periodontal charting, oral cancer examination, diagnosis and treatment planning. These procedures should not be billed separately.

Evaluations/examinations must be performed by a licensed dentist to be considered for reimbursement.

There is no distinction made between evaluation codes provided by General Practitioners and Specialists.

One oral evaluation is benefited on the same date of service; any additional evaluations/consults by the same dentist/dental office are **DISALLOWED**.

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Two of (D0140) per 12 Month(s) Per patient.	narrative of medical necessity
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	All Ages		No	Two of (D0120, D0145) per 1 Calendar year(s) Per patient.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0150, D0160) per 60 Month(s) Per Location.	narrative of medical necessity
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	One of (D0150, D0160) per 60 Month(s) Per Location.	narrative of medical necessity
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0180) per 60 Month(s) Per patient. One of (D0150, D0180) per 12 Month(s) Per Provider.	narrative of medical necessity
D0210	intraoral - complete series of radiographic images	11 and older		No	One of (D0210, D0330) per 60 Month(s) Per patient. One of (D0270, D0272, D0273, D0274, D0277) per 6 Month(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274, D0277) per 6 Month(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No		narrative of medical necessity
D0230	intraoral - periapical each additional radiographic image	All Ages		No		narrative of medical necessity

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0240	intraoral - occlusal radiographic image	All Ages		No	Two of (D0240) per 12 Month(s) Per patient. Two of (D0240) per 12 Month(s) Per Business.	narrative of medical necessity
D0270	bitewing - single radiographic image	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. Four of (D0270) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0272	bitewings - two radiographic images	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0273	bitewings - three radiographic images	All Ages		No	One of (D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0274	bitewings - four radiographic images	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330) per 60 Month(s) Per patient.	narrative of medical necessity
D0460	pulp vitality tests	All Ages		No		
D0999	unspecified diagnostic procedure, by report	All Ages		No	Chlorhexidine Mouthrinse is a covered benefit only when administered and dispensed in the dentists office following scaling and root planing. Fluoride Toothpaste is a covered benefit only when administered and dispensed in the dentists office following periodontal surgery.	narrative of medical necessity

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Personal Dental Plan, Personal Dental BASIC and Personal Dental Plan PLUS cover Diagnostic and Preventative Services at 100% of the contracted rate.

A fee for a prophylaxis done on the same episode of treatment as periodontal maintenance, full mouth debridement or scaling and root planing is considered part of those procedures and is **DISALLOWED**.

Periodontal maintenance (D4910) is counted toward the contract limitation for prophylaxis. Within the same office, periodontal maintenance (D4910) and prophylaxis (D1110) may not be alternated every 3 months. The patient is either in periodontal treatment or is in healthy status.

A prophylaxis paste containing fluoride in conjunction with a prophylaxis (D1110) is considered part of the prophylaxis (D1110) and is **DISALLOWED**.

The age limitation for topical fluoride treatment is determined by contract, usually up to the 19th birthday.

Fluoride gels, rinses, tablets, or other preparations intended for home applications are usually denied and chargeable to the patient. See code D0999 for exceptions.

A space maintainer (fixed or removable) is a benefit once per quadrant or arch. Once we have paid for one tooth in the quadrant or arch another space maintainer will be **DENIED** in that quadrant or arch. For example, if we paid for a space maintainer on tooth A and then we received a space maintainer for tooth B, we would **DENY** the second since they are in the same quadrant.

Repair or replacement of a space maintainer is not a covered surface and will be **DENIED**.

Space maintainers for missing primary anterior teeth (D through G and N through Q), missing permanent teeth, and for persons age 14 or over are **DENIED**.

Space maintainer fees include all teeth, clasps, and rests. Any fee charged in excess of the allowance for the appliance is **DISALLOWED**.

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	15 and older		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	
D1120	prophylaxis - child	0-14		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	
D1206	topical application of fluoride varnish	0-18		No	Two of (D1206, D1208) per 1 Calendar year(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	0-18		No	Two of (D1206, D1208) per 1 Calendar year(s) Per patient.	
D1351	sealant - per tooth	0-15	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351, D1352) per 48 Month(s) Per patient per tooth.	



**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1352	Preventive resin restoration is a mod. to high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit or fissure that doesn't extend into dentin: includes placmt of a sealant in radiating non-carious fissure or pits.	0-15	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351, D1352) per 48 Month(s) Per patient per tooth.	
D1510	space maintainer-fixed-unilateral	0-14	Teeth A - C, H - M, R - T	No		
D1515	space maintainer - fixed - bilateral	0-14	Teeth A - C, H - M, R - T	No		
D1520	space maintainer-removable-unilateral	0-14	Teeth A - C, H - M, R - T	No		
D1525	space maintainer-removable-bilateral	0-14	Teeth A - C, H - M, R - T	No		
D1550	re-cement or re-bond space maintainer	0-14		No		
D1555	removal of fixed space maintainer	All Ages		No	Covered when done by a dentist who did not place the original appliance.If the same dentist/dental office placed the space maintainer the fee is DISALLOWED.	
D1575	distal shoe space maintainer - fixed - unilateral	0-8	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1575) per 1 Lifetime Per patient per quadrant.	
D1999	Unspecified preventive procedure, by report	All Ages		No		

## **Exhibit B Benefits Covered for Personal Dental Plans - BASIC**

Personal Dental BASIC and Personal Dental Plan PLUS cover Restorative and other Basic Services at 50% of the contracted rate.

Amalgam restorations include tooth preparation, adhesives, etching, liners, bases, direct and indirect pulp caps, local anesthesia, polishing, occlusal adjustment, caries removal, and gingivectomy. These procedures when done in conjunction with the restoration are considered part of the procedure and are DISALLOWED.

Restorations for reasons other than decay or fracture, such as erosion, abrasion, TMD, abfraction, corrosion, attrition, or for periodontal, orthodontic or other splinting are DENIED.

A fee for the replacement of amalgam or composite restorations, same tooth and same surface(s) is DISALLOWED if done by the same dentist/dental office within 24 months of the initial restoration. Benefits will be DENIED if done by a different dentist/dental office.

When multiple restorations involving the proximal and occlusal surfaces of the same tooth are requested and performed, the allowance is limited to that of a multi-surface restoration. Any fee charged in excess of the allowance for the multi-surface is DISALLOWED. A separate benefit may be allowed for a non-contiguous restoration on the buccal or lingual surface(s) of the same tooth.

When restorations not involving the occlusal surface are requested or performed on posterior teeth (wrap around fillings) the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED. For example if # 12 MFD is submitted the benefit will be for # 12 F.

Benefits are allowed only once per surface in a 24-month interval, irrespective of the number or combination of procedures requested or performed. A fee for restoration of a surface within 24 months of previous treatment is DISALLOWED if done by the same dentist/dental office and DENIED if done by a different dentist/dental office. Appeals with documentation of extraordinary circumstances (or patient non-compliance) for replacement will be reviewed and may make payment a patient responsibility.

If an indirectly fabricated restoration is performed, by the same dentist within 24 months of the placement of an amalgam or composite restoration, the benefit and patient co-payment allowance for the amalgam or composite restorations will be deducted from an indirectly fabricated restoration benefit.

When an indirect restoration has been fabricated on a tooth any additional restorations on the tooth will be DENIED within the time limit for the indirect restoration (60 months); if a root canal is performed after crown insertion a one surface filling maybe reimbursed for endodontic access closure of a natural tooth.

When a build up or post and core has been performed on a tooth any additional restorations on the tooth will be DENIED within the time limit for the build up of post and core.

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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Location per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2390	resin-based composite crown, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance.	narr. of med. necessity, pre-op x-ray(s)
D2410	gold foil - 1 surface	All Ages	Teeth 1 - 32	No	One of (D2410) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2420	gold foil - 2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2420) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2430	gold foil - 3 surfaces	All Ages	Teeth 1 - 32	No	One of (D2430) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No	One of (D2910) per 1 Lifetime Per patient per tooth.	narrative of medical necessity
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	All Ages	Teeth 1 - 32	No	One of (D2915, D2920) per 1 Day(s) Per Business per tooth.	narrative of medical necessity
D2920	re-cement or re-bond crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2920) per 1 Lifetime Per patient per tooth.	narrative of medical necessity
D2921	Reattachment of tooth fragment, incisal edge or cusp	All Ages	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2929	Prefabricated porcelain/ceramic crown – primary tooth	All Ages	Teeth A - T	No	One of (D2929) per 24 Month(s) Per Business per tooth. One of (D2929) per 24 Month(s) Per patient per tooth.	

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2930	prefabricated stainless steel crown - primary tooth	All Ages	Teeth A - T	No	One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth. One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per Business per tooth.	narrative of medical necessity
D2931	prefabricated stainless steel crown-permanent tooth	All Ages	Teeth 1 - 32	No	One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth. One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per Business per tooth.	
D2932	prefabricated resin crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2932) per 24 Month(s) Per patient per tooth. One of (D2932) per 24 Month(s) Per Business per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2933	prefabricated stainless steel crown with resin window	All Ages	Teeth 1 - 32, A - T	No	One of (D2929, D2933) per 24 Month(s) Per patient per tooth. One of (D2929, D2933) per 24 Month(s) Per Business per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	All Ages	Teeth A - T	No	One of (D2934) per 24 Month(s) Per patient per tooth. One of (D2934) per 24 Month(s) Per Business per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2940	protective restoration	All Ages	Teeth 1 - 32, A - T	No	One of (D2940, D2941) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2941	Interim therapeutic restoration - primary dentition	All Ages	Teeth A - T	No	One of (D2940, D2941) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2951	pin retention - per tooth, in addition to restoration	All Ages	Teeth 1 - 32	No		narr. of med. necessity, pre-op x-ray(s)
D2971	additional procedures to construct new crown under partial denture framework	All Ages	Teeth 1 - 32	No	One of (D2530, D2630, D2652, D6603, D6605, D6607) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2980	crown repair, by report	All Ages	Teeth 1 - 32	No	One of (D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 24 Month(s) Per Business per tooth. One of (D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 24 Month(s) Per patient per tooth. One of (D2980, D2982) per 12 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2982	Onlay repair necessitated by restorative material failure	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 24 Month(s) Per Business per tooth. One of (D2982) per 12 Month(s) Per patient per tooth.	

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

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
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	All Ages		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient.	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4346, D4355) per 1 Lifetime Per patient.	Operative report (Operative Note)

### Exhibit B Benefits Covered for Personal Dental Plans - BASIC

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
D5410	adjust complete denture - maxillary	All Ages		No	Two of (D5410, D5411) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5411	adjust complete denture - mandibular	All Ages		No	Two of (D5410, D5411) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5421	adjust partial denture-maxillary	All Ages		No	Two of (D5421, D5422) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5422	adjust partial denture - mandibular	All Ages		No	Two of (D5421, D5422) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5510	repair broken complete denture base	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5510) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5520	replace missing or broken teeth - complete denture (each tooth)	All Ages	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	narrative of medical necessity
D5610	repair resin denture base	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5610) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5620	repair cast framework	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5620) per 12 Month(s) Per patient per arch.	narrative of medical necessity
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.	narrative of medical necessity
D5640	replace broken teeth-per tooth	All Ages	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	narrative of medical necessity
D5650	add tooth to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5650) per 12 Month(s) Per patient per tooth.	narrative of medical necessity
D5660	add clasp to existing partial denture	All Ages		No	One of (D5660) per 12 Month(s) Per patient per tooth.	narrative of medical necessity
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	All Ages		No	One of (D5520, D5640, D5670, D5671) per 60 Month(s) Per patient per arch.	narrative of medical necessity
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	All Ages		No	One of (D5520, D5640, D5670, D5671) per 60 Month(s) Per patient per arch.	narrative of medical necessity
D5710	rebase complete maxillary denture	All Ages		No	One of (D5730, D5731) per 18 Month(s) Per patient per arch. One of (D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5711	rebase complete mandibular denture	All Ages		No	One of (D5730, D5731) per 18 Month(s) Per patient per arch. One of (D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5720	rebase maxillary partial denture	All Ages		No	One of (D5740, D5741) per 18 Month(s) Per patient per arch. One of (D5720, D5721, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5721	rebase mandibular partial denture	All Ages		No	One of (D5740, D5741) per 18 Month(s) Per patient per arch. One of (D5720, D5721, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5730	reline complete maxillary denture (chairside)	All Ages		No	One of (D5730, D5731, D5750, D5751) per 36 Month(s) Per patient per arch. One of (D5130, D5140) per 3 Month(s) Per patient per arch.	narrative of medical necessity
D5731	reline complete mandibular denture (chairside)	All Ages		No	One of (D5730, D5731, D5750, D5751) per 36 Month(s) Per patient per arch. One of (D5130, D5140) per 3 Month(s) Per patient per arch.	narrative of medical necessity
D5740	reline maxillary partial denture (chairside)	All Ages		No	One of (D5740, D5741, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5741	reline mandibular partial denture (chairside)	All Ages		No	One of (D5740, D5741, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5750	reline complete maxillary denture (laboratory)	All Ages		No	One of (D5730, D5731) per 18 Month(s) Per patient. One of (D5750, D5751) per 36 Month(s) Per patient.	narrative of medical necessity
D5751	reline complete mandibular denture (laboratory)	All Ages		No	One of (D5730, D5731) per 18 Month(s) Per patient. One of (D5750, D5751) per 36 Month(s) Per patient.	narrative of medical necessity
D5760	reline maxillary partial denture (laboratory)	All Ages		No	One of (D5740, D5741) per 18 Month(s) Per patient. One of (D5760, D5761) per 36 Month(s) Per patient.	narrative of medical necessity
D5761	reline mandibular partial denture (laboratory)	All Ages		No	One of (D5740, D5741) per 18 Month(s) Per patient. One of (D5760, D5761) per 36 Month(s) Per patient.	narrative of medical necessity

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5850	tissue conditioning, maxillary	All Ages		No	Two of (D5850, D5851) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5851	tissue conditioning,mandibular	All Ages		No	Two of (D5850, D5851) per 36 Month(s) Per patient per arch.	narrative of medical necessity

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

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
D6092	re-cement or re-bond implant/abutment supported crown	All Ages		No		narr. of med. necessity, pre-op x-ray(s)
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	All Ages		No		narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

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

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	re-cement or re-bond fixed partial denture	All Ages		No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 6 Month(s) Per Business per tooth. One of (D6930) per 1 Lifetime Per patient per tooth.	narrative of medical necessity
D6980	fixed partial denture repair	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 24 Month(s) Per Business per tooth. One of (D2710, D2712) per 24 Month(s) Per patient per tooth. One of (D6090, D6095, D6100, D6980) per 12 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Personal Dental Plan BASIC and Personal Dental Plan PLUS cover Simple Extractions at 50% of the contracted rate. Personal Dental Plan PLUS covers Surgical Extractions at 30% of the contracted rate.

The fee for all oral and maxillofacial surgery procedures includes local anesthesia, suturing and routine post-operative care, and separate fees for these procedures are DISALLOWED.

Operating room costs are not a covered benefit and are DENIED.

When a procedure is by report and subject to coverage under medical, it must be submitted to the patient's medical carrier first. When submitting to DentaQuest a copy of the explanation of payment or payment voucher from the medical carrier should be included with the claim, plus a narrative describing the procedure performed, reasons for performing the procedure, pathology report, and any other information deemed pertinent. In the absence of such information, the procedure may not be benefited by DentaQuest.

The use of bone grafts (D4263, 4264, D4265, D6103, D6104) and membranes (D4266, D4267) in surgical sites for oral surgery codes D7000-D7999 are DENIED.

The fees for biopsy (D7285, D7286), frenulectomy (D7960) and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are DISALLOWED when the procedures are performed on the same date, same site/area, by the same dentist/dental office as (D7111-D7999 except D7880, D7990, and D7997) . Requests for individual consideration can be submitted by report for dental consultant review and maybe DENIED.

Use current CDT 2016 designation for supernumerary teeth.

**EXTRACTIONS**

- Impaction codes are based on the anatomical position of the tooth.
- If surgical extractions are submitted with osseous or flap surgery the extraction will be paid as a D7140.
- A claim should not be filed for an extraction if the whole tooth is not removed. Unsuccessful extractions are not a benefit. The claim should be filed by the dentist who successfully extracted the tooth.
- All third molars do not qualify for surgical extraction. Each case will be considered individually and based on anatomical position.

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

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7111	extraction, coronal remnants - primary tooth	All Ages	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		pre-operative x-ray(s)
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		pre-operative x-ray(s)



**Exhibit B Benefits Covered for  
Personal Dental Plans - BASIC**

Personal Dental Plan BASIC, and Personal Dental Plan PLUS covers Palliative Treatment (D9110) and general anesthesia at 50% of contracted rate. Personal Dental Plan PLUS covers other Adjunctive Services at 30% of the contracted rate.

Local anesthesia is considered part of the treatment procedure, and no additional payment will be made for it. General Anesthesia is allowed with covered surgical services only.

Adjunctive general services include: IV sedation and emergency services provided for relief of dental pain.

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

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	All Ages		No	Three of (D3221, D7510, D9110) per 12 Month(s) Per Business.	Narr of med necessity & full mouth xrays
D9120	fixed partial denture sectioning	All Ages		No	One of (D9120) per 1 Lifetime Per patient per arch.	Narr of med necessity & full mouth xrays
D9222	deep sedation/general anesthesia – first 15 minutes	All Ages		No	One of (D9222) per 1 Day(s) Per patient. Only allowed with D7220, D7230, D7240 on the same day.	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		No	Covered in conjunction with impacted teeth up to one hour. ALLOW 4 D9223 only with impacted teeth (D7220, D7230, D7240, D7241)	Narr / Oper Rpt
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		No	One of (D9239) per 1 Day(s) Per patient. Only allowed with D7220, D7230, D7240 on the same day.	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		No	Covered in conjunction with impacted teeth up to one hour. ALLOW 4 D9243 only with impacted teeth (D7220, D7230, D7240, D7241)	Narr / Oper Rpt
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No		
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	All Ages		No		Narr /Oper Rpt /Pre-Op Xray
D9999	unspecified adjunctive procedure, by report	All Ages		Yes		Narr /Oper Rpt /Pre-Op Xray

### Exhibit C Benefits Covered for Personal Dental Plans PLUS

Clinical Oral Evaluations per CDT 2015 definition “The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist.....”

Evaluations/examinations include, but are not limited to, examination of all hard and soft tissue of the oral cavity, periodontal charting, oral cancer examination, diagnosis and treatment planning. These procedures should not be billed separately.

Evaluations/examinations must be performed by a licensed dentist to be considered for reimbursement.

There is no distinction made between evaluation codes provided by General Practitioners and Specialists.

One oral evaluation is benefited on the same date of service; any additional evaluations/consults by the same dentist/dental office are **DISALLOWED**.

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

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation - established patient	All Ages		No	Two of (D0120) per 1 Calendar year(s) Per patient.	
D0140	limited oral evaluation-problem focused	All Ages		No	Two of (D0140) per 12 Month(s) Per patient.	narrative of medical necessity
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	All Ages		No	Two of (D0120, D0145) per 1 Calendar year(s) Per patient.	
D0150	comprehensive oral evaluation - new or established patient	All Ages		No	One of (D0150, D0160) per 60 Month(s) Per Location.	narrative of medical necessity
D0160	detailed and extensive oral eval-problem focused, by report	All Ages		No	One of (D0150, D0160) per 60 Month(s) Per Location.	narrative of medical necessity
D0180	comprehensive periodontal evaluation - new or established patient	All Ages		No	One of (D0180) per 60 Month(s) Per patient. One of (D0150, D0180) per 12 Month(s) Per Provider.	narrative of medical necessity
D0210	intraoral - complete series of radiographic images	11 and older		No	One of (D0210, D0330) per 60 Month(s) Per patient. One of (D0270, D0272, D0273, D0274, D0277) per 6 Month(s) Per Provider OR Location. One of (D0270, D0272, D0273, D0274, D0277) per 6 Month(s) Per patient.	
D0220	intraoral - periapical first radiographic image	All Ages		No		narrative of medical necessity
D0230	intraoral - periapical each additional radiographic image	All Ages		No		narrative of medical necessity

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0240	intraoral - occlusal radiographic image	All Ages		No	Two of (D0240) per 12 Month(s) Per patient. Two of (D0240) per 12 Month(s) Per Business.	narrative of medical necessity
D0270	bitewing - single radiographic image	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. Four of (D0270) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0272	bitewings - two radiographic images	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0273	bitewings - three radiographic images	All Ages		No	One of (D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0274	bitewings - four radiographic images	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0277	vertical bitewings - 7 to 8 films	All Ages		No	One of (D0272, D0273, D0274, D0277) per 6 Month(s) Per patient. One of (D0210) per 6 Month(s) Per Provider OR Location. One of (D0210) per 6 Month(s) Per patient.	narrative of medical necessity
D0330	panoramic radiographic image	All Ages		No	One of (D0210, D0330) per 60 Month(s) Per patient.	narrative of medical necessity
D0460	pulp vitality tests	All Ages		No		
D0999	unspecified diagnostic procedure, by report	All Ages		No	Chlorhexidine Mouthrinse is a covered benefit only when administered and dispensed in the dentists office following scaling and root planing. Fluoride Toothpaste is a covered benefit only when administered and dispensed in the dentists office following periodontal surgery.	narrative of medical necessity

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Personal Dental Plan, Personal Dental BASIC and Personal Dental Plan PLUS cover Diagnostic and Preventative Services at 100% of the contracted rate.

A fee for a prophylaxis done on the same episode of treatment as periodontal maintenance, full mouth debridement or scaling and root planing is considered part of those procedures and is **DISALLOWED**.

Periodontal maintenance (D4910) is counted toward the contract limitation for prophylaxis. Within the same office, periodontal maintenance (D4910) and prophylaxis (D1110) may not be alternated every 3 months. The patient is either in periodontal treatment or is in healthy status.

A prophylaxis paste containing fluoride in conjunction with a prophylaxis (D1110) is considered part of the prophylaxis (D1110) and is **DISALLOWED**.

The age limitation for topical fluoride treatment is determined by contract, usually up to the 19th birthday.

Fluoride gels, rinses, tablets, or other preparations intended for home applications are usually denied and chargeable to the patient. See code D0999 for exceptions.

A space maintainer (fixed or removable) is a benefit once per quadrant or arch. Once we have paid for one tooth in the quadrant or arch another space maintainer will be **DENIED** in that quadrant or arch. For example, if we paid for a space maintainer on tooth A and then we received a space maintainer for tooth B, we would **DENY** the second since they are in the same quadrant.

Repair or replacement of a space maintainer is not a covered surface and will be **DENIED**.

Space maintainers for missing primary anterior teeth (D through G and N through Q), missing permanent teeth, and for persons age 14 or over are **DENIED**.

Space maintainer fees include all teeth, clasps, and rests. Any fee charged in excess of the allowance for the appliance is **DISALLOWED**.

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	15 and older		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient. One of (D4910) per 3 Month(s) Per patient.	
D1120	prophylaxis - child	0-14		No	Two of (D1110, D1120, D4346) per 1 Calendar year(s) Per patient. One of (D4910) per 3 Month(s) Per patient.	
D1206	topical application of fluoride varnish	0-18		No	Two of (D1206, D1208) per 1 Calendar year(s) Per patient.	
D1208	topical application of fluoride - excluding varnish	0-18		No	Two of (D1206, D1208) per 1 Calendar year(s) Per patient.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Preventative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1351	sealant - per tooth	0-15	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351, D1352) per 48 Month(s) Per patient per tooth. One of (D1351, D1352) per 48 Month(s) Per Provider OR Location per tooth.	
D1352	Preventive resin restoration is a mod. to high caries risk patient perm tooth conservative rest of an active cavitated lesion in a pit or fissure that doesn't extend into dentin: includes placmt of a sealant in radiating non-carious fissure or pits.	0-15	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D1351, D1352) per 48 Month(s) Per patient per tooth.	
D1510	space maintainer-fixed-unilateral	0-14	Teeth A - C, H - M, R - T	No	One of (D1510, D1520) per 1 Lifetime Per patient per quadrant. One of (D1515, D1525) per 1 Lifetime Per patient per arch.	
D1515	space maintainer - fixed - bilateral	0-14	Teeth A - C, H - M, R - T	No	One of (D1515, D1525) per 1 Lifetime Per patient per arch. One of (D1510, D1520) per 1 Lifetime Per patient per quadrant.	
D1520	space maintainer-removable-unilateral	0-14	Teeth A - C, H - M, R - T	No	One of (D1510, D1520) per 1 Lifetime Per patient per quadrant. One of (D1515, D1525) per 1 Lifetime Per patient per arch.	
D1525	space maintainer-removable-bilateral	0-14	Teeth A - C, H - M, R - T	No	One of (D1515, D1525) per 1 Lifetime Per patient per arch. One of (D1510, D1520) per 1 Lifetime Per patient per quadrant.	
D1550	re-cement or re-bond space maintainer	0-14		No		
D1555	removal of fixed space maintainer	All Ages		No	Covered when done by a dentist who did not place the original appliance. If the same dentist/dental office placed the space maintainer the fee is DISALLOWED.	
D1575	distal shoe space maintainer - fixed - unilateral	0-8	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D1575) per 1 Lifetime Per patient per quadrant.	
D1999	Unspecified preventive procedure, by report	All Ages		No		

### **Exhibit C Benefits Covered for Personal Dental Plans PLUS**

Personal Dental BASIC and Personal Dental Plan PLUS cover Restorative and other Basic Services at 50% of the contracted rate.

Amalgam restorations include tooth preparation, adhesives, etching, liners, bases, direct and indirect pulp caps, local anesthesia, polishing, occlusal adjustment, caries removal, and gingivectomy. These procedures when done in conjunction with the restoration are considered part of the procedure and are DISALLOWED.

Restorations for reasons other than decay or fracture, such as erosion, abrasion, TMD, abfraction, corrosion, attrition, or for periodontal, orthodontic or other splinting are DENIED.

A fee for the replacement of amalgam or composite restorations, same tooth and same surface(s) is DISALLOWED if done by the same dentist/dental office within 24 months of the initial restoration. Benefits will be DENIED if done by a different dentist/dental office.

When multiple restorations involving the proximal and occlusal surfaces of the same tooth are requested and performed, the allowance is limited to that of a multi-surface restoration. Any fee charged in excess of the allowance for the multi-surface is DISALLOWED. A separate benefit may be allowed for a non-contiguous restoration on the buccal or lingual surface(s) of the same tooth.

When restorations not involving the occlusal surface are requested or performed on posterior teeth (wrap around fillings) the allowance is limited to that of a one-surface restoration. Any fee charged in excess of the allowance for the one-surface restoration is DISALLOWED. For example if # 12 MFD is submitted the benefit will be for # 12 F.

Benefits are allowed only once per surface in a 24-month interval, irrespective of the number or combination of procedures requested or performed. A fee for restoration of a surface within 24 months of previous treatment is DISALLOWED if done by the same dentist/dental office and DENIED if done by a different dentist/dental office. Appeals with documentation of extraordinary circumstances (or patient non-compliance) for replacement will be reviewed and may make payment a patient responsibility.

If an indirectly fabricated restoration is performed, by the same dentist within 24 months of the placement of an amalgam or composite restoration, the benefit and patient co-payment allowance for the amalgam or composite restorations will be deducted from an indirectly fabricated restoration benefit.

When an indirect restoration has been fabricated on a tooth any additional restorations on the tooth will be DENIED within the time limit for the indirect restoration (60 months); if a root canal is performed after crown insertion a one surface filling maybe reimbursed for endodontic access closure of a natural tooth.

When a build up or post and core has been performed on a tooth any additional restorations on the tooth will be DENIED within the time limit for the build up of post and core.

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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Location per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2390	resin-based composite crown, anterior	All Ages	Teeth 6 - 11, 22 - 27, C - H, M - R	No	One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2391	resin-based composite - one surface, posterior	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I - L, S, T	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth. Posterior Composite, white fillings on back teeth are only covered on single surfaces. Multi surfaces will be processed as a silver filling and the patient is responsible up the the white filling allowance.	narr. of med. necessity, pre-op x-ray(s)
D2410	gold foil - 1 surface	All Ages	Teeth 1 - 32	No	One of (D2410) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2420	gold foil - 2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2420) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2430	gold foil - 3 surfaces	All Ages	Teeth 1 - 32	No	One of (D2430) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2510	inlay - metallic -1 surface	All Ages	Teeth 1 - 32	No	One of (D2510, D2610, D2650) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2520	inlay-metallic-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2530	inlay-metallic-3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2542	onlay - metallic - two surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2543	onlay-metallic-3 surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2544	onlay-metallic-4+ surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2610	inlay-porce/ceramic-1surface	All Ages	Teeth 1 - 32	No	One of (D2510, D2610, D2650) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2620	inlay-porcelain/ceramic-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2520, D2620, D2651, D6602, D6604, D6606) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2630	inlay-porc/ceramic 3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2530, D2630, D2652, D6603, D6605, D6607) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2642	onlay-porcelain/ceramic-2 surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2643	onlay-porcelain/ceramic-3 surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2644	onlay-porcelain/ceramic-4+ surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2650	inlay-composite/resin 1surface	All Ages	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 1 Day(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2651	inlay-composite/resin-2 surfaces	All Ages	Teeth 1 - 32	No	One of (D2520, D2620, D2651, D6602, D6604, D6606) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2652	inlay-composite/resin-3+ surfaces	All Ages	Teeth 1 - 32	No	One of (D2530, D2630, D2652, D6603, D6605, D6607) per 60 Month(s) Per patient per tooth. Restorative Inlays will be processed as a silver filling and the patient is responsible up to the Inlay contract allowance.	narr. of med. necessity, pre-op x-ray(s)
D2662	onlay-composite/resin-2 surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2642, D2662, D6608, D6610, D6612, D6614, D6634) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2663	onlay-composite/resin-3 surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2664	onlay-composite/resin-4+ surfaces	12 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2710	crown - resin-based composite (indirect)	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2710	crown - resin-based composite (indirect)	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2712	crown - 3/4 resin-based composite (indirect)	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2712	crown - 3/4 resin-based composite (indirect)	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2720	crown-resin with high noble metal	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2720	crown-resin with high noble metal	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2721	crown - resin with predominantly base metal	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2721	crown - resin with predominantly base metal	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2722	crown - resin with noble metal	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2722	crown - resin with noble metal	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2740	crown - porcelain/ceramic	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2740	crown - porcelain/ceramic	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2750	crown - porcelain fused to high noble metal	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2750	crown - porcelain fused to high noble metal	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2752	crown - porcelain fused to noble metal	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2752	crown - porcelain fused to noble metal	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2780	crown - ¾ cast high noble metal	12 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2781	crown - ¾ cast predominantly base metal	12 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2782	crowns - ¾ cast noble metal	12 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2783	crown - ¾ porcelain/ceramic	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2783	crown - ¾ porcelain/ceramic	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2790	crown - full cast high noble metal	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2790	crown - full cast high noble metal	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2791	crown - full cast predominantly base metal	12 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2792	crown - full cast noble metal	12 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2794	crown - titanium	12 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Provider OR Location per tooth. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2799	provisional crown	All Ages	Teeth 1 - 32	Yes		Narr /Oper Rpt /Pre-Op Xray
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	All Ages	Teeth 1 - 32	No	One of (D2910) per 1 Lifetime Per patient per tooth.	narrative of medical necessity
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	All Ages	Teeth 1 - 32	No	One of (D2915, D2920) per 1 Day(s) Per Business per tooth.	narrative of medical necessity
D2920	re-cement or re-bond crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2920) per 1 Lifetime Per patient per tooth.	narrative of medical necessity

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2921	Reattachment of tooth fragment, incisal edge or cusp	All Ages	Teeth 1 - 32	No	One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per Business per tooth, per surface. One of (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2385, D2391, D2392, D2393, D2394, D2921) per 24 Month(s) Per patient per tooth, per surface. One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2950, D2952, D2953, D2954, D2957, D6205, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per Business per tooth. One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 24 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2929	Prefabricated porcelain/ceramic crown – primary tooth	All Ages	Teeth A - T	No	One of (D2929) per 24 Month(s) Per Business per tooth. One of (D2929) per 24 Month(s) Per patient per tooth.	
D2930	prefabricated stainless steel crown - primary tooth	All Ages	Teeth A - T	No	One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth. One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per Business per tooth.	narrative of medical necessity
D2931	prefabricated stainless steel crown-permanent tooth	All Ages	Teeth 1 - 32	No	One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per patient per tooth. One of (D2390, D2929, D2930, D2931) per 24 Month(s) Per Business per tooth.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2932	prefabricated resin crown	All Ages	Teeth 1 - 32, A - T	No	One of (D2932) per 24 Month(s) Per patient per tooth. One of (D2932) per 24 Month(s) Per Business per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2933	prefabricated stainless steel crown with resin window	All Ages	Teeth 1 - 32, A - T	No	One of (D2929, D2933) per 24 Month(s) Per patient per tooth. One of (D2929, D2933) per 24 Month(s) Per Business per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	All Ages	Teeth A - T	No	One of (D2934) per 24 Month(s) Per patient per tooth. One of (D2934) per 24 Month(s) Per Business per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2940	protective restoration	All Ages	Teeth 1 - 32, A - T	No	One of (D2940, D2941) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2941	Interim therapeutic restoration - primary dentition	All Ages	Teeth A - T	No	One of (D2940, D2941) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2950	core buildup, including any pins when required	12 and older	Teeth 1 - 32, 51 - 82	Yes	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2951	pin retention - per tooth, in addition to restoration	All Ages	Teeth 1 - 32	No		narr. of med. necessity, pre-op x-ray(s)
D2952	cast post and core in addition to crown	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2952	cast post and core in addition to crown	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2953	each additional cast post - same tooth	12 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2954	prefabricated post and core in addition to crown	12 and older	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2954	prefabricated post and core in addition to crown	12 and older	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	Yes	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2957	each additional prefabricated post - same tooth	12 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	
D2971	additional procedures to construct new crown under partial denture framework	All Ages	Teeth 1 - 32	No	One of (D2530, D2630, D2652, D6603, D6605, D6607) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2980	crown repair, by report	All Ages	Teeth 1 - 32	No	One of (D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 24 Month(s) Per Business per tooth. One of (D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794) per 24 Month(s) Per patient per tooth. One of (D2980, D2982) per 12 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D2982	Onlay repair necessitated by restorative material failure	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 24 Month(s) Per Business per tooth. One of (D2982) per 12 Month(s) Per patient per tooth.	
D2999	unspecified restorative procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes		Narr /Oper Rpt /Pre-Op Xray

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Personal Dental Plan PLUS cover Endodontics at 30% of the contracted rate.

Payment for conventional root canal treatment is limited to treatment of permanent teeth.

The standard of acceptability employed for endodontic procedures requires that the canal(s) be completely filled apically and laterally. In cases where the root canal filling does not meet DentaQuest's treatment standards, DentaQuest can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after any post payment review by the DentaQuest Consultants.

A pulpotomy or palliative treatment is not to be billed in conjunction with a root canal treatment. Filling material not accepted by the Federal Food and Drug Administration (FDA) (e.g. Sargenti filling material) is not covered. Pulpotomies will be limited to primary teeth or permanent teeth with incomplete root development. The fee for root canal therapy for permanent teeth includes diagnosis, extirpation treatment, temporary fillings, filling and obturation of root canals, and progress radiographs. A completed fill radiograph is also included.

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 dentinoenamel junction and application of medicament	0-13	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D3310, D3320, D3330, D3346, D3347, D3348) per 60 Month(s) Per patient per tooth. One of (D3220) per 1 Lifetime Per patient per tooth. One of (D3220) per 1 Lifetime Per Business per tooth.	Oper Rpt/ Pre-Op Xray
D3221	pulpal debridement, primary and permanent teeth	All Ages	Teeth 1 - 32, A - T	No	One of (D3221) per 1 Lifetime Per patient per tooth. One of (D3221) per 1 Lifetime Per Business per tooth.	Oper Rpt/ Pre-Op Xray
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	0-18	Teeth 1 - 32	No	One of (D3221, D3222, D3310, D3320, D3330, D3346, D3347, D3348) per 60 Month(s) Per patient per tooth. One of (D3222) per 1 Lifetime Per patient per tooth. One of (D3222) per 1 Lifetime Per Business per tooth.	Oper Rpt/ Pre-Op Xray
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	All Ages	Teeth C - H, M - R	No		Oper Rpt/ Pre-Op Xray
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	All Ages	Teeth A, B, I - L, S, T	No		Oper Rpt/ Pre-Op Xray
D3310	endodontic therapy, anterior tooth (excluding final restoration)	All Ages	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	No	One of (D3310) per 1 Lifetime Per Business per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
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 Business per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3330	endodontic therapy, molar tooth (excluding final restoration)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32, 51 - 53, 64 - 69, 80 - 82	No	One of (D3330) per 1 Lifetime Per Business per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3332	incomplete endodontic therapy; inoperable or fractured tooth	All Ages	Teeth 1 - 32	No	One of (D3332) per 1 Lifetime Per patient per tooth.	
D3333	internal root repair of perforation defects	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D3333) per 1 Lifetime Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3346	retreatment of previous root canal therapy-anterior	All Ages	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	No	One of (D3310, D3346) per 24 Month(s) Per Business per tooth. One of (D3310, D3346) per 24 Month(s) Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3347	retreatment of previous root canal therapy - premolar	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3320, D3347) per 24 Month(s) Per Business per tooth. One of (D3320, D3347) per 24 Month(s) Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3348	retreatment of previous root canal therapy-molar	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32, 51 - 53, 64 - 69, 80 - 82	No	One of (D3330, D3348) per 24 Month(s) Per Business per tooth. One of (D3330, D3348) per 24 Month(s) Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No	Two of (D3351) per 1 Lifetime Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3352	apexification/recalcification - interim medication replacement	All Ages	Teeth 1 - 32	No	Two of (D3352) per 1 Lifetime Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	All Ages	Teeth 1 - 32	No		Narr. of med. necessity, pre and post-op x-ray(s)
D3410	apicoectomy - anterior	All Ages	Teeth 6 - 11, 22 - 27	No	One of (D3410, D3421, D3425) per 1 Lifetime Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3421	apicoectomy - premolar (first root)	All Ages	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	One of (D3410, D3421, D3425) per 1 Lifetime Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3425	apicoectomy - molar (first root)	All Ages	Teeth 1 - 3, 14 - 19, 30 - 32	No	One of (D3410, D3421, D3425) per 1 Lifetime Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3426	apicoectomy (each additional root)	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32	No		Narr. of med. necessity, pre and post-op x-ray(s)
D3430	retrograde filling - per root	All Ages	Teeth 1 - 32	No		Narr. of med. necessity, pre and post-op x-ray(s)
D3450	root amputation - per root	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	One of (D3450, D3920) per 1 Lifetime Per patient per tooth.	Narr. of med. necessity, pre and post-op x-ray(s)
D3920	hemisection (including any root removal), not incl root canal therapy	All Ages	Teeth 1 - 5, 12 - 21, 28 - 32, 51 - 55, 62 - 71, 78 - 82	No	Two of (D3450, D3920) per 1 Lifetime Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D3999	unspecified endodontic procedure, by report	All Ages	Teeth 1 - 32, A - T	Yes		Narr /Oper Rpt /Pre-Op Xray

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Personal Dental Plan PLUS covers Periodontal Cleaning at 30% of Contracted rates. Scaling and Root Planning are subject to Periodontal guidelines and Periodontal Surgery is covered at 30% of the contracted rate.

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

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0-29	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	30 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0-29	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	30 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0-29	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	30 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	0-29	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	30 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4249	clinical crown lengthening - hard tissue	All Ages	Teeth 1 - 32	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	0-29	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	30 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	0-29	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	30 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4263	bone replacement graft - first site in quadrant	All Ages	Teeth 1 - 32	No	One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4263, D4264, D4265) per 36 Month(s) Per patient per quadrant. One of (D4263, D4264, D4265) per 36 Month(s) Per patient per tooth.	Perio Charting, pre-op radiographs and narr of med necessity
D4264	bone replacement graft - each additional site in quadrant	All Ages	Teeth 1 - 32	No	One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4263, D4264, D4265) per 36 Month(s) Per patient per quadrant. One of (D4263, D4264, D4265) per 36 Month(s) Per patient per tooth.	Perio Charting, pre-op radiographs and narr of med necessity
D4265	biological materials to aid in soft and osseous tissue regeneration	All Ages	Teeth 1 - 32	No	One of (D4263, D4264, D4265) per 1 Day(s) Per patient per tooth. One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4263, D4264, D4265) per 36 Month(s) Per patient per quadrant. One of (D4263, D4264, D4265) per 36 Month(s) Per patient per tooth.	Perio Charting, pre-op radiographs and narr of med necessity

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4266	guided tissue regenerate-resorbable barrier, per site, per tooth	All Ages	Teeth 1 - 32	No	One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4266, D4267) per 36 Month(s) Per patient per quadrant. One of (D4210, D4211, D4212, D4240, D4241, D4266, D4267, D4268, D4270, D4271, D4273, D4275, D4276, D4277) per 36 Month(s) Per patient per tooth.	Perio Charting, pre-op radiographs and narr of med necessity
D4267	guided tissue regeneration - nonresorbable barrier, per site, per tooth	All Ages	Teeth 1 - 32	No	One of (D4270, D4271, D4273, D4275, D4276, D4277) per 1 Day(s) Per patient per tooth. Two of (D4266, D4267) per 36 Month(s) Per patient per quadrant. One of (D4210, D4211, D4212, D4240, D4241, D4266, D4267, D4268, D4270, D4271, D4273, D4275, D4276, D4277) per 36 Month(s) Per patient per tooth.	Perio Charting, pre-op radiographs and narr of med necessity
D4270	pedicle soft tissue graft procedure	All Ages	Teeth 1 - 32	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4271	free soft tissue graft procedure	All Ages	Teeth 1 - 32	No	Two of (D4210, D4211, D4212, D4240, D4241, D4260, D4261, D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4271, D4273, D4275, D4276, D4277) per 36 Month(s) Per Business per quadrant. Two of (D4210, D4211, D4212, D4240, D4241, D4260, D4261, D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4271, D4273, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4273	subepithelial connective tissue graft procedure	All Ages	Teeth 1 - 32	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4274	distal or proximal wedge procedure	All Ages	Teeth 1 - 32	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4270, D4273, D4274, D4275, D4276, D4277) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4275	soft tissue allograft	All Ages	Teeth 1 - 32	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4276	combined connective tissue and double pedicle graft	All Ages	Teeth 1 - 32	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278) per 36 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278) per 36 Month(s) Per patient per quadrant.	
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	All Ages	Teeth 1 - 32, 51 - 82	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278) per 36 Month(s) Per patient per quadrant.	
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	All Ages	Teeth 1 - 32	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4283, D4285, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant. Used in conjunction with D4273.	
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	All Ages	Teeth 1 - 32	No	One of (D4210, D4211, D4240, D4241, D4249, D4260, D4261, D4274, D4283, D4285, D4383) per 36 Month(s) Per patient per quadrant. Two of (D4270, D4273, D4275, D4276, D4277, D4278, D4283, D4285) per 36 Month(s) Per patient per quadrant.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0-29	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	Yes	One of (D4341, D4342) per 24 Month(s) Per Business per quadrant. One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. One of (D4210, D4240, D4241, D4260, D4261, D4274) per 24 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4341	periodontal scaling and root planing - four or more teeth per quadrant	30 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 24 Month(s) Per Business per quadrant. One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. One of (D4210, D4240, D4241, D4260, D4261, D4274) per 24 Month(s) Per patient per quadrant.	Perio Charting, pre-op radiographs and narr of med necessity
D4342	periodontal scaling and root planing - one to three teeth per quadrant	0-29	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 24 Month(s) Per Business per quadrant. One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. One of (D4210, D4240, D4241, D4260, D4261, D4274) per 24 Month(s) Per patient per quadrant.	
D4342	periodontal scaling and root planing - one to three teeth per quadrant	30 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D4341, D4342) per 24 Month(s) Per Business per quadrant. One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. One of (D4210, D4240, D4241, D4260, D4261, D4274) per 24 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, D1120, D4346) per 1 Calendar year(s) Per patient.	
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	All Ages		No	One of (D4346, D4355) per 1 Lifetime Per patient.	Operative report (Operative Note)
D4381	localized delivery of antimicrobial agents	All Ages	Teeth 1 - 32	No	One of (D4381) per 24 Month(s) Per patient per tooth. Four of (D4381) per 24 Month(s) Per patient per quadrant. One of (D4240, D4241, D4260, D4261) per 12 Month(s) Per patient per quadrant.	
D4910	periodontal maintenance procedures	All Ages		No	One of (D4910) per 3 Month(s) Per patient.	
D4999	unspecified periodontal procedure, by report	All Ages		Yes		Perio Charting, pre-op radiographs and narr of med necessity

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Personal Dental Plan PLUS covers Complete or Partial Dentures, Fixed Bridges, Replacement Dentures or Fixed Bridges at 30%. Rebase or Reline Dentures, Repair of Dentures or Fixed Bridges, Adding Teeth and Recementing of Fixed Bridges at 30%.

Provision for removable prostheses when masticatory function is impaired, or when existing prostheses is unserviceable and when evidence is submitted that indicates that the masticatory insufficiencies are likely to impair the general health of the member.

Authorization for partial dentures to replace posterior teeth will not be allowed if there are in each quadrant at least three (3) peridontially sound posterior teeth in fairly good position and occlusion with opposing dentition.

Authorization for cast partial dentures for anterior teeth generally will not be given unless one or more anterior teeth in the same arch are missing. Partial dentures are not a covered benefit when 8 or more posterior teeth are in occlusion.

Dentures will not be authorized when dental history reveals that any or all dentures made in recent years have been unsatisfactory for reasons that are not remediable because of physiological or psychological reasons, or repair, relining or rebasing of the patient's present dentures will make them serviceable.

A preformed denture with teeth already mounted forming a denture module is not a covered service.

**BILLING AND REIMBURSEMENT FOR CAST CROWNS AND POST & CORES OR REMOVABLE PROSTHETICS SHALL BE BASED ON THE CEMENTATION OR INSERTION DATE.**

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

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	16 and older		No	One of (D5110, D5120, D5130, D5140, D5863, D5865) per 60 Month(s) Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch.	Oper Rpt/ Pre-Op Xray
D5120	complete denture - mandibular	16 and older		No	One of (D5110, D5120, D5130, D5140, D5863, D5865) per 60 Month(s) Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch.	Oper Rpt/ Pre-Op Xray

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5130	immediate denture - maxillary	16 and older		No	One of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5863, D5864, D5865, D5866) per 1 Lifetime Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch.	Oper Rpt/ Pre-Op Xray
D5140	immediate denture - mandibular	16 and older		No	One of (D5110, D5120, D5130, D5140, D5863, D5865) per 1 Lifetime Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch.	Oper Rpt/ Pre-Op Xray
D5211	maxillary partial denture - resin base (retentive/clasping materials, rests, and teeth)	16 and older		No	One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch.	Narr of med necessity & full mouth xrays
D5212	mandibular partial denture - resin base (retentive/clasping materials, rests, and teeth)	16 and older		No	One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch.	Narr of med necessity & full mouth xrays
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	16 and older		No	One of (D5211, D5213, D5225, D5281, D5864) per 60 Month(s) Per patient per arch.	Narr of med necessity & full mouth xrays
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	16 and older		No	One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch.	Narr of med necessity & full mouth xrays
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	16 and older		No	One of (D5211, D5213, D5221, D5223, D5225, D5281, D5864) per 60 Month(s) Per patient per arch.	
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	16 and older		No	One of (D5212, D5214, D5222, D5224, D5226, D5281, D5866) per 60 Month(s) Per patient per arch.	
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	16 and older		No	One of (D5211, D5213, D5221, D5223, D5225, D5281, D5864) per 60 Month(s) Per patient per arch.	Oper Rpt/ Pre-Op Xray

**Exhibit C Benefits Covered for  
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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	16 and older		No	One of (D5212, D5214, D5222, D5224, D5226, D5281, D5866) per 60 Month(s) Per patient per arch.	Oper Rpt/ Pre-Op Xray
D5225	maxillary partial denture-flexible base	16 and older		No	One of (D5211, D5213, D5221, D5223, D5225, D5281, D5864) per 60 Month(s) Per patient per arch.	Narr of med necessity & full mouth xrays
D5226	mandibular partial denture-flexible base	16 and older		No	One of (D5212, D5214, D5222, D5224, D5226, D5281, D5866) per 60 Month(s) Per patient per arch.	Narr of med necessity & full mouth xrays
D5281	removable unilateral partial denture - one piece cast metal	16 and older	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5864, D5866) per 60 Month(s) Per patient per arch.	narrative of medical necessity
D5410	adjust complete denture - maxillary	All Ages		No	Two of (D5410, D5411) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5411	adjust complete denture - mandibular	All Ages		No	Two of (D5410, D5411) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5421	adjust partial denture-maxillary	All Ages		No	Two of (D5421, D5422) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5422	adjust partial denture - mandibular	All Ages		No	Two of (D5421, D5422) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5510	repair broken complete denture base	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5510) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5520	replace missing or broken teeth - complete denture (each tooth)	All Ages	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	narrative of medical necessity
D5610	repair resin denture base	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5610) per 12 Month(s) Per patient per arch.	narrative of medical necessity
D5620	repair cast framework	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5620) per 12 Month(s) Per patient per arch.	narrative of medical necessity
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.	narrative of medical necessity
D5640	replace broken teeth-per tooth	All Ages	Teeth 1 - 32	No	One of (D5640) per 12 Month(s) Per patient per tooth.	narrative of medical necessity
D5650	add tooth to existing partial denture	All Ages	Teeth 1 - 32	No	One of (D5650) per 12 Month(s) Per patient per tooth.	narrative of medical necessity

**Exhibit C Benefits Covered for  
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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5660	add clasp to existing partial denture	All Ages		No	One of (D5660) per 12 Month(s) Per patient per tooth.	narrative of medical necessity
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	All Ages		No	One of (D5520, D5640, D5670, D5671) per 60 Month(s) Per patient per arch.	narrative of medical necessity
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	All Ages		No	One of (D5520, D5640, D5670, D5671) per 60 Month(s) Per patient per arch.	narrative of medical necessity
D5710	rebase complete maxillary denture	All Ages		No	One of (D5730, D5731) per 18 Month(s) Per patient per arch. One of (D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5711	rebase complete mandibular denture	All Ages		No	One of (D5730, D5731) per 18 Month(s) Per patient per arch. One of (D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5720	rebase maxillary partial denture	All Ages		No	One of (D5740, D5741) per 18 Month(s) Per patient per arch. One of (D5720, D5721, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5721	rebase mandibular partial denture	All Ages		No	One of (D5740, D5741) per 18 Month(s) Per patient per arch. One of (D5720, D5721, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5730	reline complete maxillary denture (chairside)	All Ages		No	One of (D5730, D5731, D5750, D5751) per 36 Month(s) Per patient per arch. One of (D5130, D5140) per 3 Month(s) Per patient per arch.	narrative of medical necessity
D5731	reline complete mandibular denture (chairside)	All Ages		No	One of (D5730, D5731, D5750, D5751) per 36 Month(s) Per patient per arch. One of (D5130, D5140) per 3 Month(s) Per patient per arch.	narrative of medical necessity
D5740	reline maxillary partial denture (chairside)	All Ages		No	One of (D5740, D5741, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5741	reline mandibular partial denture (chairside)	All Ages		No	One of (D5740, D5741, D5760, D5761) per 36 Month(s) Per patient per arch.	narrative of medical necessity



**Exhibit C Benefits Covered for  
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Prosthodontics, removable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5750	reline complete maxillary denture (laboratory)	All Ages		No	One of (D5730, D5731) per 18 Month(s) Per patient. One of (D5750, D5751) per 36 Month(s) Per patient.	narrative of medical necessity
D5751	reline complete mandibular denture (laboratory)	All Ages		No	One of (D5730, D5731) per 18 Month(s) Per patient. One of (D5750, D5751) per 36 Month(s) Per patient.	narrative of medical necessity
D5760	reline maxillary partial denture (laboratory)	All Ages		No	One of (D5740, D5741) per 18 Month(s) Per patient. One of (D5760, D5761) per 36 Month(s) Per patient.	narrative of medical necessity
D5761	reline mandibular partial denture (laboratory)	All Ages		No	One of (D5740, D5741) per 18 Month(s) Per patient. One of (D5760, D5761) per 36 Month(s) Per patient.	narrative of medical necessity
D5820	interim partial denture (maxillary)	All Ages		No	One of (D5820, D5821) per 60 Month(s) Per patient per arch.	narr. of med. necessity, pre-op x-ray(s)
D5821	interim partial denture-mandibular	All Ages		No	One of (D5820, D5821) per 60 Month(s) Per patient per arch.	narr. of med. necessity, pre-op x-ray(s)
D5850	tissue conditioning, maxillary	All Ages		No	Two of (D5850, D5851) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5851	tissue conditioning,mandibular	All Ages		No	Two of (D5850, D5851) per 36 Month(s) Per patient per arch.	narrative of medical necessity
D5863	Overdenture - complete maxillary	16 and older		No	One of (D5110, D5120, D5130, D5140, D5863, D5865) per 60 Month(s) Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch.	Oper Rpt/ Pre-Op Xray
D5864	Overdenture - partial maxillary	16 and older		No	One of (D5211, D5213, D5225, D5281, D5864) per 60 Month(s) Per patient per arch.	Narr of med necessity & full mouth xrays
D5865	Overdenture - complete mandibular	16 and older		No	One of (D5110, D5120, D5130, D5140, D5863, D5865) per 60 Month(s) Per patient per arch. One of (D6010, D6013, D6040, D6050, D6053) per 60 Month(s) Per patient per arch.	Oper Rpt/ Pre-Op Xray
D5866	Overdenture - partial mandibular	16 and older		No	One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch.	Narr of med necessity & full mouth xrays
D5899	unspecified removable prosthodontic procedure, by report	All Ages		Yes		Narr /Oper Rpt /Pre-Op Xray

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

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5999	unspecified maxillofacial prosthesis, by report	All Ages		Yes		Narr /Oper Rpt /Pre-Op Xray

### Exhibit C Benefits Covered for Personal Dental Plans PLUS

#### Implant Review

All submissions for placement of surgical implants (D6010) and mini implants (D6013) require documentation and review. Benefits are based on least costly treatment to replace a missing tooth with consideration of the condition of adjacent teeth. Please see the implant section of this

Processing Policies and Procedures Reference Guide for specific guidelines and submission requirements. Submission of a pre-estimate is strongly recommended for surgical implants (D6010 and D6013) to be sure the patients dental condition qualifies for the benefit. This can help avoid any potential billing disputes with your patients.

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	16 and older	Teeth 1 - 32	Yes	One of (D6010, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. One of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5863, D5864, D5865, D5866) per 60 Month(s) Per patient per arch. Implants: (only in lieu of a 3-unit bridge) An Endosteal Implant: Only when it is to replace one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimates recommended).	narr. of med. necessity, pre-op x-ray(s)
D6013	surgical placement of mini implant	16 and older	Teeth 1 - 32	Yes	One of (D6010, D6013, D6040, D6050, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth. One of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5281, D5863, D5864, D5865, D5866) per 60 Month(s) Per patient per arch.	narr. of med. necessity, pre-op x-ray(s)
D6053	implant/abutment supported removable denture for completely edentulous arch	16 and older	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5120, D5130, D5140, D5810, D5811, D5863, D5865) per 60 Month(s) Per patient per arch.	narr. of med. necessity, pre-op x-ray(s)
D6054	implant/abutment supported removable denture for partially edentulous arch	16 and older	Per Arch (01, 02, LA, UA)	No	One of (D5212, D5214, D5226, D5281, D5866) per 60 Month(s) Per patient per arch.	narr. of med. necessity, pre-op x-ray(s)

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**Implant Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6056	prefabricated abutment	16 and older	Teeth 1 - 32	No	One of (D2952, D2953, D2954, D2957, D6056, D6057, D6970, D6972, D6976, D6977) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6057	custom abutment	16 and older	Teeth 1 - 32	No	One of (D2952, D2953, D2954, D2957, D6056, D6057, D6970, D6972, D6976, D6977) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6058	abutment supported porcelain/ceramic crown	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6059	abutment supported porcelain fused to metal crown (high noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6061	abutment supported porcelain fused to metal crown (noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6062	abutment supported cast metal crown (high noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6063	abutment supported cast metal crown (predominantly base metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6064	abutment supported cast metal crown (noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6065	implant supported porcelain/ceramic crown	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)



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**Implant Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6068	abutment supported retainer for porcelain/ceramic FPD	16 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
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**Implant Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6072	abutment supported retainer for cast metal FPD (high noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
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**Implant Services**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6074	abutment supported retainer for cast metal FPD (noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6078	implant/abutment supported fixed denture for completely edentulous arch	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per arch.	Narr. of med. necessity, pre and post-op x-ray(s)
D6079	implant/abutment supported fixed denture for partially edentulous arch	All Ages	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per arch.	Narr. of med. necessity, pre and post-op x-ray(s)
D6090	repair implant prosthesis	16 and older	Teeth 1 - 32	No	One of (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094) per 24 Month(s) Per Business per arch. One of (D6090, D6095, D6100) per 12 Month(s) Per patient per arch.	narr. of med. necessity, pre-op x-ray(s)
D6092	re-cement or re-bond implant/abutment supported crown	All Ages		No		narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	All Ages		No		narr. of med. necessity, pre-op x-ray(s)
D6094	abutment supported crown - (titanium)	All Ages	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	pre-operative x-ray(s)
D6095	repair implant abutment	All Ages	Teeth 1 - 32	No	One of (D6095) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D6100	implant removal, by report	15 and older	Teeth 1 - 32	No	One of (D6100) per 1 Lifetime Per patient per tooth.	
D6110	Implant/abutment supported removable dentur for edentulous arch - maxillary	16 and older	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5223, D5225, D5281, D5863, D5864, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6110, D6112, D6114, D6116, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6549) per 60 Month(s) Per patient per arch. Once per 60 months as an alternate benefit for a complete denture D5110.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
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Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6111	Implant/abutment supported removable dentur for edentulous arch - mandibular	16 and older	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5224, D5226, D5865, D5866, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6111, D6113, D6115, D6117, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6549) per 60 Month(s) Per patient per arch. Once per 60 months as an alternate benefit for a complete denture D5120).	narr. of med. necessity, pre-op x-ray(s)
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	16 and older	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5223, D5225, D5281, D5863, D5864, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6110, D6112, D6114, D6116, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6549) per 60 Month(s) Per patient per arch. Once per 60 months as an alternate benefit for a partial denture D5213.	narr. of med. necessity, pre-op x-ray(s)
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	16 and older	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5224, D5226, D5865, D5866, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6111, D6113, D6115, D6117, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6549) per 60 Month(s) Per patient per arch. Once per 60 months as an alternate benefit for a partial denture D5214.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5223, D5225, D5281, D5863, D5864, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6110, D6112, D6114, D6116, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6549) per 60 Month(s) Per patient per arch. Once per 60 months as an alternate benefit for a complete denture D5110.	Narr. of med. necessity, pre and post-op x-ray(s)
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5224, D5226, D5865, D5866, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6111, D6113, D6115, D6117, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6549) per 60 Month(s) Per patient per arch. Once per 60 months as an alternate benefit for a complete denture D5120).	Narr. of med. necessity, pre and post-op x-ray(s)
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5110, D5130, D5211, D5213, D5223, D5225, D5281, D5863, D5864, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6110, D6112, D6114, D6116, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6549) per 60 Month(s) Per patient per arch. Once per 60 months as an alternate benefit for a partial denture D5213.	Narr. of med. necessity, pre and post-op x-ray(s)



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Implant Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D5120, D5140, D5212, D5214, D5224, D5226, D5865, D5866, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6069, D6070, D6071, D6072, D6073, D6074, D6076, D6077, D6078, D6079, D6094, D6111, D6113, D6115, D6117, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6549) per 60 Month(s) Per patient per arch. Once per 60 months as an alternate benefit for a partial denture D5214.	Narr. of med. necessity, pre and post-op x-ray(s)
D6199	unspecified implant procedure	All Ages	Teeth 1 - 32	No		Narr /Oper Rpt /Pre-Op Xray

**Exhibit C Benefits Covered for  
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BILLING AND REIMBURSEMENT FOR CROWNS AND POST & CORES OR ANY OTHER FIXED PROSTHETIC SHALL BE BASED UPON THE CEMENTATION DATE.

Periapical radiographs are required for each tooth involved in the authorization request. The criteria used by DentaQuest is noted below:

- At least one abutment tooth requires a crown (based on traditional requirements of medical necessity and dental disease).
- The space cannot be filled with a removable partial denture.
- The purpose is to prevent the drifting of teeth in all dimensions (anterior, posterior, lateral, and the opposing arch).
- Each abutment or each pontic constitutes a unit in a bridge.
- Porcelain is allowed on all teeth.

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

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

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6205	pontic - indirect resin based composite	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6602, D6603, D6604, D6605, D6606, D6607) per 60 Month(s) Per patient per tooth.	
D6210	pontic - cast high noble metal	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	
D6211	pontic-cast base metal	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6212	pontic - cast noble metal	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	
D6214	pontic - titanium	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	
D6240	pontic-porcelain fused-high noble	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	
D6241	pontic-porcelain fused to base metal	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	
D6242	pontic-porcelain fused-noble metal	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	
D6245	prosthodontics fixed, pontic - porcelain/ceramic	16 and older	Teeth 1 - 32	No		
D6250	pontic-resin with high noble metal	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6251	pontic-resin with base metal	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	
D6252	pontic-resin with noble metal	16 and older	Teeth 1 - 32	No	One of (D6010, D6013, D6040, D6050, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545) per 60 Month(s) Per patient per tooth.	
D6545	retainer - cast metal fixed	16 and older	Teeth 1 - 32	No	One of (D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6549	Resin retainer-For resin bonded fixed prosthesis	16 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
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Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6602	inlay - cast high noble metal, two surfaces	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	
D6603	inlay - cast high noble metal, three or more surfaces	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
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**Prosthodontics, fixed**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6604	inlay - cast predominantly base metal, two surfaces	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D6605	inlay - cast predominantly base metal, three or more surfaces	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6606	inlay - cast noble metal, two surfaces	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D6607	inlay - cast noble metal, three or more surfaces	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D6608	onlay - porcelain/ceramic, two surfaces	16 and older	Teeth 1 - 32	No	One of (D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6609	onlay - porcelain/ceramic, three or more surfaces	16 and older	Teeth 1 - 32	No	One of (D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D6610	onlay - cast high noble metal, two surfaces	16 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	
D6611	onlay - cast high noble metal, three or more surfaces	16 and older	Teeth 1 - 32	No	One of (D2543, D2643, D2663, D6609, D6611, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	
D6612	onlay - cast predominantly base metal, two surfaces	16 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	
D6613	onlay - cast predominantly base metal, three or more surfaces	16 and older	Teeth 1 - 32	No	One of (D2543, D2643, D2663, D6609, D6611, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	
D6614	onlay - cast noble metal, two surfaces	16 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	
D6615	onlay - cast noble metal, three or more surfaces	16 and older	Teeth 1 - 32	No	One of (D2543, D2643, D2663, D6609, D6611, D6615, D6634) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6624	inlay - titanium	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 6 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D6634	onlay - titanium	16 and older	Teeth 1 - 32	No	One of (D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6056, D6057, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth. One of (D2710, D2712) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

**Prosthodontics, fixed**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6710	crown - indirect resin based composite	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6720	crown-resin with high noble metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6721	crown-resin with base metal	All Ages	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6722	crown-resin with noble metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6740	retainer crown – porcelain/ceramic	16 and older	Teeth 1 - 32	No		

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6750	crown-porcelain fused high noble	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6751	crown-porcelain fused to base metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6752	crown-porcelain fused noble metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6780	crown-3/4 cst high noble metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6781	prosthodontics fixed, crown ¾ cast predominantly based metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6782	prosthodontics fixed, crown ¾ cast noble metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6790	crown-full cast high noble	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6791	crown - full cast base metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

**Prosthodontics, fixed**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D6792	crown - full cast noble metal	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	
D6794	crown - titanium	16 and older	Teeth 1 - 32	No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)



**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	re-cement or re-bond fixed partial denture	All Ages		No	One of (D2510, D2520, D2530, D2542, D2543, D2544, D2610, D2620, D2630, D2642, D2643, D2644, D2650, D2651, D2652, D2662, D2663, D2664, D2710, D2711, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 6 Month(s) Per Business per tooth. One of (D6930) per 1 Lifetime Per patient per tooth.	narrative of medical necessity
D6970	cast post/core and fixed retain	12 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	
D6972	prefabricated post and core + retainer	12 and older	Teeth 1 - 32	No	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	
D6973	core build retainer with pins	12 and older	Teeth 1 - 32	Yes	One of (D2950, D2952, D2953, D2954, D2957, D6970, D6972, D6973, D6976, D6977) per 60 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D6980	fixed partial denture repair	All Ages	Per Quadrant (10, 20, 30, 40, LL, LR, UL, UR)	No	One of (D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6250, D6251, D6252, D6545, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794) per 24 Month(s) Per Business per tooth. One of (D2710, D2712) per 24 Month(s) Per patient per tooth. One of (D6090, D6095, D6100, D6980) per 12 Month(s) Per patient per tooth.	narr. of med. necessity, pre-op x-ray(s)
D6999	fixed prosthodontic procedure	All Ages	Teeth 1 - 32	Yes		Narr /Oper Rpt /Pre-Op Xray

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Personal Dental Plan BASIC and Personal Dental Plan PLUS cover Simple Extractions at 50% of the contracted rate. Personal Dental Plan PLUS covers Surgical Extractions at 30% of the contracted rate.

The fee for all oral and maxillofacial surgery procedures includes local anesthesia, suturing and routine post-operative care, and separate fees for these procedures are DISALLOWED.

Operating room costs are not a covered benefit and are DENIED.

When a procedure is by report and subject to coverage under medical, it must be submitted to the patient's medical carrier first. When submitting to DentaQuest a copy of the explanation of payment or payment voucher from the medical carrier should be included with the claim, plus a narrative describing the procedure performed, reasons for performing the procedure, pathology report, and any other information deemed pertinent. In the absence of such information, the procedure may not be benefited by DentaQuest.

The use of bone grafts (D4263, 4264, D4265, D6103, D6104) and membranes (D4266, D4267) in surgical sites for oral surgery codes D7000-D7999 are DENIED.

The fees for biopsy (D7285, D7286), frenulectomy (D7960) and excision of hard and soft tissue lesions (D7410, D7411, D7450, D7451) are DISALLOWED when the procedures are performed on the same date, same site/area, by the same dentist/dental office as (D7111-D7999 except D7880, D7990, and D7997) . Requests for individual consideration can be submitted by report for dental consultant review and maybe DENIED.

Use current CDT 2016 designation for supernumerary teeth.

**EXTRACTIONS**

- Impaction codes are based on the anatomical position of the tooth.
- If surgical extractions are submitted with osseous or flap surgery the extraction will be paid as a D7140.
- A claim should not be filed for an extraction if the whole tooth is not removed. Unsuccessful extractions are not a benefit. The claim should be filed by the dentist who successfully extracted the tooth.
- All third molars do not qualify for surgical extraction. Each case will be considered individually and based on anatomical position.

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

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7111	extraction, coronal remnants - primary tooth	All Ages	Teeth A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		pre-operative x-ray(s)
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		pre-operative x-ray(s)

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No	One of (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth.	Narr of med necessity & full mouth xrays
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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth.	Med EOB -I; Narr/Oper Rpt /Pre-OpXray
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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth.	Med EOB -I; Narr/Oper Rpt /Pre-OpXray
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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth.	Med EOB -I; Narr/Oper Rpt /Pre-OpXray
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 (D3310, D3320, D3330, D3346, D3347, D3348) per 1 Month(s) Per Business per tooth.	Med EOB -I; Narr/Oper Rpt /Pre-OpXray
D7250	surgical removal of residual tooth roots (cutting procedure)	All Ages	Teeth 1 - 32, 51 - 82, A - T, AS, BS, CS, DS, ES, FS, GS, HS, IS, JS, KS, LS, MS, NS, OS, PS, QS, RS, SS, TS	No		Narr of med necessity & full mouth xrays
D7260	oroantral fistula closure	All Ages		No	One of (D7260) per 1 Lifetime Per patient per tooth.	Narr /Oper Rpt /Pre-Op Xray
D7261	primary closure of a sinus perforation	All Ages		No	One of (D7261) per 1 Lifetime Per patient.	Narr /Oper Rpt /Pre-Op Xray
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	All Ages	Teeth 6 - 11, 22 - 27, 56 - 61, 72 - 77	No	One of (D7270) per 1 Lifetime Per patient per tooth.	
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	All Ages		No		
D7286	incisional biopsy of oral tissue-soft	All Ages		No		

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

Oral and Maxillofacial Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7288	brush biopsy - transepithelial sample collection	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.	narrative of medical necessity
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.	narrative of medical necessity
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.	narrative of medical necessity
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.	narrative of medical necessity
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7340, D7350) per 1 Lifetime Per patient per arch.	narrative of medical necessity
D7350	vestibuloplasty - ridge extension	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7340, D7350) per 1 Lifetime Per patient per arch.	narrative of medical necessity
D7410	radical excision - lesion diameter up to 1.25cm	All Ages		No		
D7411	excision of benign lesion greater than 1.25 cm	All Ages		No		
D7412	excision of benign lesion, complicated	All Ages		No		
D7413	excision of malignant lesion up to 1.25 cm	All Ages		No		
D7414	excision of malignant lesion greater than 1.25 cm	All Ages		No		
D7415	excision of malignant lesion, complicated	All Ages		No		
D7440	excision of malignant tumor - lesion diameter up to 1.25cm	All Ages		No		
D7441	excision of malignant tumor - lesion diameter greater than 1.25cm	All Ages		No		

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7450	removal of odontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		No		
D7451	removal of odontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		No		
D7460	removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25cm	All Ages		No		
D7461	removal of nonodontogenic cyst or tumor - lesion greater than 1.25cm	All Ages		No		
D7465	destruction of lesion(s) by physical or chemical method, by report	All Ages		No		
D7471	removal of exostosis - per site	All Ages	Per Arch (01, 02, LA, UA)	No	One of (D7471, D7472, D7473) per 1 Lifetime Per patient per arch.	Narr / Oper Rpt
D7472	removal of torus palatinus	All Ages		No	One of (D7471, D7472, D7473) per 1 Lifetime Per patient per arch.	Narr / Oper Rpt
D7473	removal of torus mandibularis	All Ages		No	One of (D7471, D7472, D7473) per 1 Lifetime Per patient per quadrant.	Narr / Oper Rpt
D7485	surgical reduction of osseous tuberosity	All Ages		No		Narr / Oper Rpt
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		Narr /Oper Rpt /Medical EOB
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	All Ages		No		Narr /Oper Rpt /Medical EOB
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		
D7540	removal of reaction-producing foreign bodies, musculoskeletal system	All Ages		No		

**Exhibit C Benefits Covered for  
Personal Dental Plans PLUS**

**Oral and Maxillofacial Surgery**

<b>Code</b>	<b>Description</b>	<b>Age Limitation</b>	<b>Teeth Covered</b>	<b>Authorization Required</b>	<b>Benefit Limitations</b>	<b>Documentation Required</b>
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	All Ages		No		narr. of med. necessity, pathology rpt
D7620	maxilla - closed reduction	All Ages		No		
D7640	mandible - closed reduction	All Ages		No		
D7660	malar and/or zygomatic arch-closed	All Ages		No		
D7771	alveolus, closed reduction stabilization of teeth	All Ages		No		
D7910	suture small wounds up to 5 cm	All Ages		No		
D7911	complicated suture-up to 5 cm	All Ages		No		
D7912	complex suture - greater than 5cm	All Ages		No		
D7960	frenectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	All Ages		No	One of (D7960) per 1 Lifetime Per patient per arch.	Narr / Oper Rpt
D7963	frenuloplasty	All Ages		No	Two of (D7963) per 1 Lifetime Per patient.	Narr / Oper Rpt
D7970	excision of hyperplastic tissue - per arch	All Ages	Per Arch (01, 02, LA, UA)	No		
D7971	excision of pericoronal gingiva	All Ages	Teeth 1 - 32	No		
D7972	surgical reduction of fibrous tuberosity	All Ages		No		
D7980	surgical sialolithotomy	All Ages		No		
D7981	excision of salivary gland, by report	All Ages		No		
D7982	sialodochoplasty	All Ages		No		
D7983	closure of salivary fistula	All Ages		No		
D7999	unspecified oral surgery procedure, by report	All Ages		Yes		Narr /Oper Rpt /Pre-Op Xray

### Exhibit C Benefits Covered for Personal Dental Plans PLUS

Personal Dental Plan BASIC, and Personal Dental Plan PLUS covers Palliative Treatment (D9110) and general anesthesia at 50% of contracted rate. Personal Dental Plan PLUS covers other Adjunctive Services at 30% of the contracted rate.

Local anesthesia is considered part of the treatment procedure, and no additional payment will be made for it. General Anesthesia is allowed with covered surgical services only.

Adjunctive general services include: IV sedation and emergency services provided for relief of dental pain.

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

Adjunctive General Services						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	All Ages		No	Three of (D3221, D7510, D9110) per 12 Month(s) Per Business.	Narr of med necessity & full mouth xrays
D9120	fixed partial denture sectioning	All Ages		No	One of (D9120) per 1 Lifetime Per patient per arch.	Narr of med necessity & full mouth xrays
D9222	deep sedation/general anesthesia – first 15 minutes	All Ages		No	One of (D9222) per 1 Day(s) Per patient. Only allowed with D7220, D7230, D7240 on the same day.	
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	All Ages		No	Four of (D9223) per 1 Day(s) Per patient. Covered in conjunction with impacted teeth up to one hour. ALLOW 4 D9223 only with impacted teeth (D7220, D7230, D7240, D7241)	Narr / Oper Rpt
D9239	intravenous moderate (conscious) sedation/analgesia- first 15 minutes	All Ages		No	One of (D9239) per 1 Day(s) Per patient. Only allowed with D7220, D7230, D7240 on the same day.	
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	All Ages		No	Four of (D9243) per 1 Day(s) Per patient. Covered in conjunction with impacted teeth up to one hour. ALLOW 4 D9243 only with impacted teeth (D7220, D7230, D7240, D7241)	Narr / Oper Rpt
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	All Ages		No		
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	All Ages		No		Narr /Oper Rpt /Pre-Op Xray
D9999	unspecified adjunctive procedure, by report	All Ages		Yes		Narr /Oper Rpt /Pre-Op Xray