



California Government &
Commercial Managed Care Programs

**PROVIDER
MANUAL**

This Manual and the information contained within are confidential and to be used only by Premier Access and Access Dental contracted oral health professionals. Any use, dissemination, distribution or copying of the information contained herein for any non-intended purpose without prior written authorization from Premier Access is prohibited.

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TABLE OF CONTENTS

INTRODUCTION	Page 1
GENERAL INFORMATION	Page 2
▪ Contact Information.....	Page 3
▪ Dental Home.....	Page 4
▪ Health Insurance Portability & Accountability Act (HIPAA).....	Page 4
▪ Member’s Rights and Responsibilities	Page 5
▪ Provider’s Responsibilities.....	Page 6
▪ Specialist’s Responsibilities.....	Page 7
ADMINISTRATION	Page 8
▪ Online Administrative Support.....	Page 9
▪ Member Eligibility Verification.....	Page 10
▪ Referrals.....	Page 10
▪ Encounter Reporting Requirements.....	Page 11
▪ Claims.....	Page 11
▪ Prior Authorization.....	Page 11
▪ Provider Dispute Resolution.....	Page 11
PRACTICE PROTOCOLS	Page 12
▪ Adverse Determinations , Provider Appeals & Disputes.....	Page 13
▪ After Hours & Emergency Services Availability.....	Page 13
▪ Anti-Fraud Program.....	Page 13
▪ Appeals and Grievances.....	Page 14
▪ Appointment Scheduling and Wait Times.....	Page 14
▪ California Children’s Services (CCS).....	Page 14
▪ Caries Risk Assessment.....	Page 15
▪ Case Management.....	Page 15
▪ Dental Periodicity Schedule for Children	Page 15
▪ Infection Control	Page 15
▪ Initial Dental Assessment.....	Page 15
▪ Language Assistance Program.....	Page 16
▪ Member Assignment, Changes & Reassignment.....	Page 16
▪ On-Site Quality Management (QM) Audits.....	Page 17
▪ Optional Treatment.....	Page 17
▪ Patient Safety & Risk Management.....	Page 17
▪ Quality Management Program.....	Page 17
▪ Second Opinion.....	Page 18

GOVERNMENT DENTAL MANAGED CARE PROGRAMS..... Page 19

- Medi-Cal Managed Care Programs..... Page 20
 - Geographic Managed Care (GMC)..... Page 20
 - Los Angeles Prepaid Health Plan (LAPHP)..... Page 20
- Healthy Families Program (HFP)..... Page 40
- Healthy Kids Santa Barbara..... Page 40

COMMERCIAL DENTAL MANAGED CARE PROGRAM..... Page 52

- DHMO Program..... Page 53

ADMINISTRATIVE FORMS..... Page 60

- Transfer Request Form
- Specialist Referral Form
- Dental Orthodontic Pre-Screening Form per Denti-Cal Handbook
- Claim / Encounter Form
- Grievance Forms
 - English
 - Spanish
 - Russian
 - Chinese
 - Vietnamese

Forms can also be found at our website at:
www.premierlife.com

POLICIES and PROCEDURES..... Page 61

All relevant policies can be found in this section managed care plans, along with exclusions & limitations in alphabetical order, according to topic title.



Introduction

Thank you for your participation in the Premier Access programs. This Provider Manual applies to operations for applicable programs and products underwritten by either Premier Access Insurance Company and/or Access Dental Plan. For the purpose of describing the Provider Manual, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as **“Premier Access”**.

This Provider Manual is a compilation of all the information necessary to successfully manage the treatment and administration for Premier Access and Access Dental Members.

It is important to Premier Access that we build strong relationships with our contracted dental care professionals. And it is also important to Premier Access that our contracted dental care professionals build solid doctor-patient relationships with our Members. This manual provides you with many of the tools that will help you accomplish both goals.

We are here to support you in both your doctor-patient relations and your administrative needs; if you have questions, concerns or suggestions, please contact us.

***Forbes® named Premier Access one of the
“Top Ten Most Dependable Insurance
Professionals of the Western United States.”***

Forbes® Magazine, June 2008

A.M. Best rates Premier Access with an Excellent A- rating for 10 years



GENERAL INFORMATION



QUICK REFERENCE CONTACT INFORMATION

Name of Contact	Local Number	Toll-Free	Website/Email
24-Hour Emergency		(800) 870-4290	
Dental Consultant (Dentist use)	(916) 563-6011	(800) 270-6743 Ext. 6011	DentalConsultant@premierlife.com
Emergency Fax Referral	(916) 648-7741	(877) 648-7741	
Forms (to order)	(916) 563-6025	(800) 640-4466	Info@premierlife.com
Grievances	(916) 563-6013	(800) 448-4733	Grievance@premierlife.com
Provider Services	(916) 563-6025	(800) 640-4466	ProviderRelations@premierlife.com
Specialty Referral/Claims	(916) 563-6012	(800) 270-6743 Ext. 6012	AccessReferral@premierlife.com

CUSTOMER SERVICE

Commercial Dental Managed Care (DHMO)	(866) 650-3660
Geographic Managed Care (GMC) Medi-Cal Program	(916) 646-2130
Access Healthy Families Program (HFP)	(888) 849-8440
Los Angeles Prepaid Health Plan (LAPHP) Medi-Cal Program	(888) 414-4110
Healthy Kids Santa Barbara (HKSB) & Premier Healthy Families (HFP)	(888) 584-5830

Our Customer Services Representatives are available to assist you

Monday through Friday from 8:00 am to 6:00 pm.

Website: www.premierlife.com

Email: MemberServices@premierlife.com

For patient eligibility, patient benefit schedules, patient evidence of coverage and additional forms, such as: Grievance, Encounter, and Specialty Referral forms, please visit our website at: **www.premierlife.com**

TO WRITE REGARDING:

FOR PROGRAMS:

CONTACT ADDRESS

GRIEVANCES	ALL PROGRAMS	ACCESS DENTAL / PREMIER ACCESS GRIEVANCE DEPARTMENT P.O. BOX 255039 SACRAMENTO CA 95865-5039
CLAIMS SPECIALTY REFERRAL DEPT	GMC, LAPHP,	ACCESS DENTAL / PREMIER ACCESS CLAIMS DEPT/SPECIALTY REFERRAL P.O. BOX 659005 SACRAMENTO CA 95865-9005
CLAIMS SPECIALTY REFERRAL DEPT	DHMO, AHF	ACCESS DENTAL / PREMIER ACCESS CLAIMS DEPT/SPECIALTY REFERRAL P.O. BOX 659032 SACRAMENTO CA 95865-9032
CLAIMS	PHF, HKSB	ACCESS DENTAL / PREMIER ACCESS CLAIMS DEPARTMENT P.O. BOX 659010 SACRAMENTO CA 95865-9010

DENTAL HOME

(See the specific Policies regarding this topic within the Quality Management section or click [here](#))

As defined by the American Academy of Pediatric Dentistry (AAPD):

The Dental home is an ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than one year of age and includes referral to dental specialists when appropriate.

The AAPD recommends that by the age of one year, parents or caregivers establish a dental home that would provide a complete oral examination, risk assessment, prevention services and comprehensive care appropriate to the needs of the child.

Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as 6 months of age, 6 months after the first tooth erupts, and no later than 12 months of age. Furthermore, subsequent periodicity of reappointment is based upon risk assessment. This provides time-critical opportunities to implement preventive health practices and reduce the child's risk of preventable dental/oral disease.

Premier Access supports the AAPD in its efforts and recommends that providers follow the AAPD guidelines.

AAPD Policies and guidelines can be found online at:

http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf

HEALTH INSURANCE PORTABILITY ACCOUNTABILITY AND AVAILABILITY ACT (HIPAA)

The Health Insurance Portability Accountability and Availability Act, is a Federal Law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the Department of Health and Human Services, these standards provide Patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country.

We are committed to complying with the requirements and standards of the Health Insurance Portability Accountability and Availability Act (HIPAA).

Premier Access has a Privacy Officer to develop, implement, maintain and provide oversight of our HIPAA Compliance Program as well as assist with the education and training of our employees on the requirements and implications of HIPAA.

Should you have any questions regarding HIPAA and/or Premier Access compliance, please contact the Privacy Officer via email at: PrivacyOfficer@premierlife.com or via telephone at 916-920-2500.

MEMBER'S RIGHTS AND RESPONSIBILITIES

(See the Policy regarding this topic within the Education Policy section or click [here](#) to go to all Policies)

To build a strong doctor-patient relationship, there are responsibilities that must be met by both doctor and patient; and a member has certain rights that must also be recognized.

A Member has the right to ...

- Be treated with respect and dignity
- Have dental records kept confidential
- Access to care within a reasonable amount of time
- Receive information on available treatment options and alternatives, presented in a manner appropriate to the Member's condition and ability to understand
- Participate in candid discussions and decisions about dental care needs, including appropriate or dentally necessary treatment options for the condition(s) regardless of cost or regardless of whether the treatment is covered by Premier Access
- Request an interpreter at no cost to the Member
- File grievances through Premier Access and be assisted by office to file should they have an issue that is not being addressed in the Provider's practice.

A Member has the responsibility to ...

- Treat Dentists and their office staff with respect and courtesy
- Present their plan-specific identification card at each appointment
- Notify the Dentist at least 24 hours in advance if they cannot keep an appointment
- Understand how the Premier Access Plan operates and what benefits are available to them
- Cooperate with the Dentist and follow the prescribed course of treatment
- Ask questions about any dental condition and make certain that the explanations and instructions are understandable
- Make correct co-payments as determined by the Plan benefits

PROVIDER'S RESPONSIBILITIES

A Primary Care Dentist must...

- Provide or coordinate all dental care for the enrollee in accordance with generally accepted dental practices and standards prevailing in the professional community at the time of treatment
- Provide 24-hour emergency service, seven days a week with information to obtain urgent or emergency care after regular business hours (Arrange for coverage by another Provider when necessary (vacation, illness, etc.)
- Reschedule any appointments promptly in a manner that is appropriate for the Enrollee's health care needs, ensuring continuity of care consistent with good professional practice
- Not differentiate by days or time of day when professional services are rendered to Members
- Obtain prior authorization, when required, for any specialty referral or supplemental payment
- Comply with accessibility parameters as set by the Plan
- Ensure that dental records are protected and confidential in accordance with all Federal and State laws and the California Dental Practice Act.
- Complete and return quarterly Provider Survey within 10 days of mailing
- Refer Patients who have California Children's Services (CCS) eligible conditions to the Plan with all relative information (Applicable to HFP Program only)
- Maintain dental records for five years from the date of service and make dental records available during regular business hours
- Provide documentation within 5 days of receiving an acknowledgment letter from the Plan regarding a Patient complaint
- Provide a complete copy of dental records including x-rays upon Member and/or Plan request
- Provide updated re-credential information upon request by the Plan
- Provide monthly encounter information for all covered services
- Participate in Quality Management Program and cooperate with all QMP activities, recommendations and corrective actions and adhering to all applicable program requirements
- Not use aggressive sales techniques to sell optional (non-covered) services or inadequately document the consent of the Member for accepting optional services
- Inform the Members of availability of free language assistance services for any linguistic need by calling the Plan's Customer Services Representative at 1-800-70-SMILE

These are a few of the responsibilities of a Premier Access contracted Dentist. There may be more information you need to meet your responsibilities included in this Manual. If you have any questions, please contact Provider Services at (800) 640-4466.

SPECIALIST'S RESPONSIBILITIES

A Dental Care Specialist must...

- Provide specialty care in a timely manner to Members when prior authorization has been obtained
- Work closely with Primary Care Dentists to enhance continuity of Patient care
- Send a notification to the PCD upon completion of treatment
- Collect any applicable Patient co-payment. [Note: Medi-Cal Members do not pay any co-payments for services]
- Submit a narrative of findings to the Plan
- Participate in Quality Management Program and cooperate with all QMP activities, recommendations and corrective actions and adhering to all applicable program requirements
- Maintain dental records for five years from the date of service and make dental records available during regular business hours
- Ensure that dental records are protected and confidential in accordance with all Federal and State laws and the California Dental Practice Act
- Inform the Members of availability of free language assistance services for any linguistic need by calling the Plan's Customer Services Representative at 1-800-70-SMILE
- Provide documentation within 5 days of receiving an acknowledgement letter from Premier Access regarding a Patient complaint
- Provide a complete copy of dental records including x-rays upon request from the Member or from Premier Access
- Provide 24-hour emergency service, seven days a week
- Reschedule any appointments promptly in a manner that is appropriate for the Enrollee's health care needs, ensuring continuity of care consistent with good professional practice
- Not differentiate by days or time of day when professional services are rendered to Members

These are a few of the responsibilities of a Premier Access contracted Dentist. There may be more information you need to meet your responsibilities included in this Manual. If you have any questions, please contact Provider Services at (800) 640-4466.



ADMINISTRATION

ONLINE ADMINISTRATIVE SUPPORT

The Premier Access website provides you with the support you need to effectively and efficiently manage your Premier Access patient base. You can verify Member eligibility, check on claims, view benefits and much more.

To register:

- Go to the Provider's page at www.Premierlife.com
- Click on the "Register Here" button.
- Once you have registered with a logon and password, you will be able to directly access the information for Members assigned to your practice.

The screenshot displays the Premier Access website interface. At the top left is the logo with a key icon and the text "PREMIER ACCESS Dental and Vision". On the top right, there are links for "Registration" and "Login", along with a "Need Help? Email" button and a "Find a Dentist" button. A blue navigation bar contains the following menu items: MEMBERS, EMPLOYERS, PROVIDERS, BROKERS, PROSPECTIVE MEMBERS, ABOUT US, and CONTACT US. Below this is a secondary navigation bar with links: CLAIMS, ROSTERS, MEMBER INFO, FEE SCHEDULE, REFERRAL GUIDELINES, FORMS AND MATERIALS, NEWSLETTER, and CHANGE ADDRESS. The main content area features a banner for "Individual & Family Dental Plans" with a smiling woman's image. The banner lists three benefits: "No Waiting Periods", "Enriched Benefits", and "Large Network of Dentists", each preceded by a checkmark. A "Start Here" button is positioned below the list. To the right of the banner is a "Provider Login" form with the text "Check eligibility...view benefits...track claims and much more. The information you need, when you need it." The form includes input fields for "Username" and "Password", a "Login" button, and links for "Reset Password?" and "Forgot Username?". Below the form is a "Need to Register?" link and a "Register Here" button. At the bottom of the banner, there are five small circular indicators, with the first one being filled.

MEMBER ELIGIBILITY VERIFICATION

Dental HMO Members are enrolled in a specific provider facility and that is the facility that must provide the Member’s care. Make sure you verify that a Member is enrolled in your facility before the initial appointment.

You have three options to verify that a Member is assigned to your practice:

- Online at www.premierlife.com
- Facility rosters mailed to you each month
- Customer Services number found on the Member’s ID Card or Contact Page in this Manual.

Each Member will have a Premier Access / Access Dental Identification Card but the card alone does not confirm current eligibility and assignment. Check with the Plan by contacting Member Services.

*Sample Card
Front*

Back

<p style="text-align: center;">Premier Access <Plan or Program Name></p> <p>Group: Group No: Member ID: Effective: Member: Subscriber:</p> <p style="text-align: center;">For benefits, eligibility, or to find a dentist, visit www.premierlife.com or call (XXX) XXX-XXXX.</p>	<p>To receive dental services, please contact your assigned Primary Care Dentist. This card does not guarantee eligibility. To verify eligibility, to locate a provider or if you have a dental emergency in or out of the service area during your regular provider office hours, call Member Services’ toll-free number on the front of the card. Emergency services are those performed for the direct relief of pain, as defined in your Evidence of Coverage. If your Primary Care Dentist is unavailable, any provider may treat your emergency and will be reimbursed without prior authorization.</p> <p>DHMO Benefits for Emergency Care, not provided by the Primary Care Dentist, are limited to a maximum of \$100 per incident, less the applicable Co-Payment.</p> <p>The member identified on this card may not be balanced billed for covered services. All claim, prior authorization, and referral forms should be sent to:</p> <p>Premier Access P.O. Box XXXXXX Sacramento, CA 95865-XXXX</p> <p>DHMO benefits are offered by Access Dental Plan, Inc., a specialized health care service plan in CA. The insurance program is underwritten and administered by Premier Access Insurance Company, a life/disability insurer in CA.</p>
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REFERRALS

(See the Policy regarding this topic within the Claims, Referrals & Prior Authorizations Policy section or click [here](#) to go to all Policies)

Prior authorization is required in some Programs or Plans for specialist referrals Program and/or Plan requirements are described in the Evidence of Coverage, Certificate of Insurance, and applicable Provider Manual.

For Plans and/or Programs that require prior authorization, all non-emergency Specialist referrals require prior authorization as well as preauthorization of the Specialist’s treatment plan. Emergency services do not require prior approval or preauthorization.

All Specialist referrals must meet criteria for dental necessity and be a covered benefit under the applicable program.

PRIOR AUTHORIZATION

(See the Policy regarding this topic within the Claims, Referrals & Prior Authorization Policy section or click [here](#) to go to all Policies)

The application of Prior Authorization varies between Programs; see the specific Policies regarding this topic within this Manual.

ENCOUNTER REPORTING REQUIREMENTS

(See the Policy regarding this topic within the Claims, Referrals & Prior Authorization Policy section or click [here](#) to go to all Policies)

Encounter information is an important source of information regarding the quality of care that Premier Access Providers deliver to our Members and must be reported to reflect all services provided to Premier Access members. Providers are encouraged to use an ADA claim form to report encounter information to Premier Access. You will find this form in the Administrative Forms section of this Manual.

CLAIMS

(See the Policy regarding this topic within the Claims, Referrals & Prior Authorization Policy section or click [here](#) to go to all Policies)

Premier Access will verify and acknowledge the receipt of each claim, whether complete or not and disclose the recorded date of receipt via the Premier Access website at www.premierlife.com.

PROVIDER DISPUTE RESOLUTION

(See the Policy regarding this topic within the Grievance and Appeals Policy section or click [here](#) to go to all Policies)

If a claim has been denied, you have the right to dispute that finding. Likewise, if Premier Access sends you notice of an overpayment, you have the right to dispute that finding.



PRACTICE PROTOCOLS

ADVERSE DETERMINATIONS, PROVIDER APPEALS & DISPUTES

(See the Policy regarding this topic within the Grievance and Appeals Policy section or click [here](#) to go to all Policies)

All Premier Access network providers may appeal an adverse determination which results in termination of a Provider Contract arrangement relating to quality of care issues. If a Provider wishes to appeal an adverse decision, the appeal must include an identification of the grounds for an appeal and a clear and concise statement of the facts and issues in support of the appeal.

Appeals must be requested in writing and submitted to:

**Premier Access
Attn: Dental Director
P. O. Box 255039
Sacramento, CA 95865-5039
Email: Grievance@premierlife.com**

AFTER HOURS AND EMERGENCY SERVICES AVAILABILITY

(See the Policy regarding this topic within the Access and Availability Policy section or click [here](#) to go to all Policies)

Your after-hours response system must enable Members to reach an on-call Dentist 24 hours a day, seven days a week.

An answering service or a telephone answering machine is required during non-business hours, which must provide instructions on how Members may obtain urgent or emergency care. This includes, when applicable, how to contact another Provider who has agreed to be on-call to triage or screen by phone, or if needed, deliver urgent or emergency care.

ANTI-FRAUD PROGRAM

(See the Policy regarding this topic within the Quality Management Policy section or click [here](#) to go to all Policies)

Premier Access provides information to all employees, contractors, subcontractors and agents about the federal and State False Claims Acts; remedies available under these acts; and how employees and others can use them; and about whistleblower protections for individuals who report suspected false claims. Possible False Claims Act violations should be reported to the Premier Access Fraud Officer for further investigation. The Fraud Officer can be contacted by phone at (916) 920-2500 or by mail at the following address: Anti-Fraud Officer, Access Dental Plan/Premier Access, P.O. Box 659010, Sacramento, CA 95865-9010.

You may report possible violations directly to the Federal Department of Health and Human Services (DHHS). The Office of the Inspector General also maintains a hotline, which offers a confidential means for reporting vital information. The Hotline can be contacted:

Phone: 1-800-HHS-TIPS
Fax: 1-800-223-2164
Email: HHSTips@oig.hhs.gov
Mail: Office of the Inspector General HHS TIPS Hotline
P.O. Box 23489 Washington, DC 20026

APPEALS & GRIEVANCES

(See the Policy regarding this topic within the Grievances and Appeals Policy section or click [here](#) to go to all Policies)

The main objective of the Provider and Member grievance process is to ensure an effective system for addressing and resolving complaints and grievances in a timely manner.

Members or their designee can file grievances for any incident or action that is the subject of the Member's dissatisfaction.

A Grievance Form is included in the EOC or COI booklet disseminated to all new Members and in the Provider Manual. Grievance Forms are also available in Provider offices and online on the Premier Access website at: www.premierlife.com.

APPOINTMENT SCHEDULING & WAIT TIMES

(See the Policy regarding this topic within the Access and Availability Policy section or click [here](#) to go to all Policies)

Participating dentists are required to provide covered services to Members during normal working hours, and during such other hours as may be necessary to keep patient appointment schedules on a current basis.

Emergency care shall be available to Members 24 hours a day, seven days a week.

When it is necessary for a Provider or an enrollee to reschedule an appointment, the appointment shall be promptly rescheduled in a manner that is appropriate for the enrollee's health care needs, and ensures continuity of care consistent with good professional practice.

Waiting time for a scheduled appointment **must not exceed thirty (30) minutes**.

(Provider offices must maintain records indicating when a Member arrives for an appointment and when the Provider sees the Member.)

Note from Premier Access: You will receive an Accessibility Survey on a regular basis to obtain information on appointment availability, waiting time, acceptance of new Members and staffing changes. Please complete each survey and return it in a timely manner.

CALIFORNIA CHILDREN'S SERVICES (CCS)

(See the Policy regarding this topic within the Claims, Referrals & Prior Authorization Policy section or click [here](#) to go to all Policies)

California Children's Services (CCS) is a program which treats children under 21 years of age with certain physical limitations and conditions. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of the needed care. Patients must apply to CCS to become eligible for services under the CCS Program.

CARIES RISK ASSESSMENT

(See the Policy regarding this topic within the Quality Management Policy section or click [here](#) to go to all Policies)

A Risk Assessment Form has been created to establish a standardized caries risk assessment and management protocols for network dental Providers. It is intended to assist the dentist in clinical decision-making regarding diagnostic, fluoride, dietary, and restorative treatment based upon caries risk level and patient compliance for infants, children and adolescents.

CASE MANAGEMENT

(See the Policy regarding this topic within the Claims, Referrals & Prior Authorization Policy section or click [here](#) to go to all Policies)

All complex and special needs cases are to be referred to the Premier Access Case Management Coordinator; case management provides valuable services to Members and Providers with complex cases.

Complex cases are those cases where the dental condition is compromised by a medical condition, and care needs to be coordinated between medical and dental providers. Special needs cases are those members with physical and/or mental handicaps who are in need of dental care from Providers who have experience working with these patients.

DENTAL PERIODICITY SCHEDULE FOR CHILDREN

(See the Policy regarding this topic within the Quality Management Policy section or click [here](#) to go to all Policies)

Premier Access supports the periodicity schedule recommended by the American Academy of Pediatric Dentistry and adopted by the California Medi-Cal Dental Program. We believe this approach to treating children will aid in providing preventive dental services based on reasonable guidelines in accordance with a standard dental periodicity schedule.

INFECTION CONTROL

(See the Policy regarding this topic within the Quality Management Policy section or click [here](#) to go to all Policies)

Premier Access requires all Providers to comply with the standard precautions and infection control measures as outlined and mandated by the Dental Board of California under California Code of Regulations (CCR) Title 16, Section 1005 and the California Division of Occupational Safety and Health (Cal-OSHA) under Title 8, Section 5193. Premier Access expects all Providers to comply with these regulations.

INITIAL DENTAL ASSESSMENT

(See the Policy regarding this topic within the Access and Availability Policy section or click [here](#) to go to all Policies)

Initial dental care assessments must include a dental history, clinical examination and radiographs as needed, in the judgment of the PCD. PCDs shall additionally discuss general disease prevention and follow-up treatments as necessary with Members.

Primary Care Dentists are required to perform an initial dental assessment unless the Member has been treated within the last twelve months by his/her Primary Care Dentist. To facilitate this process, Premier Access sends a notification to every Member explaining the initial assessment program.

LANGUAGE ASSISTANCE PROGRAM

(See the Policy regarding this topic within the Access and Availability Policy section or click [here](#) to go to all Policies)

Premier Access maintains a Language Assistance Program to assist Members with limited English language proficiency in order that they may better communicate and participate more fully in their dental health care.

Premier Access will work with our Providers and Members to provide any vital documents in the member's preferred language, as well as telephone or face-to-face interpreting services. These services are available to Premier Access and Access Dental Members free of charge and can be arranged through the Premier Access Customer Services Department.

Free language assistance services are available 24 hours a day, 7 days a week. You may access the interpreting services by calling the Plan's Member Service Representatives at 1-800-70-SMILE.

Friends or family members must not be asked to serve as interpreters on dental matters, instead, we encourage Members to use the qualified interpreters provided through this service.

If interpreting services are needed, contact Premier Access to obtain information regarding the Member's language preference.

If you have bilingual providers or office staff available to speak to Members, they may do so only to the extent necessary to facilitate administrative customer service functions. (Provide updated bilingual language capabilities by staff with Premier Access on a quarterly basis.) Compliance with the Language Assistance Program policies will be confirmed during quality assurance audits.

Your Provider Agreement includes information regarding the Language Assistance Program and your responsibilities with regard to its administration.

MEMBER ASSIGNMENT, CHANGES, REASSIGNMENT

(See the Policy regarding this topic within the Access and Availability Policy section or click [here](#) to go to all Policies)

Members are assigned based either on a) Member's request for a specific provider or b) the nearest Provider to the Member's residence.

You will receive a monthly "roster" (membership listing) at the beginning of each month. The Members enrolled in your facility will be shown along with the capitation that is being pre-paid for the month.

ON-SITE QUALITY MANAGEMENT (QM) AUDITS

(See the Policy regarding this topic within the Quality Management Policy section or click [here](#) to go to all Policies)

Department of Managed Health Care (DMHC) requires all licensed plans to monitor and assist Providers through on-site visits to Provider panel dental offices. Premier Access performs such site visits regularly. In most instances, the Dental Director and/or Dental Consultant (Auditor) visit the Provider offices annually according to established enrollment thresholds. The frequency of the site visits may be higher for certain programs, such as Medi-Cal Managed Care Dental Programs. Premier Access views the site visits of the Provider offices as a way to assist Providers in complying with regulations related to the operations of dental offices.

Premier Access believes that Provider offices benefit from the consulting services of our Auditors. These services are provided in a non-adversarial, professional manner, at no charge to the dental office, with respect for the Provider's privacy and patient schedule.

OPTIONAL TREATMENT

(See the Policy regarding this topic within the Quality Management Policy section or click [here](#) to go to all Policies)

Optional treatment is not an excluded benefit. It is an upgraded alternative procedure presented by the Provider to satisfy the same function of the covered procedure and is chosen by the Member and it is subject to the limitations and exclusions of the Program.

PATIENT SAFETY & RISK MANAGEMENT

(See the Policy regarding this topic within the Quality Management Policy section or click [here](#) to go to all Policies)

Premier Access recognizes patient safety as an essential component of quality oral health care for all Members and encourages dentists to consider thoughtfully the environment in which they deliver dental care services. We have created this Policy to identify required and recommended patient safety activities for all contracted Providers, promoting the highest standard of care.

QUALITY MANAGEMENT PROGRAM

(See the Policy regarding this topic within the Quality Management Policy section or click [here](#) to go to all Policies)

The Quality Management Program (QMP) is designed to ensure that Premier Access provides the highest quality dental care to all Members, with an emphasis on dental disease prevention and the provision of exceptional customer service to Members.

As a licensed health care service plan in California, Premier Access /Access Dental is regulated by the California Department of Managed Health Care (DMHC). The DMHC's policies and regulations require all Plans to maintain a Quality Management Program (QMP). The QMP provides specific policies relating to Member and Provider grievances/appeals, monitoring of Provider offices/patients and monitoring of dental care and services provided to our Members.

Premier Access contracted Dental Providers are expected to participate in the quality management process by cooperating with all QMP activities, recommendations and corrective actions. In addition, dental Providers are encouraged to be actively involved with establishing dental policies, standards, practice guidelines and review criteria.

Quality Management Committee

The Board of Directors has ultimate oversight responsibility for monitoring and ensuring the delivery of the highest quality, cost effective dental care and services to our members. The Board of Directors has delegated day to day QMP operational responsibilities to the Dental Director, with oversight responsibilities delegated to the Quality Management Committee (QMC). The Dental Director, under the direction of the Premier Access Chief Executive Officer (CEO), chairs the committee.

The QMC has the responsibility to...

- Make recommendations for dental policies standards, practice guidelines and review criteria;
- Manage dental care functions to ensure high quality, cost effective dental care;
- Review individual cases and aggregate data to assess the level of quality care provided to Members;
- Peer Review is a Subcommittee that makes recommendations for corrective actions when needed;
- Conduct follow-up monitoring to ensure effectiveness of corrective actions.

Provider participation is an integral component of the QMC and its subcommittees. Providers are the primary decision-makers on quality issues relating to the delivery of dental care. The Dental Director, with QMC approval, selects Providers for participation on committees.

Becoming a Committee Member

Providers who are interested in becoming a member of the Premier Access Public Policy Committee, QMC and/or Subcommittees may submit a request to the Dental Director at the following address:

Premier Access
Attn: Dental Director
8890 Cal Center Drive
Sacramento, CA 95826

SECOND OPINION

(See the Policy regarding this topic within the Claims, Referrals & Prior Authorization Policy section or click [here](#) to go to all Policies)

Premier Access Members are entitled to a second opinion regarding a treatment plan. A request for a second opinion may be submitted by a participating PCD or any other participating Provider such as a Specialist, who is treating a Member. If a Member requests a second opinion, your office should contact Premier Access and request a referral to another Provider.



Government Dental Managed Care Programs

Medi-Cal Dental Managed Care Programs

The Plan provides coverage to Members for all dental health care services available under the dental provisions of the California Medi-Cal program. This section of the Provider Manual contains a current list of procedure codes and descriptions for the Geographic Managed Care Program (GMC) and the Los Angeles Prepaid Health Plan (LAPHP). It also contains information on prior authorization, payment policies, benefits, and exclusions.

Medi-Cal members receive their covered dental services from their Primary Care Dentist (PCD) without payment of any copayments. **Collection of any amount from Medi-Cal Members towards a dental service that is a covered benefit is strictly prohibited under the provisions of your Provider Agreement. Maximum calendar year benefit is not applicable for beneficiaries on this program.**

The following section contains a complete listing of all services available to Medi-Cal members under the age of 21.

Most dental services for adults, age 21 and older, are no longer covered under Medi-Cal, as of July 1, 2009 and will not be covered by the Plan. There are some exceptions, which are listed in detail in the following section. You may visit the Denti-Cal and Medi-Cal websites for updated information at: www.denti-cal.ca.gov and www.medi-cal.ca.gov.

In the following circumstances, Medi-Cal Dental Providers may continue to provide services after July 1, 2009 and be reimbursed by Medi-Cal for those services:

- Medical and surgical services provided by a Doctor of dental medicine or dental surgery, which, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a dentist in this state.
 - Federal law requires the provision of these services. The services that are allowable as Federally Required Adult Dental Services (FRADS) under this definition are listed in Table 1.
- Pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy.
 - This includes 60 days of postpartum care. Services for pregnant beneficiaries who are 21 years of age or older are payable if the procedure is listed under Table 1 (Federally Required Adult Dental Services) or Table 2 (Allowable Procedure Codes for Pregnant Women).
- Adult beneficiaries (age 21 and older) whose course of treatment began prior to July 1, 2009 and is scheduled to continue on or after July 1, 2009.
 - In these cases, the beneficiary must have been seen by the Provider and the necessary course of treatment was evident prior to July 1, 2009. Note, this relates to a specified course of treatment with a completion date (e.g., to prepare a patient for dentures, and fabricate and deliver the dentures). Treatment must be completed within 180 days of the date the treatment was determined necessary. **This provision only applies to the completion of treatment that was determined to be necessary before the benefits were eliminated.** This provision is not to be construed to continue “routine care” (i.e., exams, cleanings, fillings, etc.) beyond July 1, 2009.

- Beneficiaries who are under 21 years of age and whose course of treatment is scheduled to continue after he/she turns 21 years of age (continuing services for EPSDT recipients) [Note: With the exception of orthodontic services which must be completed by the beneficiary's 21st birthday.]
 - In these cases, the beneficiary must have been seen by the Provider and the necessary treatment was evident prior to his/her 21st birthday. Note, this relates to a specified course of treatment (e.g., to perform a root canal or complete a crown). Treatment must be completed within 180 days of the date the treatment was determined necessary. **This provision only applies to completion of treatment that was determined to be necessary before the person became ineligible for that service due to reaching age 21.** This provision is not to be construed to continue "routine care" (i.e., exams, cleanings, fillings, etc.) after the person turns 21.
- Beneficiaries receiving long-term care in a Intermediate Care Facility (ICF) or a Skilled Nursing Facility (SNF), as defined in the *Health and Safety Code* (H&S Code), Section 1250, subdivisions (c) and (d), and licensed pursuant to H&S Code Section 1250, subdivision (k) are exempt from the change in adult dental services on July 1, 2009.
- Beneficiaries residing in ICF-Developmentally Disabled (DD), ICF-Developmentally Disable Habilitative (DDH) or ICF-Developmentally Disable Nursing (DDN) are also exempt from the change in adult dental services on July 1, 2009.
 - The facility definitions are available on the California Department of Public Health Website at <http://hfcis.cdph.ca.gov/servicesAndFacilities.aspx>. Providers may confirm the licensing of a facility from this Web page.
 - Dental Services do not have to be provided in the facility to be payable. Providers are reminded to follow the existing prior authorization and documentation requirements.
 - If a Provider receives a denial on a claim for a beneficiary who resides in a licensed SNF or ICF, the Provider can submit a Claim Inquiry Form (CIF) including the facility name and address and have the claim reprocessed. If the services were denied on a prior authorization request, the Provider can submit the prior authorization notice and request re-evaluation.
- Dental Service Precedent to a Covered Medical Service.
 - Beneficiaries may receive dental services that are necessary (precedent) in order to undergo a covered medical service. The majority of these dental services are covered under FRADS listed in Table 1 of the Federally Required Adult Dental Services at the end of this section. A precedent dental service that is not on the list of FRADS will be evaluated and adjudicated on a case by case basis.

An adult dental service may be reimbursable if any one of the above exceptions is met.

Procedures / Benefits Under Medi-Cal Dental Program For Members under age 21

Refer to your Medi-Cal Dental Program Provider Handbook for specific procedure instructions and program limitations.

Benefit: Dental or medical health care services covered by the Medi-Cal program.

Not a Benefit: Dental or medical health care services not covered by the Medi-Cal program.

Global: Treatment performed in conjunction with another procedure which is not payable separately.

CDT-11

Codes Procedure Code Description

Diagnostic

D0120	Periodic oral evaluation – established patient	Benefit
D0140	Limited oral evaluation - problem focused.....	Benefit
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Global
D0150	Comprehensive oral evaluation - new or established patient	Benefit
D0160	Detailed and extensive oral evaluation - problem focused, by report	Benefit
D0170	Re-evaluation - limited, problem focused (established patient; not postoperative visit)	Benefit
D0180	Comprehensive periodontal evaluation - new or established patient	Global
D0210	Intraoral - complete series (including bitewings)	Benefit
D0220	Intraoral - periapical first film	Benefit
D0230	Intraoral - periapical each additional film.....	Benefit
D0240	Intraoral - occlusal film	Benefit
D0250	Extraoral - first film	Benefit
D0260	Extraoral - each additional film.....	Benefit
D0270	Bitewing - single film	Benefit
D0272	Bitewings - two films	Benefit
D0273	Bitewings - three films	Global
D0274	Bitewings - four films.....	Benefit
D0277	Vertical bitewings - 7 to 8 films	Global
D0290	Posterior - anterior or lateral skull and facial bone survey film.....	Benefit
D0310	Sialography	Benefit
D0320	Temporomandibular joint arthrogram, including injection.....	Benefit
D0321	Other temporomandibular joint arthrogram, including injection	Not A Benefit
D0322	Tomographic survey	Benefit
D0330	Panoramic film.....	Benefit
D0340	Cephalometric film	Benefit
D0350	Oral/facial photographic images	Benefit
D0360	Cone beam CT - craniofacial data capture	Not A Benefit
D0362	Cone beam - two dimensional image reconstruction using existing data, includes multiple images.....	Not A Benefit
D0363	Cone beam - three dimensional image reconstruction using existing data, includes multiple images ..	Not A Benefit
D0415	Collection of microorganisms for culture and sensitivity	Not A Benefit
D0416	Viral Culture.....	Not A Benefit
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Not A Benefit
D0418	Analysis of saliva sample	Not A Benefit
D0421	Genetic test for susceptibility to oral diseases	Not A Benefit
D0425	Caries susceptibility tests	Not A Benefit
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including prealignment and malignant lesions, not to include cytology or biopsy procedures	Not A Benefit
D0460	Pulp vitality tests	Global
D0470	Diagnostic casts	Benefit
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Not A Benefit
D0475	Decalcification procedure.....	Not A Benefit

CDT-11

Codes Procedure Code Description

Diagnostic

D0476	Special stains for microorganisms	Not A Benefit
D0477	Special stains not for microorganisms	Not A Benefit
D0478	Immunohistochemical stains	Not A Benefit
D0479	Tissue in-situ hybridization, including interpretation	Not A Benefit
D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report	Not A Benefit
D0481	Electron microscopy	Not A Benefit
D0482	Direct immunofluorescence	Not A Benefit
D0483	Indirect immunofluorescence	Not A Benefit
D0484	Consultations on slides prepared elsewhere	Not A Benefit
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Not A Benefit
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Not A Benefit
D0502	Other oral pathology procedures, by report	By Report
D0999	Unspecified diagnostic procedure, by report	Benefit

Preventive

D1110	Prophylaxis - adult	Benefit
D1120	Prophylaxis - child	Benefit
D1203	Topical application of fluoride - child	Benefit
D1204	Topical application of fluoride - adult	Benefit
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk - Patients 0-5	Benefit
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk Patients 6-20	Benefit
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk -Patients 21 & over	Benefit
D1310	Nutritional counseling for control of dental disease	Global
D1320	Tobacco counseling for the control and prevention of oral disease	Global
D1330	Oral hygiene instructions	Global
D1351	Sealant - per tooth	Benefit
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Benefit
D1510	Space maintainer-fixed - unilateral	Benefit
D1515	Space maintainer-fixed - bilateral	Benefit
D1520	Space maintainer-removable - unilateral	Benefit
D1525	Space maintainer-removable - bilateral	Benefit
D1550	Re-cementation of space maintainer	Benefit
D1555	Removal of fixed space maintainer	Benefit

Restorative

D2140	Amalgam - one surface, primary or permanent	Benefit
D2150	Amalgam - two surfaces, primary or permanent	Benefit
D2160	Amalgam - three surfaces, primary or permanent	Benefit
D2161	Amalgam - four or more surfaces, primary or permanent	Benefit
D2330	Resin-based composite - one surface, anterior	Benefit
D2331	Resin-based composite - two surfaces, anterior	Benefit
D2332	Resin-based composite - three surfaces, anterior	Benefit
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Benefit
D2390	Resin-based composite crown, anterior	Benefit
D2391	Resin-based composite - one surface, posterior	Benefit
D2392	Resin-based composite - two surfaces, posterior	Benefit
D2393	Resin-based composite - three surfaces, posterior	Benefit
D2394	Resin-based composite - four or more surfaces, posterior	Benefit

CDT-11**Codes Procedure Code Description**

D2410	Gold foil - one surface	Not A Benefit
D2420	Gold foil - two surfaces.....	Not A Benefit
D2430	Gold foil - three surfaces	Not A Benefit
D2510	Inlay - metallic - one surface.....	Not A Benefit
D2520	Inlay - metallic - two surfaces.....	Not A Benefit
D2530	Inlay - metallic - three surfaces	Not A Benefit
D2542	Onlay - metallic - two surfaces	Not A Benefit
D2543	Onlay - metallic - three surfaces.....	Not A Benefit
D2544	Onlay - metallic - four or more surfaces.....	Not A Benefit
D2610	Inlay - porcelain/ceramic - one surface	Not A Benefit
D2620	Inlay - porcelain/ceramic - two surfaces.....	Not A Benefit
D2630	Inlay - porcelain/ceramic - three or more surfaces	Not A Benefit
D2642	Onlay - porcelain/ceramic - two surfaces	Not A Benefit
D2643	Onlay - porcelain/ceramic - three surfaces	Not A Benefit
D2644	Onlay - porcelain/ceramic - four or more surfaces.....	Not A Benefit
D2650	Inlay - resin-based composite - one surface	Not A Benefit
D2651	Inlay - resin-based composite - two surfaces	Not A Benefit
D2652	Inlay - resin-based composite - three or more surfaces	Not A Benefit
D2662	Onlay - resin-based composite - two surfaces.....	Not A Benefit
D2663	Onlay - resin-based composite - three surfaces	Not A Benefit
D2664	Onlay - resin-based composite - four or more surfaces	Not A Benefit
D2710	Crown - resin based composite (indirect).....	Benefit
D2712	Crown - ¼ resin based composite (indirect)	Benefit
D2720	Crown - resin with high noble metal	Not A Benefit
D2721	Crown - resin with predominantly base metal	Benefit
D2722	Crown - resin with noble metal	Not A Benefit
D2740	Crown - porcelain/ceramic substrate	Benefit
D2750	Crown - porcelain fused to high noble metal	Not A Benefit
D2751	Crown - porcelain fused to predominantly base metal	Benefit
D2752	Crown - porcelain fused to noble metal	Not A Benefit
D2780	Crown - 3/4 cast high noble metal	Not A Benefit
D2781	Crown - 3/4 cast predominantly base metal	Benefit
D2782	Crown - 3/4 cast noble metal	Not A Benefit
D2783	Crown - 3/4 porcelain/ceramic.....	Benefit
D2790	Crown - full cast high noble metal.....	Not A Benefit
D2791	Crown - full cast predominantly base metal.....	Benefit
D2792	Crown - full cast noble metal.....	Not A Benefit
D2794	Crown - titanium.....	Not A Benefit
D2799	Provisional crown	Not A Benefit
D2910	Recement inlay, onlay, or partial coverage restoration	Benefit
D2915	Recement cast or prefabricated post and core	Global
D2920	Recement crown.....	Benefit
D2930	Prefabricated stainless steel crown - primary tooth	Benefit
D2931	Prefabricated stainless steel crown - permanent tooth	Benefit
D2932	Prefabricated resin crown	Benefit
D2933	Prefabricated stainless steel crown with resin window	Benefit
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	Not A Benefit
D2940	Protective restoration	Benefit
D2950	Core buildup, including any pins.....	Global
D2951	Pin retention - per tooth, in addition to restoration	Benefit
D2952	Post and core in addition to crown, indirectly fabricated	Benefit
D2953	Each additional indirectly fabricated post - same tooth.....	Global
D2954	Prefabricated post and core in addition to crown.....	Benefit
D2955	Post removal (not in conjunction with endodontic therapy).....	Global

CDT-11**Codes Procedure Code Description**

D2957	Each additional prefabricated post -same tooth	Global
D2960	Labial veneer (resin laminate) - chairside.....	Not A Benefit
D2961	Labial veneer (resin laminate) - laboratory	Not A Benefit
D2962	Labial veneer (porcelain laminate) - laboratory	Not A Benefit
D2970	Temporary crown (fractured tooth)	Benefit
D2971	Additional procedures to construct new crown under existing partial denture framework.....	Global
D2975	Coping.....	Not A Benefit
D2980	Crown repair, by report.....	Benefit
D2999	Unspecified restorative procedure, by report.....	Benefit

Endodontics

D2940	Sedative filling	Benefit
D3110	Pulp cap - direct (excluding final restoration).....	Global
D3120	Pulp cap - indirect (excluding final restoration).....	Global
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction application of medicament.....	Benefit
D3221	Pulpal debridement, primary and permanent teeth	Benefit
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	Benefit
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	Benefit
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).....	Benefit
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Benefit
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration).....	Benefit
D3330	Endodontic therapy, molar tooth (excluding final restoration).....	Benefit
D3331	Treatment of root canal obstruction; non-surgical access	Global
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not A Benefit
D3333	Internal root repair of perforation defects.....	Global
D3346	Retreatment of previous root canal therapy - anterior	Benefit
D3347	Retreatment of previous root canal therapy - bicuspid.....	Benefit
D3348	Retreatment of previous root canal therapy - molar	Benefit
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.).....	Benefit
D3352	Apexification/Recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	Benefit
D3353	Apexification/Recalcification - final visit (apical closure/calcific repair of perforations, root resorption, etc.)	Not A Benefit
D3354	Pulpal regeneration - (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration	Not A Benefit
D3410	Apicoectomy/Periradicular surgery - anterior	Benefit
D3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	Benefit
D3425	Apicoectomy/Periradicular surgery - molar (first root)	Benefit
D3426	Apicoectomy/Periradicular surgery - (each additional root)	Benefit
D3430	Retrograde filling - per root	Global
D3450	Root amputation - per root	Not A Benefit
D3460	Endodontic endosseous implant	Not A Benefit
D3470	Intentional reimplantation (including necessary splinting)	Not A Benefit
D3910	Surgical procedure for isolation of tooth with rubber dam.....	Global
D3920	Hemisection (including any root removal), not including root canal therapy	Not A Benefit
D3950	Canal preparation and fitting of preformed dowel or post	Not A Benefit
D3999	Unspecified endodontic procedure, by report	Benefit

Peridontics

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bound spaces per quadrant	Benefit
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Benefit

CDT-11

Codes Procedure Code Description

D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	Not A Benefit
D4231	Anatomical crown exposure - one to three teeth per quadrant	Not A Benefit
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Not A Benefit
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	Not A Benefit
D4245	Apically positioned flap	Not A Benefit
D4249	Clinical crown lengthening - hard tissue.....	Global
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Benefit
D4261	Osseous surgery (including flap entry and closure) - one to three teeth contiguous teeth or tooth bounded spaces per quadrant	Benefit
D4263	Bone replacement graft - first site in quadrant	Not A Benefit
D4264	Bone replacement graft - each additional site in quadrant.....	Not A Benefit
D4265	Biologic materials to aid in soft and osseous tissue regeneration.....	Global
D4266	Guided tissue regeneration - resorbable barrier, per site	Not A Benefit
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal).....	Not A Benefit
D4268	Surgical revision procedure, per tooth	Not A Benefit
D4270	Pedicle soft tissue graft procedure.....	Not A Benefit
D4271	Free soft tissue graft procedure (including donor site surgery)	Not A Benefit
D4273	Subepithelial connective tissue graft procedures, per tooth	Not A Benefit
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	Not A Benefit
D4275	Soft tissue allograft.....	Not A Benefit
D4276	Combined connective tissue and double pedicle graft, per tooth.....	Not A Benefit
D4320	Provisional splinting - intracoronal.....	Not A Benefit
D4321	Provisional splinting - extracoronal	Not A Benefit
D4341	Periodontal scaling and root planing - four or more teeth per quadrant (for beneficiaries in a SNF or ICF)	Benefit
D4341	Periodontal scaling and root planing - four or more teeth per quadrant.....	Benefit
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant (for beneficiaries in a SNF or ICF)	Benefit
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	Benefit
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Global
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.....	Global
D4910	Periodontal maintenance	Benefit
D4920	Unscheduled dressing change (by someone other than treating dentist)	Benefit
D4999	Unspecified periodontal procedure, by report.....	By Report

Prostodontics (Removable)

D5110	Complete denture - maxillary	Benefit
D5120	Complete denture - mandibular	Benefit
D5130	Immediate denture - maxillary	Benefit
D5140	Immediate denture - mandibular	Benefit
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Benefit
D5212	Mandibular partial denture - resin base (including any conventional clasps, rest and teeth).....	Benefit
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	Benefit
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rest and teeth)	Benefit
D5225	Maxillary partial denture – flexible base (including any conventional clasps, rests and teeth)	Not A Benefit
D5226	Mandibular partial denture – flexible base (including any conventional clasps, rests and teeth)	Not A Benefit
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth).....	Not A Benefit
D5410	Adjust complete denture - maxillary	Benefit

CDT-11

Codes Procedure Code Description

D5411	Adjust complete denture - mandibular	Benefit
D5421	Adjust partial denture - maxillary.....	Benefit
D5422	Adjust partial denture - mandibular	Benefit
D5510	Repair broken complete denture base	Benefit
D5520	Replace missing or broken teeth - complete denture (each tooth).....	Benefit
D5610	Repair resin denture base	Benefit
D5620	Repair cast framework	Benefit
D5630	Repair or replace broken clasp	Benefit
D5640	Replace broken teeth - per tooth	Benefit
D5650	Add tooth to existing partial denture	Benefit
D5660	Add clasp to existing partial denture.....	Benefit
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not A Benefit
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not A Benefit
D5710	Rebase complete maxillary denture	Not A Benefit
D5711	Rebase complete mandibular denture	Not A Benefit
D5720	Rebase maxillary partial denture.....	Not A Benefit
D5721	Rebase mandibular partial denture.....	Not A Benefit
D5730	Reline complete maxillary denture (chairside)	Benefit
D5731	Reline complete mandibular denture (chairside)	Benefit
D5740	Reline maxillary partial denture (chairside).....	Benefit
D5741	Reline mandibular partial denture (chairside).....	Benefit
D5750	Reline complete maxillary denture (laboratory)	Benefit
D5751	Reline complete mandibular denture (laboratory).....	Benefit
D5760	Reline maxillary partial denture (laboratory)	Benefit
D5761	Reline mandibular partial denture (laboratory)	Benefit
D5810	Interim complete denture (maxillary)	Not A Benefit
D5811	Interim complete denture (mandibular)	Not A Benefit
D5820	Interim partial denture (maxillary)	Not A Benefit
D5821	Interim partial denture (mandibular)	Not A Benefit
D5850	Tissue conditioning, maxillary	Benefit
D5851	Tissue conditioning, mandibular.....	Benefit
D5860	Overdenture - complete, by report	Benefit
D5861	Overdenture - partial, by report	Not A Benefit
D5862	Precision attachment, by report.....	Global
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component).....	Not A Benefit
D5875	Modification of removable prosthesis following implant surgery	Not A Benefit
D5899	Unspecified removable prosthodontic procedure, by report.....	By Report

Maxillofacial Prosthetics

D5911	Facial moulage (sectional)	Benefit
D5912	Facial moulage (complete)	Benefit
D5913	Nasal prosthesis.....	Benefit
D5914	Auricular prosthesis.....	Benefit
D5915	Orbital prosthesis	Benefit
D5916	Ocular prosthesis	Benefit
D5919	Facial prosthesis	Benefit
D5922	Nasal septal prosthesis	Benefit
D5923	Ocular prosthesis, interim	Benefit
D5924	Cranial prosthesis	Benefit
D5925	Facial augmentation implant prosthesis.....	Benefit
D5926	Nasal prosthesis, replacement	Benefit
D5927	Auricular prosthesis, replacement.....	Benefit
D5928	Orbital prosthesis, replacement	Benefit
D5929	Facial prosthesis, replacement	Benefit

CDT-11**Codes Procedure Code Description**

D5931	Obturator prosthesis, surgical	Benefit
D5932	Obturator prosthesis, definitive	Benefit
D5933	Obturator prosthesis, modification	Benefit
D5934	Mandibular resection prosthesis with guide flange	Benefit
D5935	Mandibular resection prosthesis without guide flange	Benefit
D5936	Obturator prosthesis, interim.....	Benefit
D5937	Trismus appliance (not for TMD treatment).....	Benefit
D5951	Feeding aid	Benefit
D5952	Speech aid prosthesis, pediatric.....	Benefit
D5953	Speech aid prosthesis, adult.....	Benefit
D5954	Palatal augmentation prosthesis	Benefit
D5955	Palatal lift prosthesis, definitive	Benefit
D5958	Palatal lift prosthesis, interim.....	Benefit
D5959	Palatal lift prosthesis, modification	Benefit
D5960	Speech aid prosthesis, modification.....	Benefit
D5982	Surgical stent	Benefit
D5983	Radiation carrier	Benefit
D5984	Radiation shield	Benefit
D5985	Radiation cone locator	Benefit
D5986	Fluoride gel carrier	Benefit
D5987	Commissure splint	Benefit
D5988	Surgical splint	Benefit
D5991	Topical medicament carrier.....	Benefit
D5992	Adjust maxillofacial prosthetic appliance, by report	Not A Benefit
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Not A Benefit
D5999	Unspecified maxillofacial prosthesis, by report.....	By Report

Implant Services

D6010	Surgical placement of implant body: endosteal implant	By Report
D6040	Surgical placement: eposteal implant	By Report
D6050	Surgical placement: transosteal implant	By Report
D6053	Implant/Abutment supported removable denture for completely edentulous arch	By Report
D6054	Implant/Abutment supported removable denture for partially edentulous arch.....	By Report
D6055	Connecting bar - implant supported or abutment supported	By Report
D6056	Prefabricated abutment, includes placement	By Report
D6057	Custom abutment, includes placement.....	By Report
D6058	Abutment supported porcelain/ceramic crown	By Report
D6059	Abutment supported porcelain fused to metal crown (high noble metal).....	By Report
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal).....	By Report
D6061	Abutment supported porcelain fused to metal crown (noble metal).....	By Report
D6062	Abutment supported cast metal crown (high noble metal)	By Report
D6063	Abutment supported cast metal crown (predominantly base metal)	By Report
D6064	Abutment supported cast metal crown (noble metal)	By Report
D6065	Implant supported porcelain/ceramic crown.....	By Report
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	By Report
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal).....	By Report
D6068	Abutment supported retainer for porcelain/ceramic FPD	By Report
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	By Report
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	By Report
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	By Report
D6072	Abutment supported retainer for cast metal FPD (high noble metal).....	By Report
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal).....	By Report
D6074	Abutment supported retainer for cast metal FPD (noble metal)	By Report
D6075	Implant supported retainer for ceramic FPD.....	By Report

CDT-11

Codes Procedure Code Description

D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	By Report
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal).....	By Report
D6078	Implant/Abutment supported fixed denture for completely edentulous arch	By Report
D6079	Implant/Abutment supported fixed denture for partially edentulous arch	By Report
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis	By Report
D6090	Repair implant supported prosthesis, by report	By Report
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	By Report
D6092	Recent implant / abutment supported crown.....	Benefit
D6093	Recent implant / abutment supported fixed partial denture.....	Benefit
D6094	Abutment supported crown (titanium)	By Report
D6095	Repair implant abutment, by report.....	By Report
D6100	Implant removal, by report	Benefit
D6190	Radiographic / surgical implant index, by report.....	Global
D6194	Abutment supported retainer crown for FPD (titanium).....	By Report
D6199	Unspecified implant procedure, by report	By Report

Fixed Prosthodontics

D6205	Pontic – indirect resin based composite.....	Not A Benefit
D6210	Pontic - cast high noble metal	Not A Benefit
D6211	Pontic - cast predominantly base metal	Benefit
D6212	Pontic - cast noble metal	Not A Benefit
D6214	Pontic – titanium	Not A Benefit
D6240	Pontic - porcelain fused to high noble metal.....	Not A Benefit
D6241	Pontic - porcelain fused to predominantly base metal.....	Benefit
D6242	Pontic - porcelain fused to noble metal	Not A Benefit
D6245	Pontic - porcelain/ceramic.....	Benefit
D6250	Pontic - resin with high noble metal.....	Not A Benefit
D6251	Pontic - resin with predominantly base metal.....	Benefit
D6252	Pontic - resin with noble metal.....	Not A Benefit
D6253	Provisional pontic	Not A Benefit
D6254	Interim pontic	Not A Benefit
D6545	Retainer - cast metal for resin bonded fixed prosthesis.....	Not A Benefit
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not A Benefit
D6600	Inlay - porcelain/ceramic, two surfaces.....	Not A Benefit
D6601	Inlay - porcelain/ceramic, three or more surfaces	Not A Benefit
D6602	Inlay - cast high noble metal, two surfaces	Not A Benefit
D6603	Inlay - cast high noble metal, three or more surfaces	Not A Benefit
D6604	Inlay - cast predominantly base metal, two surfaces	Not A Benefit
D6605	Inlay - cast predominantly base metal, three or more surfaces	Not A Benefit
D6606	Inlay - cast noble metal, two surfaces	Not A Benefit
D6607	Inlay - cast noble metal, three or more surfaces	Not A Benefit
D6608	Onlay - porcelain/ceramic, two surfaces	Not A Benefit
D6609	Onlay - porcelain/ceramic, three or more surfaces.....	Not A Benefit
D6610	Onlay - cast high noble metal, two surfaces.....	Not A Benefit
D6611	Onlay - cast high noble metal, three or more surfaces.....	Not A Benefit
D6612	Onlay - cast predominantly base metal, two surfaces.....	Not A Benefit
D6613	Onlay - cast predominantly base metal, three or more surfaces	Not A Benefit
D6614	Onlay - cast noble metal, two surfaces.....	Not A Benefit
D6615	Onlay - cast noble metal, three or more surfaces	Not A Benefit
D6624	Inlay – titanium.....	Not A Benefit
D6634	Onlay - titanium.....	Not A Benefit
D6710	Crown – indirect resin based composite	Not A Benefit

CDT-11

Codes Procedure Code Description

D6720	Crown - resin with high noble metal	Not A Benefit
D6721	Crown - resin with predominantly base metal	Benefit
D6722	Crown - resin with noble metal	Not A Benefit
D6740	Crown - porcelain/ceramic	Benefit
D6750	Crown - porcelain fused to high noble metal	Not A Benefit
D6751	Crown - porcelain fused to predominantly base metal	Benefit
D6752	Crown - porcelain fused to noble metal	Not A Benefit
D6780	Crown - 3/4 cast high noble metal	Not A Benefit
D6781	Crown - 3/4 cast predominantly base metal	Benefit
D6782	Crown - 3/4 cast noble metal	Not A Benefit
D6783	Crown - 3/4 porcelain/ceramic.....	Benefit
D6790	Crown - full cast high noble metal.....	Not A Benefit
D6794	Crown - titanium.....	Not A Benefit
D6795	Interim retainer crown	Not A Benefit
D6792	Crown - full cast noble metal.....	Not A Benefit
D6793	Provisional retainer crown	Not A Benefit
D6920	Connector bar.....	Not A Benefit
D6930	Recement fixed partial denture.....	Benefit
D6940	Stress breaker	Not A Benefit
D6950	Precision attachment.....	Not A Benefit
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated.....	Benefit
D6972	Prefabricated post and core in addition to fixed partial denture retainer	Benefit
D6973	Core build up for retainer, including any pins	Global
D6975	Coping - metal	Not A Benefit
D6976	Each additional indirectly fabricated post - same tooth.....	Global
D6977	Each additional prefabricated pos - same tooth.....	Global
D6980	Fixed partial denture repair, by report.....	Benefit
D6985	Pediatric partial denture, fixed.....	Not A Benefit
D6999	Unspecified fixed prosthodontic procedure, by report	By Report

Oral and Maxillofacial Surgery

D7111	Extraction, coronal remnants - deciduous tooth	Benefit
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	Benefit
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.....	Benefit
D7220	Removal of impacted tooth - soft tissue	Benefit
D7230	Removal of impacted tooth - partially bony	Benefit
D7240	Removal of impacted tooth - completely bony	Benefit
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Benefit
D7250	Surgical removal of residual tooth roots (cutting procedure)	Benefit
D7251	Coronectomy – intentional partial tooth removal.....	Not A Benefit
D7260	Oroantral fistula closure	Benefit
D7261	Primary closure of a sinus perforation	Benefit
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	Benefit
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Not A Benefit
D7280	Surgical access of an unerupted tooth	Benefit
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.....	Not A Benefit
D7283	Placement of device to facilitate eruption of impacted tooth	Benefit
D7285	Biopsy of oral tissue - hard (bone, tooth).....	Benefit
D7286	Biopsy of oral tissue - soft (all others)	Benefit
D7287	Exfoliative cytology sample collection.....	Not A Benefit
D7288	Brush biopsy – transepithelial sample collection	Not A Benefit
D7290	Surgical repositioning of teeth	Benefit
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report.....	Benefit

CDT-11

Codes Procedure Code Description

D7292	Surgical placement: temporary anchorage device (screw retained plate) requiring surgical flap.....	Not A Benefit
D7293	Surgical placement: temporary anchorage device requiring surgical flap.....	Not A Benefit
D7294	Surgical placement: temporary anchorage device without surgical flap.....	Not A Benefit
D7295	Harvest of bone for use in autogenous grafting procedure	Not A Benefit
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Benefit
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant.....	Global
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant.....	Benefit
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Global
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	Benefit
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Benefit
D7410	Excision of benign lesion up to 1.25 cm.....	Benefit
D7411	Excision of benign lesion greater than 1.25 cm	Benefit
D7412	Excision of benign lesion, complicated.....	Benefit
D7413	Excision of malignant lesion up to 1.25 cm	Benefit
D7414	Excision of malignant lesion greater than 1.25 cm.....	Benefit
D7415	Excision of malignant lesion, complicated.....	Benefit
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	Benefit
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	Benefit
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Benefit
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.....	Benefit
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Benefit
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Benefit
D7465	Destruction of lesion(s) by physical or chemical method, by report	Benefit
D7471	Removal of lateral exostosis (maxilla or mandible).....	Benefit
D7472	Removal of torus palatinus.....	Benefit
D7473	Removal of torus mandibularis.....	Benefit
D7485	Surgical reduction of osseous tuberosity	Benefit
D7490	Radical resection of maxilla or mandible.....	Benefit
D7510	Incision and drainage of abscess - intraoral soft tissue	Benefit
D7511	Incision and drainage of abscess – interoral soft tissue – complicated (includes drainage of multiple fascial spaces).....	Benefit
D7520	Incision and drainage of abscess - extraoral soft tissue	Benefit
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces	Benefit
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue.....	Benefit
D7540	Removal of reaction producing foreign bodies, musculoskeletal system.....	Benefit
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Benefit
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body.....	Benefit
D7610	Maxilla - open reduction (teeth immobilized, if present).....	Benefit
D7620	Maxilla - closed reduction (teeth immobilized, if present).....	Benefit
D7630	Mandible - open reduction (teeth immobilized, if present)	Benefit
D7640	Mandible - closed reduction (teeth immobilized, if present)	Benefit
D7650	Malar and/or zygomatic arch - open reduction.....	Benefit
D7660	Malar and/or zygomatic arch - closed reduction.....	Benefit
D7670	Alveolus - closed reduction, may include stabilization of teeth	Benefit
D7671	Alveolus - open reduction, may include stabilization of teeth	Benefit
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	By Report
D7710	Maxilla - open reduction	Benefit
D7720	Maxilla - closed reduction	Benefit
D7730	Mandible - open reduction.....	Benefit
D7740	Mandible - closed reduction.....	Benefit
D7750	Malar and/or zygomatic arch - open reduction.....	Benefit
D7760	Malar and/or zygomatic arch - closed reduction.....	Benefit
D7770	Alveolus - open reduction stabilization of teeth.....	Benefit

CDT-11

Codes Procedure Code Description

D7771	Alveolus, closed reduction stabilization of teeth.....	Benefit
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches	By Report
D7810	Open reduction of dislocation	Benefit
D7820	Closed reduction of dislocation	Benefit
D7830	Manipulation under anesthesia.....	Benefit
D7840	Condylectomy.....	Benefit
D7850	Surgical discectomy, with/without implant	Benefit
D7852	Disc repair.....	Benefit
D7854	Synovectomy	Benefit
D7856	Myotomy.....	Benefit
D7858	Joint reconstruction.....	Benefit
D7860	Arthroscopy	Benefit
D7865	Arthroplasty.....	Benefit
D7870	Arthrocentesis	Benefit
D7871	Non-arthroscopic lysis and lavage	Global
D7872	Arthroscopy - diagnosis, with or without biopsy	Benefit
D7873	Arthroscopy - surgical: lavage and lysis of adhesions.....	Benefit
D7874	Arthroscopy - surgical: disc repositioning and stabilization	Benefit
D7875	Arthroscopy - surgical: synovectomy.....	Benefit
D7876	Arthroscopy - surgical: discectomy.....	Benefit
D7877	Arthroscopy - surgical: debridement.....	Benefit
D7880	Occlusal orthotic device, by report.....	Benefit
D7899	Unspecified TMD therapy, by report.....	By Report
D7910	Suture of recent small wounds up to 5 cm.....	Benefit
D7911	Complicated suture - up to 5 cm	Benefit
D7912	Complicated suture - greater than 5 cm.....	Benefit
D7920	Skin graft (identify defect covered, location and type of graft).....	Benefit
D7940	Osteoplasty - for orthognathic deformities	Benefit
D7941	Osteotomy - mandibular rami	Benefit
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft.....	Benefit
D7944	Osteotomy - segmented or subapical.....	Benefit
D7945	Osteotomy - body of mandible.....	Benefit
D7946	LeFort I (maxilla - total)	Benefit
D7947	LeFort I (maxilla - segmented).....	Benefit
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) without bone graft	Benefit
D7949	LeFort II or LeFort III - with bone graft.....	Benefit
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones - autogenous or nonautogenous, by report	Benefit
D7951	Sinus Augmentation with bone or bone substitutes	Benefit
D7953	Bone replacement graft for ridge preservation – per site	Not A Benefit
D7955	Repair of maxillofacial soft and/or hard tissue defect.....	By Report
D7960	Frenulectomy also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	Benefit
D7963	Frenuloplasty.....	Benefit
D7970	Excision of hyperplastic tissue - per arch.....	Benefit
D7971	Excision of pericoronal gingiva	Benefit
D7972	Surgical reduction of fibrous tuberosity	Benefit
D7980	Sialolithotomy	Benefit
D7981	Excision of salivary gland, by report	Benefit
D7982	Sialodochoplasty.....	Benefit
D7983	Closure of salivary fistula.....	Benefit
D7990	Emergency tracheotomy	Benefit
D7991	Coronoidectomy.....	Benefit
D7995	Synthetic graft - mandible or facial bones, by report	Benefit

CDT-11

Codes Procedure Code Description

D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report	Not A Benefit
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Benefit
D7998	Interoral placement of a fixation device not in conjunction with a fracture	Not A Benefit
D7999	Unspecified oral surgery procedure, by report	By Report

Orthodontics

D8010	Limited orthodontic treatment of the primary dentition	Not A Benefit
D8020	Limited orthodontic treatment of the transitional dentition	Not A Benefit
D8030	Limited orthodontic treatment of the adolescent dentition	Not A Benefit
D8040	Limited orthodontic treatment of the adult dentition	Not A Benefit
D8050	Interceptive orthodontic treatment of the primary dentition.....	Not A Benefit
D8060	Interceptive orthodontic treatment of the transitional dentition.....	Not A Benefit
D8070	Comprehensive orthodontic treatment of the transitional dentition	Not A Benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition (primary dentition, cleft).....	Benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition (primary dentition, FGM)	Benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition (mixed dentition, cleft)	Benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition (mixed dentition, FGM).....	Benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition (malocclusion).....	Benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition (permanent dentition, cleft)	Benefit
D8080	Comprehensive orthodontic treatment of the adolescent dentition (permanent dentition, FGM).....	Benefit
D8090	Comprehensive orthodontic treatment of the adult dentition	Not A Benefit
D8210	Removable appliance therapy	Benefit
D8220	Fixed appliance therapy	Benefit
D8660	Pre-orthodontic treatment visit	Benefit
D8670	Periodic orthodontic treatment visit (as part of contract) handicapping malocclusion	Benefit
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate – primary dentition	Benefit
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate – mixed dentition	Benefit
D8670	Periodic orthodontic treatment visit (as part of contract) cleft palate – permanent dentition	Benefit
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management – primary dentition ...	Benefit
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management – mixed dentition	Benefit
D8670	Periodic orthodontic treatment visit (as part of contract) facial growth management – permanent dentition	Benefit
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)).....	Benefit
D8690	Orthodontic treatment (alternative billing to a contract fee)	Not A Benefit
D8691	Repair of orthodontic appliance.....	Benefit
D8692	Replacement of lost or broken retainer	Benefit
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers.	Benefit
D8999	Unspecified orthodontic procedure, by report	By Report

Adjunctives

D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	Benefit
D9120	Fixed partial denture sectioning	Benefit
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Benefit
D9211	Regional block anesthesia	Global
D9212	Trigeminal division block anesthesia	Global
D9215	Local anesthesia in conjunction with operative or surgical procedures.....	Benefit
D9220	Deep sedation/general anesthesia - first 30 minutes.....	Benefit
D9221	Deep sedation/general anesthesia - each additional 15 minutes	Benefit
D9230	Inhalation of nitrous oxide / anxiolysis analgesia	Benefit
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	Benefit
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	Benefit
D9248	Non-intravenous conscious sedation	Benefit
D9310	Consultation diagnostic service provided by dentist or physician other than requesting dentist or physician.....	Global
D9410	House/Extended care facility call	Benefit
D9420	Hospital or ambulatory surgical center call	Benefit

CDT-11

Codes Procedure Code Description

D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	Benefit
D9440	Office visit - after regularly scheduled hours.....	Benefit
D9450	Case presentation, detailed and extensive treatment planning.....	Not A Benefit
D9610	Therapeutic parenteral drug, single administration.....	Benefit
D9612	Therapeutic parenteral drug, two or more administrations, different medications.....	Global
D9630	Other drugs and/or medicaments, by report.....	Not A Benefit
D9910	Application of desensitizing medicament.....	Benefit
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth.....	Not A Benefit
D9920	Behavior management, by report.....	Not A Benefit
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report.....	Benefit
D9940	Occlusal guard, by report.....	Not A Benefit
D9941	Fabrication of athletic mouth guard.....	Not A Benefit
D9942	Repair and / or relines of occlusal guard.....	Not A Benefit
D9950	Occlusion analysis - mounted case.....	Benefit
D9951	Occlusal adjustment - limited.....	Benefit
D9952	Occlusal adjustment - complete.....	Benefit
D9970	Enamel microabrasion.....	Not A Benefit
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections.....	Not A Benefit
D9972	External bleaching - per arch.....	Not A Benefit
D9973	External bleaching - per tooth.....	Not A Benefit
D9974	Internal bleaching - per tooth.....	Not A Benefit
D9999	Unspecified adjunctive procedure, by report.....	By Report

Federally Required Adult Dental Services (FRADS) CDT 2011-2012 Tables

Effective April 2, 2012, Current Dental Terminology 2011-2012 (CDT 11-12) was implemented which created changes to the **Federally Required Adult Dental Services (FRADS)**, Pregnancy, Omnibus Budget Reconciliation Act (OBRA) beneficiary emergency, and Beneficiary Cap procedures.

Table 1: Federally Required Adult Dental Services (FRADS)

The following procedure codes are reimbursable procedures for Medi-Cal beneficiaries 21 years of age and older.

Please note: The procedure codes marked with an asterisk (D0220, D0230, D0250, D0260, D0290, D0310, D0320, D0322 and D0330) are only payable for Medi-Cal beneficiaries age 21 and older who are not otherwise exempt when the procedure is appropriately rendered in conjunction with another FRADS.

Please note that the green rows in all of the tables below indicate codes recently added with the implementation of CDT 11-12.

**Table 1: Federally Required Adult
Dental Services (FRADS)**

CDT 11-12 Code	CDT 11-12 Code Description
D0220*	Intraoral - periapical first film
D0230*	Intraoral - periapical each additional film
D0250*	Extraoral - first film
D0260*	Extraoral - each additional film
D0290*	Posterior - anterior or lateral skull and facial bone survey film
D0310*	Sialography
D0320*	Temporomandibular joint arthrograph, including injection
D0322*	Tomographic survey
D0330*	Panoramic film
D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2910	Recent inlay, onlay, or partial coverage restoration
D2920	Recent crown
D2940	Protective restoration
D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5913	Nasal prosthesis
D5914	Auricular prosthesis
D5915	Orbital prosthesis

**Table 1: Federally Required Adult
Dental Services (FRADS) (Continued)**

CDT 11-12 Code	CDT 11-12 Code Description
D5916	Ocular prosthesis
D5919	Facial prosthesis
D5922	Nasal septal prosthesis
D5923	Ocular prosthesis, interim
D5924	Cranial prosthesis
D5925	Facial augmentation implant prosthesis
D5926	Nasal prosthesis, replacement
D5927	Auricular prosthesis, replacement
D5928	Orbital prosthesis, replacement
D5929	Facial prosthesis, replacement
D5931	Obturator prosthesis, surgical
D5932	Obturator prosthesis, definitive
D5933	Obturator prosthesis, modification
D5934	Mandibular resection prosthesis with guide flange
D5935	Mandibular resection prosthesis without guide flange
D5936	Obturator prosthesis, interim
D5937	Trismus appliance (not for TMD treatment)
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation prosthesis

CDT 11-12 Code	CDT 11-12 Code Description
D5955	Palatal lift prosthesis, definitive
D5958	Palatal lift prosthesis, interim
D5959	Palatal lift prosthesis, modification
D5960	Speech aid prosthesis, modification
D5982	Surgical stent
D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier
D5987	Commissure splint
D5988	Surgical splint
D5999	Unspecified maxillofacial prosthesis, by report
D6092	Recement implant/abutment supported crown
D6093	Recement implant/abutment supported fixed partial denture
D6100	Implant removal, by report
D6930	Recement fixed partial denture
D6999	Unspecified fixed prosthodontic procedure, by report
D7111	Extraction, coronal remnants – deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	Removal of impacted tooth - soft tissue
D7230	Removal of impacted tooth - partially bony
D7240	Removal of impacted tooth - completely bony
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications

CDT 11-12 Code	CDT 11-12 Code Description
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7285	Biopsy of oral tissue - hard (bone, tooth)
D7286	Biopsy of oral tissue – soft
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion, complicated
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7465	Destruction of lesion(s) by physical or chemical method, by report

Table 1: Federally Required Adult Dental Services (FRADS) (Continued)

CDT 11-12 Code	CDT 11-12 Code Description
D7490	Radical resection of mandible with bone graft
D7510	Incision and drainage of abscess- intraoral soft tissue
D7511	Incision and drainage of abscess- intraoral soft tissue- complicated (includes drainage of multiple fascial spaces)
D7520	Incision and drainage of abscess- extraoral soft tissue
D7521	Incision and drainage of abscess- extraoral soft tissue- complicated (includes drainage of multiple fascial spaces)
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
D7540	Removal of reaction producing foreign bodies, musculoskeletal system
D7550	Partial osteotomy/ sequestrectomy for removal of non-vital bone
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla - open reduction (teeth immobilized, if present)
D7620	Maxilla - closed reduction (teeth immobilized, if present)
D7630	Mandible - open reduction (teeth immobilized, if present)
D7640	Mandible - closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch - open reduction
D7660	Malar and/or zygomatic arch - closed reduction
D7670	Alveolus - closed reduction, may include stabilization of teeth
D7671	Alveolus - open reduction, may include stabilization of teeth
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches

Table 1: Federally Required Adult Dental Services (FRADS) (Continued)

CDT 11-12 Code	CDT 11-12 Code Description
D7710	Maxilla - open reduction
D7720	Maxilla - closed reduction
D7730	Mandible - open reduction
D7740	Mandible - closed reduction
D7750	Malar and/or zygomatic arch - open reduction
D7760	Malar and/or zygomatic arch - closed reduction
D7770	Alveolus - open reduction stabilization of teeth
D7771	Alveolus, closed reduction stabilization of teeth
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy, with/ without implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7872	Arthroscopy - diagnosis, with or without biopsy
D7873	Arthroscopy - surgical: lavage and lysis of adhesions
D7874	Arthroscopy - surgical: disc repositioning and stabilization
D7875	Arthroscopy - surgical: synovectomy
D7876	Arthroscopy - surgical: debridement
D7877	Arthroscopy - surgical: debridement

CDT 11-12 Code	CDT 11-12 Code Description
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture - up to 5 cm
D7912	Complicated suture - greater than 5 cm
D7920	Skin graft (identify defect covered, location and type of graft)
D7940	Osteoplasty - for orthognathic deformities
D7941	Osteotomy - mandibular rami
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy - segmented or subapical
D7945	Osteotomy - body of mandible
D7946	LeFort I (maxilla - total)
D7947	LeFort I (maxilla - segmented)
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7949	LeFort II or LeFort III - with bone graft
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones - autogenous or nonautogenous, by report
D7951	Sinus augmentation with bone or bone substitutes
D7955	Repair of maxillofacial soft and/or hard tissue defect
D7971	Excision of pericoronal gingiva
D7980	Sialolithotomy
D7981	Excision of salivary gland, by report
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7995	Synthetic graft - mandible or facial bones, by report

CDT 11-12 Code	CDT 11-12 Code Description
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7999	Unspecified oral surgery procedure, by report
D9110	Palliative (emergency) treatment of dental pain - minor procedure
D9210	Local anesthesia not in conjunction with operative or surgical procedures
D9220	Deep sedation/general anesthesia - first 30 minutes
D9221	Deep sedation/general anesthesia - each additional 15 minutes
D9230	Inhalation of nitrous oxide/ anxiolysis, analgesia
D9241	Intravenous conscious sedation/ analgesia - first 30 minutes
D9242	Intravenous conscious sedation/ analgesia - each additional 15 minutes
D9248	Non-intravenous conscious sedation
D9410	House/extended care facility call
D9420	Hospital or ambulatory surgical center call
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed
D9440	Office visit - after regularly scheduled hours
D9610	Therapeutic parenteral drug, single administration
D9910	Application of desensitizing medicament
D9930	Treatment of complications (post - surgical) - unusual circumstances, by report
D9999	Unspecified adjunctive procedure, by report

Table 2: Allowable Procedure Codes for Pregnant Women

The following dental services are benefits for pregnant beneficiaries for the treatment of conditions that might complicate the pregnancy in addition to 60 days post partum:

Please note that TARs are not allowed and may not be submitted for these beneficiaries. If a TAR is submitted for any of the procedures described below, it will be denied. A claim must be submitted with documentation that states “Pregnant or Postpartum” in the comments field (box 34) for these dental services.

Table 2: Allowable Procedure Codes for Pregnant Women

CDT 11-12 Code	CDT- 11-12 Code Description
D0120	Periodic oral evaluation - established patient
D0150	Comprehensive oral evaluation - new or established patient
D0220	Intraoral - periapical first film
D0230	Intraoral - periapical each additional film
D0270	Bitewing - single film
D0272	Bitewings - two films
D0274	Bitewings - four films
D1110	Prophylaxis - adult
D1120	Prophylaxis – child
D1203	Topical application of fluoride - child
D1204	Topical application of fluoride - adult
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth, or tooth bounded spaces per quadrant
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces, per quadrant

Table 2: Allowable Procedure Codes for Pregnant Women (Continued)

CDT 11-12 Code	CDT- 11-12 Code Description
D4341	Periodontal scaling and root planing - four or more teeth per quadrant
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant
D4920	Unscheduled dressing change (by someone other than treating dentist)
D9951	Occlusal adjustment - limited

Healthy Families Program (HFP) & Healthy Kids of Santa Barbara (HKSB)

The Healthy Families Program (HFP) and Healthy Kids of Santa Barbara Program (HKSB) provides health, dental and vision coverage for uninsured low-income children (under 19 years of age) up to 250 percent of the Federal poverty level. The program uses Federal, State and County funds to provide health care coverage to uninsured children of lower income working Californians who are ineligible for Medi-Cal.

Unlike the Medi-Cal program, Healthy Families Program members have some minimal copayments to meet for certain services. The Primary Care Dentist must collect these copayments when delivering services.

American Indians and Alaskan Native children are exempt from all HFP & HKSB copayments.

In order to receive reimbursement for copayment amounts for services to American Indians and Alaskan Native children, providers are encouraged to use ADA claim forms or Access Dental encounter forms to report these services and request payment for these copayment amounts. This chapter contains a current list of procedure codes and description for the Healthy Families Program and Healthy Kids of Santa Barbara.

The HFP has increased copayments for applicable covered services for members who are in Income Categories B & C. Members in the income category A shall pay no more than \$5 copayment for applicable covered services as described in this benefit description section. If you have any questions regarding copayments, please call the Plan's Member Services Department at 888-849-8440, Monday through Friday from 8:00am to 6:00pm. The HFP Scope of Dental Benefits is available by request, or can be reviewed online at www.mrmib.ca.gov.

The HKSB Program provides comprehensive health insurance for uninsured low-income children (Age 0 to 19) and incomes below 300 percent of Federal poverty level and do not qualify for any government programs such as Medi-Cal or Healthy Families. The HKSB scope of dental benefits is available by request, or can be viewed online at: www.cencalhealth.org.

Review criteria for prior authorization has been adopted from Medi-Cal Dental Program. This criteria is applied with covered benefits, limitations and exclusions of the HFP & HKSB Programs. For prior authorization requirements, please refer to your individual contract agreement.

Dental Plan Covered Benefits Matrix (HFP)

This matrix is intended to be used to help you compare covered benefits and is a summary only. The benefit description section should be consulted for a detailed description of covered benefits and limitations. The HFP has increased copayments for applicable covered services for members who are in Income Categories B & C. This copayment increase does not apply to members in Income Category A.

Benefit	Description of Services	Member Co-Pay Income Category A	Member Co-Pay Income Category B & C
Diagnostic And Preventive Care Services	Initial And Periodic Oral Examinations, Consultations, Including Specialist Consultations, Topical Fluoride Treatment, Preventive Dental Education And Oral Hygiene Instruction, Roentgenology (X-Rays), Prophylaxis Services (Cleanings), Space Maintainers, Dental Sealant Treatments.	No Copayment	No Copayment

Benefit	Description of Services	Member Co-Pay Income Category A	Member Co-Pay Income Category B & C
Restorative Dentistry (Fillings)	Amalgam, Composite Resin, Acrylic, Synthetic Or Plastic Restorations For The Treatment Of Caries, Micro Filled Resin Restorations Which Are Noncosmetic, Replacement Of A Restoration, Use Of Pins And Pin Build-Up In Conjunction With A Restoration, Sedative Base And Sedative Fillings.	No Copayment	No Copayment
Oral Surgery	Extractions, Including Surgical Extractions, Removal Of Impacted Teeth , Biopsy Of Oral Tissues, Alveolectomies, Excision Of Cysts And Neoplasms, Treatment Of Palatal Torus, Treatment Of Mandibular Torus, Frenectomy, Incision And Drainage Of Abscesses, Post-Operative Services, Including Exams, Suture Removal And Treatment Of Complications, Root Recovery (Separate Procedure).	No Copayment, Except <ul style="list-style-type: none"> • \$5 Copayment For The Removal Of Impacted Teeth For A Bony Impaction • \$5 Copayment Per Root Recovery 	No Copayment, Except <ul style="list-style-type: none"> • \$10 Copayment For The Removal Of Impacted Teeth For A Bony Impaction • \$10 Copayment Per Root Recovery
Endodontic	Direct Pulp Capping, Pulpotomy And Vital Pulpotomy, Apexification Filling With Calcium Hydroxide, Root Amputation, Root Canal Therapy, Including Culture Canal, Retreatment Of Previous Root Canal Therapy, Apicoectomy, Vitality Tests.	No Copayment, Except <ul style="list-style-type: none"> • \$5 Copayment Per Canal For Root Canal Therapy Or Retreatment Of Previous Root Canal Therapy • \$5 Copayment Per Root For An Apicoectomy 	No Copayment, Except <ul style="list-style-type: none"> • \$10 Copayment Per Canal For Root Canal Therapy Or Retreatment Of Previous Root Canal Therapy • \$10 Copayment Per Root For An Apicoectomy
Periodontics	Emergency Treatment, Including Treatment For Periodontal Abscess And Acute Periodontitis, Periodontal Scaling And Root Planing, And Subgingival Curettage, Gingivectomy, Osseous Or Muco-Gingival Surgery.	No Copayment, Except <ul style="list-style-type: none"> • \$5 Copayment Per Quadrant For Osseous Or Muco-Gingival Surgery 	No Copayment, Except <ul style="list-style-type: none"> • \$10 Copayment Per Quadrant For Osseous Or Muco-Gingival Surgery
Crown And Fixed Bridge	Crowns, Including Those Made Of Acrylic, Acrylic With Metal, Porcelain, Porcelain With Metal, Full Metal, Gold Onlay Or Three Quarter Crown, And Stainless Steel, Related Dowel Pins And Pin Build-Up, Fixed Bridges, Which Are Cast, Porcelain Baked With Metal, Or Plastic Processed To Gold, Recementation Of Crowns, Bridges, Inlays And Onlays, Cast Post And Core, Including Cast Retention Under Crowns, Repair Or Replacement Of Crowns, Abutments Or Pontics.	No Copayment, Except <ul style="list-style-type: none"> • \$5 Copay For Porcelain Crowns, Porcelain Fused To Metal Crowns, Full Metal Crowns, And Gold Onlays Or 3/4 Crowns. • \$5 Copay Per Pontic. • The Copayment For Any Precious (Noble) Metals Used In Any Crown Or Bridge Will Be The Full Cost Of The Actual Precious Metal Used. 	No Copayment, Except <ul style="list-style-type: none"> • \$10 Copayment For Porcelain Crowns, Porcelain Fused To Metal Crowns, Full Metal Crowns, And Gold Onlays Or 3/4 Crowns. • \$10 Copayment Per Pontic. • The Copayment For Any Precious (Noble) Metals Used In Any Crown Or Bridge Will Be The Full Cost Of The Actual Precious Metal Used.

Benefit	Description of Services	Member Co-Pay Income Category A	Member Co-Pay Income Category B & C
Removable Prosthetics	Dentures, Full Maxillary, Full Mandibular, Partial Upper, Partial Lower, Teeth, Clasps And Stress Breakers, Office Or Laboratory Relines Or Rebases, Denture Repair, Denture Adjustment, Tissue Conditioning, Denture Duplication, Stayplates.	No Copayment, Except: <ul style="list-style-type: none"> ▪ \$5 Copayment For A Complete Maxillary Or Mandibular Denture ▪ \$5 Copayment For Partial Acrylic Upper Or Lower Denture With Clasps ▪ \$5 Copayment For Partial Upper Or Lower Denture With Chrome Cobalt Alloy Lingual Or Palatal Bar, Clasps And Acrylic Saddles ▪ \$5 Copayment For Removable Unilateral Partial Denture ▪ \$5 Copayment For Reline Of Upper, Lower Or Partial Denture When Performed By A Laboratory ▪ \$5 Copayment For Denture Duplication 	No Copayment, Except: <ul style="list-style-type: none"> ▪ \$10 Copayment For A Complete Maxillary Or Mandibular Denture ▪ \$10 Copayment For Partial Acrylic Upper Or Lower Denture With Clasps ▪ \$10 Copayment For Partial Upper Or Lower Denture With Chrome Cobalt Alloy Lingual Or Palatal Bar, Clasps And Acrylic Saddles ▪ \$10 Copayment For Removable Unilateral Partial Denture ▪ \$10 Copayment For Reline Of Upper, Lower Or Partial Denture When Performed By A Laboratory ▪ \$10 Copayment For Denture Duplication
Other Benefits	Local Anesthetics, Oral Sedatives When Dispensed In A Dental Office By A Practitioner Acting Within The Scope Of Licensure, Nitrous Oxide When Dispensed In A Dental Office By A Practitioner Acting Within The Scope Of Licensure, Emergency Treatment, Palliative Treatment, Coordination Of Benefits With Member's Health Plan In The Event Hospitalization Or Outpatient Surgery Setting Is Medically Appropriate For Dental Services.	No Charge	No Charge
Orthodontia Services	Not A Healthy Families Program Covered Benefit. Services Are Provided To Members Under The Age Of 19 Through The California Children's Services Program (CCS) If The Member Meets The Eligibility Requirements For Medically Necessary Orthodontia Coverage.	Not Applicable	Not Applicable
Deductibles	No Deductibles Will Be Charged For Covered Benefits.		
Annual Maximums	No Annual Maximum.		
Lifetime Maximums	No Lifetime Maximum Limits On Benefits Apply Under This Plan.		

BENEFITS AND CO-PAYMENTS

HFP / HKSB

ALL FREQUENCY LIMIT DATES ARE CALCULATED TO THE EXACT DATE

Code	Service Description	Limitations	HFP	HKSB
120	Periodic Oral Evaluation	Once Every 6 Months	\$0	\$0
140	Limited Oral Evaluation	Problem Focused Evaluation, For A Specific Problem And Or A Dental Emergency, Trauma, Acute Infection, Etc. Benefit Only If No Other Treatment (Except X-Rays) Is Rendered During The Visit	\$0	\$0
145	Oral Evaluation For A Patient Under Three Years Of Age And Counseling With Primary Caregiver	Once Every 6 Months	\$0	\$0
150	Comprehensive Oral Evaluation		\$0	\$0
210	Intraoral - Complete Series Of Radiographic Images	Once Every 24 Consecutive Months	\$0	\$0
220	Intraoral - Periapical First Radiographic Image		\$0	\$0
230	Intraoral - Periapical Each Additional Radiographic Image		\$0	\$0
240	Intraoral - Occlusal Radiographic Image		\$0	\$0
270	Bitewing - Single Radiographic Image		\$0	\$0
272	Bitewings - Two Radiographic Images	Once Every 6 Months Bitewings- Are Allowed Once Every 6 Months In Conjunction With Periodic Examinations Isolated Bitewing Or Periapical Films Are Allowed On An Emergency Or Episodic Basis.	\$0	\$0
273	Bitewings - Three Radiographic Images			
274	Bitewings - Four Radiographic Images			
277	Vertical Bitewings - 7 To 8 Radiographic Images			
330	Panoramic Radiographic Image	Once Every 24 Consecutive Months	\$0	\$0
350	Photograph 1 st		\$0	\$0
350	Photograph Each Additional (Up To 7)		\$0	\$0
460	Pulp Vitality Tests		\$0	\$0
473	Histopathologic Examinations		\$0	\$0
1110*	Prophylaxis – Includes Scaling Of Unattached Tooth Surfaces & Polishing – Adult (13 Yrs And Up)	Once Every 6 Months	\$0	\$0
1120*	Prophylaxis – Children Through Age 12			
1206	Topical Fluoride Varnish			
1330	Oral Hygiene Instruction		\$0	\$0
1351	Sealant – Per Tooth	Permanent 1 st And 2 nd Molars Only/Once Every 36 Months	\$0	\$0
1352	Preventive Resin Restoration In A Moderate To High Caries Risk Patient – Permanent Tooth	Permanent 1 st And 2 nd Molars Only/Once Every 36 Months Not A Benefit In Conjunction With Other Restorative Services	\$0	\$0
1510	Space Maintainer – Fixed Unilateral	Must Have Adequate Space To Allow Normal Eruption Of Permanent Tooth	\$0	\$0
1515	Space Maintainer-Fixed Bialateral			
1525	Space Maintainer-Removeable-Bilateral	Not A Benefit For Congentially Missing Teeth		
1550	Re-Cementation Of Space Maintainer	Once Every 6 Months	\$0	\$0
1555	Removal Of Fixed Space Maintainer		\$0	\$0

Restorative Dentistry				
Code	Service Description	Limitations	HFP	HKSB
2140**	Amalgam – One Surface Primary Or Permanent	Amalgam, Composite Resin, Acrylic, Synthetic Or Plastic Restorations Are Covered For The Treatment Of Caries Lesions Only. Posterior Resins Are Optional Treatments And Will Be Down Graded To An Amalgam Filling. Please Refer To The Optional Treatments Policy In This Provider Manual.	\$0	\$0
2150**	Amalgam – Two Surfaces Primary Or Permanent			
2160**	Amalgam – Three Surfaces Primary Or Permanent			
2161**	Amalgam – 4 Or More Surfaces Primary Or Permanent			
2330	Anterior Resin Restoration. Any Composites, Which Do Not Meet 2335 Criteria, Are To Be Billed As 2330. Example: F, B, I, Etc.			
2331	Anterior Resin Restoration. Any Composites Which, Do Not Meet 2335 Criteria, Are To Be Billed As 2330. Example: MI, F, B, Df, DI, Mf, I, Etc.			
2332	Anterior Resin Restoration. Any Composites Which, Do Not Meet 2335 Criteria, Are To Be Billed As 2330. Example: Dfl, Mfl, Etc.			
2335	Composite Filling Must Meet The Following Criteria To Be Billed As 2335: A) Include Incisal And One Or More Other Surfaces B) Include Both Mesial And Distal, With Or Without Other Surface			
2391	Resin-Based Composite – One Surface, Posterior			
2392	Resin-Based Composite – Two Surfaces, Posterior			
2393	Resin-Based Composite – Three Surfaces, Posterior			
2394	Resin-Based Composite – Four Or More Surfaces, Posterior			
Crowns				
The Cost Of Precious Metals Used In Any Form Of Dental Benefits Is The Responsibility Of The Member				
Code	Service Description	Limitations	HFP	HKSB
2542*	Onlay - Metallic - Two Surfaces	For Children 12 Years And Older (Cost Of Noble Metal Is Member Responsibility) Once Every 36 Months. Only If A Filling Can Not Be Placed, And No More Than 5 Units Per Arch	\$5	\$10
2543*	Onlays - Metallic - Three Surfaces			
2544*	Onlay – Metallic Four Or More Surfaces			
2710*	Crown – Resin – Laboratory	For Children Under 12 Years Old Once Every 36 Months	\$0	\$0
2720*	Crown - Resin With High Noble Metal	For Children 12 Years And Older (Cost Of Noble Metal Is Member Responsibility) Once Every 36 Months. Only If A Filling Can Not Be Placed, And No More Than 5 Units Per Arch	\$5	\$10
2721*	Crown - Resin With Predominantly Base Metal			
2722*	Crown - Resin With Noble Metal			
2740*	Crown – Porcelain/Ceramic Substrate			
2750*	Crown-Porcelain Fused To High Noble Metal			
2751*	Crown – Porcelain Fused To Predominantly Base Metal			
2752*	Crown – Porcelain Fused To Noble Metal			
2780*	Crown - 3/4 Cast High Noble Metal			

* Note Age Restrictions

** Payment Will Be Based On The Tooth Type (Primary/ Permanent) As Indicated On The Contracted Fee Schedule.

2781*	Crown – ¾ Predominantly Base Metal	For Children 12 Years And Older (Cost Of Noble Metal Is Member Responsibility)	\$5	\$10
2782*	Crown - 3/4 Cast Noble Metal			
2783*	Crown - 3/4 Porcelina/Ceramic			
2790*	Crown – Full Cast High Noble Metal			
2791*	Crown – Full Cast Predominantly Base Metal			
2792*	Crown – Full Cast Noble Metal			
2794*	Crown - Titanium			
2910	Recement Inlay, Onlay, Or Partial Coverage Restoration		\$0	\$0
2920	Recement Crown		\$0	\$0
2930	Prefab Stainless Steel Crown Primary Tooth		\$0	\$0
2931*	Prefab Stainless Steel Crown Permanent Tooth	For Children Under 12 Years Old	\$0	\$0
2932	Prefabricated Resin Crown	Anterior Teeth Only One In 12 Months For Primary Teeth One In 36 Months For Permanent Teeth	\$0	\$0
2933	Prefabricated Stainless Steel Crown With Resin Window	One In 12 Months For Primary Teeth One In 36 Months For Permanent Teeth Will Be Downgraded To Prefab Stainless Steel Crown (2930)	\$0	\$0
2934	Pre-Fab Esthetic Coated Ssc - Primary Tooth	One In A 12 Months Will Be Downgraded To Prefab Stainless Steel Crown (2930)	\$0	\$0
2940	Protective Restoration	Paid As 9110	\$0	\$0
2950	Core Buildup, Including Any Pins.	Fee Is Included Under Crowns	\$0	\$0
2951	Pin Retention Per Tooth In Addition To Restoration		\$0	\$0
2952	Cast Post And Core In Addition To Crown		\$0	\$0
2953	Each Additional Indirectly Fabricated Post - Same Tooth	One In Lifetime Per Tooth To Be Performed In Conjunction With D2952 And Is Not Payable Separately	\$0	\$0
2954	Prefab Post And Core In Addition To Crown		\$0	\$0
2955	Post Removal		\$0	\$0
2957	Each Additional Prefabricated Post - Same Tooth	Only In Conjunction With Allowable Crown Or On Root Canal Treated Permanent Teeth	\$0	\$0
2970	Temporary Crown (Fractured Tooth)	One In Lifetime Per Tooth For Permanent Teeth Only. This Procedure Is Limited To The Palliative Treatment Of Traumatic Injury Only And Shall Meet The Criteria For A Laboratory Processed Crown (D2710-D2792) Not A Benefit On The Same Date Of Service As: A. Palliative (Emergency) Treatment Of Dental Pain- Minor Procedure (D9110) B. Office Visit For Observation (During Regularly Scheduled Hours) - No Other Services Performed (D9430)	\$0	\$0
2971	Additional Procedures To Construct New Crown Under Existing Partial Denture Framework	One In 36 Months	\$0	\$0
2980	Crown Repair Necessitated By Restorative Material Failure		\$0	\$0

Code	Service Description	Limitations	HFP	HKSB
3110	Pulp Cap, Direct, Excluding Final Restoration		\$0	\$0
3220	Therapeutic Pulpotomy, Excluding Final Restoration		\$0	\$0
3221	Pulpal Debridement, Primary And Permanent Teeth	One Per Tooth A Benefit For Permanent Tooth Or Over-Retained Primary Teeth With No Permanent Successor. This Procedure Is For The Relief Of Acute Pain Prior To Conventional Root Canal Therapy And Is Not A Benefit For Root Canal Therapy Visits. Not A Benefit On The Same Date Of Service With Any Additional Services On The Same Tooth.	\$0	\$0
3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth With Incomplete Root Development		\$0	\$0
3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	One Per Primary Tooth Not A Benefit: A. For A Primary Tooth Near Exfoliation. B. With A Therapeutic Pulpotomy (Excluding Final Restoration) (D3220), Same Date Of Service, Same Tooth. C. With Pulpal Debridement, Primary And Permanent Teeth (D3221), Same Date Of Service, Same Tooth.	\$0	\$0
3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	One Per Primary Tooth Not A Benefit: A. For A Primary Tooth Near Exfoliation. B. With A Therapeutic Pulpotomy (Excluding Final Restoration) (D3220), Same Date Of Service, Same Tooth. C. With Pulpal Debridement, Primary And Permanent Teeth (D3221), Same Date Of Service, Same Tooth	\$0	\$0
3310	Root Canal, Anterior, Excluding Final Restoration		\$5 Per Canal	\$10 Per Canal
3320	Root Canal, Bicuspid, Excluding Final Restoration			
3330	Root Canal, Molar, Excluding Final Restoration			
3331	Treatment Of Root Canal Obstruction; Non-Surgical Access	To Be Performed In Conjunction With Endodontic Procedures And Is Not Payable Separately	\$0	\$0
3346	Retreatment Of Previous Root Canal Therapy, Anterior	Retreatment. Only If Signs Of Abscess Formation Present. Not For Removal Of Silver Points, Overfills, Underfills, Or Broken Instruments Without Pathology.	\$5 Per Canal	\$10 Per Canal
3347	Retreatment Of Previous Root Canal Therapy, Bicuspid			
3348	Retreatment Of Previous Root Canal Therapy, Molar			
3351	Apexification/Recalcification/Pulpal Regeneration - Initial Visit	The Apexification Procedure May Be Repeated At Six-Month Intervals, After The Initial Apexification Session With Payment Allowed For Each Treatment.	\$0	\$0
3352	Apexification/Recalcification/Pulpal Regeneration - Interim			

3354	Pulpal Regeneration – (Completion Of Regenerative Treatment In An Immature Permanent Tooth With A Necrotic Pulp); Does Not Include Final Restoration.		\$0	\$0
3410	Apicoectomy/Periradicular Surgery - Anterior		\$5 Per Canal	\$10 Per Canal
3421	Apicoectomy/Periradicular Surgery – Bicus First Root			
3425	Apicoectomy/Periradicular Surgery – Molar Second Root			
3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	<p>A Benefit For Permanent Teeth Only. Not A Benefit:</p> <p>A. To The Original Provider Within 90 Days Of Root Canal Therapy.</p> <p>B. To The Original Provider Within 24 Months Of A Prior Apicoectomy/ Periradicular Surgery, Same Root.</p> <p>C. For 3rd Molars, Unless The 3rd Molar Occupies The 1st Or 2nd Molar Position Or Is An Abutment For An Existing Fixed Partial Denture Or Removable Partial Denture With Cast Clasps Or Rests.</p> <p>Only Payable The Same Date Of Service As Procedures D3421 Or D3425.</p> <p>The Fee For This Procedure Includes The Placement Of Retrograde Filling Material And All Treatment And Post Treatment Radiographs.</p>	\$5	\$10
3430	Retrograde Filling – Per Root		\$0	\$0
3450	Root Amputation – Including Any Root Removal		\$0	\$0
Periodontics				
Code	Service Description	Limitations	HFP	HKSB
4210	Gingivectomy/Gingivoplasty – Per Quadrant	Co-Payment, Must Include Post Surgical Visits	\$0	\$0
4211	Gingivectomy/Gingivoplasty – Per Tooth	Not In Conjunction With Crown Preparation	\$0	\$0
4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant	5 Quadrants In 12 Months	\$0	\$0
4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth Or Bounded Teeth Spaces Per Quadrant		\$0	\$0
4260	Osseous Surgery (Including Flap Entry And Closure) – Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant		\$5	\$10
4261*	Osseous Surgery (Including Flap Entry And Closure) – One To Three Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant		For Patients Age 13 Or Older - Once Per Quadrant Every 36 Months . Not Within 30 Days Following Periodontal Scaling And Root Planing (D4341 And D4342) For The Same Quadrant	\$5
4341	Periodontal Scaling And Root Planing Four Or More Teeth Per Quadrant	Up To 5 Quadrants In 12 Mo. Period. A Benefit To Treat Abscess Or Acute Periodontitis	\$0	\$0
4342	Periodontal Scaling And Root Planing One To Three Teeth Per Quadrant		\$0	\$0

4910	Periodontal Maintenance <i>(Periodontal Recall (Periodontal Prophylaxis) Following Active Periodontal Therapy After Three Months (Includes Any Examination Evaluation, Curettage, Root Planning And/Or Polishing As May Be Necessary.)</i>	Once Every 6 Month If There Is No History Of Prophylaxis Within 6 Month	\$0	\$0
4920*	Unscheduled Dressing Change (By Someone Other Than Treating Dentist)	For Patients Age 13 Or Older Once Per Patient Per Provider	\$0	\$0
Prosthetics				
Code	Service Description	Limitations	HFP	HKSB
5110	Complete Denture – Upper	Once Every 36 Months For Children 16 Years And Older	\$5	\$10
5120	Complete Denture – Lower			
5130	Immediate Denture – Upper			
5140	Immediate Denture – Lower			
5211	Upper Partial-Resin Based With Conventional Clasps, Rests & Teeth		\$5	\$10
5212	Lower Partial-Resin Based With Conventional Clasps, Rests & Teeth		\$5	\$10
5213	Upper Partial-Cast Metal Resin Based With Conventional Clasps, Rests & Teeth	Once Every 36 Months For Children 16 Years And Older	\$5	\$10
5214	Lower Partial-Cast Metal Resin Based With Conventional Clasps, Rests & Teeth		\$5	\$10
5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)		\$5	\$10
5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests And Teeth)		\$5	\$10
5410	Adjust Complete Denture – Upper		\$0	\$0
5411	Adjust Complete Denture – Lower		\$0	\$0
5421	Adjust Partial Denture – Upper		\$0	\$0
5422	Adjust Partial Denture – Lower		\$0	\$0
5510	Repair Broken Complete Denture Base		\$0	\$0
5520	Replace Missing/Broken T-Compl. Dent- Each T.		\$0	\$0
5610	Repair Resin Denture Base		\$0	\$0
5620	Repair Cast Framework		\$0	\$0
5630	Repair Or Replace Broken Clasp		\$0	\$0
5640	Replace Broken Teeth – Per Tooth		\$0	\$0
5650	Add Tooth To Existing Partial Denture		\$0	\$0
5660	Add Clasp To Existing Partial Denture		\$0	\$0
5670	Replace All Teeth And Acrylic On Cast Metal Framework (Maxillary)		\$0	\$0
5671	Replace All Teeth And Acrylic On Cast Metal Framework (Mandibular)		\$0	\$0
5710	Rebase Complete Maxillary Denture	One In 12 Months Frequency Limit Applies To Denture Reline	\$0	\$0
5711	Rebase Complete Mandibular Denture	One In 12 Months Frequency Limit Applies To Denture Reline	\$0	\$0
5720	Rebase Maxillary Partial Denture	One In 12 Months Frequency Limit Applies To Denture Reline	\$0	\$0

5721	Rebase Mandibular Partial Denture	One In 12 Months Frequency Limit Applies To Denture Reline	\$0	\$0	
5730	Reline Complete Upper Denture – Chairside	One Per Arch In Any 12 Consecutive Months	\$0	\$0	
5731	Reline Complete Lower Denture – Chairside				
5740	Reline Upper Partial Denture – Chairside				
5741	Reline Lower Part Denture – Chairside				
5750	Reline Complete Upper Denture – Laboratory	One Per Arch In Any 12 Consecutive Months	\$5	\$10	
5751	Reline Complete Lower Denture – Laboratory				
5760	Reline Upper Partial Denture – Laboratory				
5761	Reline Lower Partial Denture – Laboratory				
5820	Interim Partial Denture (Upper)	A Benefit Only If Used As Anterior Space Maintainer In Children	\$0	\$0	
5821	Interim Partial Denture – (Lower)				
5850	Tissue Conditioning, Maxillary	Limited To Two Per Denture	\$0	\$0	
5851	Tissue Conditioning, Mandibular				
5899	Unspecified Removable Prosthodontic Procedure, By Report - Denture Duplication	One Denture Duplication Per Lifetime	\$5	\$10	
Bridges					
Pontic					
Code	Service Description	Limitations	HFP	HKSB	
6210*	Pontic - Cast High Noble Metal	One Per 36 Months Co-Payment Per Unit When Necessary For Patients (Cost Of Noble Metal Is Member Responsibility) 16 Years Old Or Older And Whose Oral Health Permits, For Anterior Teeth Only. Up To 5 Units Allowed Per Arch. Optional When Provided With A Partial Denture On Same Arch Or When Abutment Teeth Are Dentally Sound.	\$5	\$10	
6211*	Pontic - Cast Predominantly Base Metal				
6212*	Pontic - Cast Noble Metal				
6214*	Pontic - Titanium				
6240*	Pontic - Porcelain Fused To High Noble Metal				
6241*	Pontic - Porcelain Fused To Predominantly Base Metal				
6242*	Pontic - Porcelain Fused To Noble Metal				
6245*	Pontic - Porcelain/Ceramic				
6251*	Pontic - Pontic Resin Predominantly Base Metal				
6252*	Pontic - Resin With Noble Metal				
Retainer					
Code	Service Description	Limitations	HFP	HKSB	
6545*	Retainer – Cast Metal Resin Bond Fix Prosth.	One Per 36 Months	\$5	\$10	
6610*	Onlay - Cast High Noble Metal, Two Surfaces	Co-Payment Per Unit When Necessary For Patients (Cost Of Noble Metal Is Member Responsibility) 16 Years Old Or Older And Whose Oral Health Permits, For Anterior Teeth Only. Up To 5 Units Allowed Per Arch. Optional When Provided With A Partial Denture On Same Arch Or When Abutment Teeth Are Dentally Sound.			
6611*	Onlay - Cast High Noble Metal, Three Or More Surfaces				
6612*	Onlay - Cast Predominantly Base Metal, Two Surfaces	One Per 36 Months			
6613*	Onlay - Cast Predominantly Base Metal, Three Or More Surfaces	Co-Payment Per Unit When Necessary For Patients (Cost Of Noble Metal Is Member Responsibility) 16 Years Old Or Older And Whose Oral Health Permits, For Anterior Teeth Only. Up To 5 Units Allowed Per Arch. Optional When Provided With A Partial Denture On Same Arch Or When Abutment Teeth Are Dentally Sound.			
6614*	Onlay - Cast Noble Metal, Two Surfaces	\$5			\$10
6615*	Onlay - Cast Noble Metal, Three Or More Surfaces				
6720*	Crown - Resin With High Noble Metal				
6721*	Crown - Resin With Predominantly Base Metal				
6722*	Crown - Resin With Noble Metal				
6930	Recement Bridge		\$0	\$0	
6980	Fixed Partial Denture Repair Necessitated By Restorative Material Failure		\$0	\$0	

Oral Surgery				
Code	Service Description	Limitations	HFP	HKSB
7111	Coronal Remnants - Deciduous Tooth		\$0	\$0
7140	Extraction, Erupted Tooth Or Exposed Root		\$0	\$0
7210	Surgical Removal Of Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth And Including Elevation Of Flap If Indicated		\$0	\$0
7220	Removal Of Impacted Tooth - Soft Tissue		\$0	\$0
7230	Removal Of Impacted Tooth Part Bony		\$5	\$10
7240	Removal Of Impacted Tooth - Complete Bony		\$5	\$10
7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	One In Lifetime Per Tooth A Benefit When The Removal Of Any Impacted Tooth Requires The Elevation Of A Mucoperiosteal Flap And The Removal Of Substantial Alveolar Bone Covering Most Or All Of The Crown	\$5	\$10
7250	Surgical Removal Of Residual Tooth Roots Requiring Cutting Of Soft Tissue And Bone And Closure		\$5	\$10
7251	Coronectomy – Intentional Partial Tooth Removal		\$5	\$10
7270	Tooth Reimplantation/Stabilization		\$0	\$0
7285	Biopsy Of Oral Tissue - Hard (Bone, Tooth)		\$0	\$0
7286	Biopsy Of Oral Tissue - Soft		\$0	\$0
7310	Alveoplasty In Conjunction With Extractions - Per Quadrant		\$0	\$0
7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant		\$0	\$0
7320	Alveoplasty Not In Conjunction With Extractions - Per Quadrant		\$0	\$0
7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant		\$0	\$0
7410	Excision Of Benign Lesion Up To 1.25 Cm		\$0	\$0
7411	Excision Of Benign Lesion Greater Than 1.25 Cm		\$0	\$0
7450	Removal Of Benign-Odontogenic. Cyst Or Tumor Lesion Diameter Up To 1.25cm		\$0	\$0
7451	Removal Of Benign-Odontogenic. Cyst Or Tumor Lesion Diameter Greater Than 1.25cm		\$0	\$0
7460	Removal Of Benign Nonodontogenic. Cyst Or Tumor Lesion Diameter Up To 1.25cm		\$0	\$0
7461	Removal Of Benign Nonodontogenic. Cyst Or Tumor Lesion Diameter Greater Than 1.25cm		\$0	\$0
7472	Removal Of Palatal Torus		\$0	\$0
7473	Removal Of Mandibular Torus		\$0	\$0
7473	Removal Of Mandibular Torus		\$0	\$0
7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue		\$0	\$0

Others				
Code	Service Description	Limitations	HFP	HKS
7511	Incision And Drainage Of Abscess – Intraoral Soft Tissue – Complicated (Includes Drainage Of Multiple Fascial Spaces)	Will Be Downgraded To 7510	\$0	\$0
7520	Incision And Drainage Of Abscess - Extraoral		\$0	\$0
7521	Incision And Drainage Of Abscess – Extraoral Soft Tissue – Complicated (Includes Drainage Of Multiple Fascial Spaces)	Will Be Downgraded To 7520	\$0	\$0
7960	Frenulectomy – Also Known As (Frenectomy Or Frenotomy) – Separate Procedure Not Incidental To Another Procedure		\$0	\$0
9110	Palliative (Emergency) Treatment Of Dental Pain – Minor	Benefit Only If No Other Treatment (Except X-Rays) Is Rendered During The Visit	\$0	\$0
9210	Local Anesthesia Not In Conjunction With Operative Or Surgical Procedures		\$0	\$0
9215	Local Anesthesia In Conjunction With Operative Or Surgical Procedures		\$0	\$0
9220	General Anesthesia - First 30 Minutes	A Benefit Only With Authorized Surgical Procedure	\$0	\$0
9221	General Anesthesia - Each Additional 15 Minutes		\$0	\$0
9230	Administration Of Nitrous Oxide / Anxiolysis, Analgesia		\$0	\$0
9241	Intravenous Conscious Sedation/Analgesia – First 30 Minutes	A Benefit Only With Authorized Surgical Procedure.	\$0	\$0
9242	Intravenous Conscious Sedation/Analgesia – Each Additional 15 Minutes	Includes Intravenous Administration Of Sedative And/Or Analgesic Agent(S) And Appropriate Monitoring		
9248	Non-Intravenous Conscious Sedation	Includes Non-Intravenous Administration Of Sedativeand/Or Analgesic Agent(S) And Appropriate Monitoring	\$0	\$0
9310	Consult Diag. Svc By Nontreat Practitioner	Benefit Only If No Other Treatment (Except X-Rays) Is Rendered During The Visit	\$0	\$0
9420	Hospital Call		\$0	\$0
9430	Office Visit During Regular Hours-No Other Services		\$0	\$0
9440	Office Visit – After Regular Scheduled Hours		\$0	\$0
9920	Behavior Management		\$0	\$0
9930	Complications, Post Surgical, Unusual, By Report		\$0	\$0
9999	Unspecified Adjunctive Procedure By Report		\$0	\$0
Annual Maximums		No Annual Maximum		

Please Use The Following Code To Report Missed Or Broken Appointments.

777	Broken Appointment	Without 24 Hour Notification	\$5	\$10
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Commercial Dental Managed Care Program (DHMO)

Commercial Dental Managed Care Program

Below is a description of Access Dentals' Commercial Dental Managed Care Program coverage

The benefits and copayments for Commercial Dental Managed Care coverage can be found on the Premier Access website. Premier Access provides group dental benefits to employers and union groups. Under the prepaid Commercial Dental Managed Care Program, Members have a copayment for certain services. The Primary Care Dentist (PCD) must collect the copayment at the time of delivery of service.

Review criteria for claims processing has been adopted from the Medi-Cal Dental Program Provider Manual. This criteria is applied with covered benefits, limitations, and exclusions of Premier Access's Commercial Dental Managed Care Program.

Copayment

Premier Access offers several commercial product copayment schedules which are listed on the Premier Access website at: www.premierlife.com. These copayments are amounts that should be collected by the Provider from the Members at the time of delivery of service.

Provider must refer to Member's identification card to determine Member's copayment schedule as the covered benefits and copayment vary between Plans. You may contact our Provider Relations Department or visit our website to obtain the copayment schedules.

Benefits Plan Summary

The following lists are allowed dental benefits the Member can obtain through the Plan, if applicable to your Plan, when the services are necessary and consistent with professionally recognized standards of practice, subject to the exceptions and limitations listed here:

◆ Diagnostic and Preventive Benefits

Description

- Benefit includes:
- Initial and periodic oral examinations
- Consultations, including specialist consultations
- Topical fluoride treatment
- Preventive dental education and oral hygiene instruction
- Radiographs (x-rays)
- Prophylaxis services (cleanings)
- Dental sealant treatments
- Space Maintainers, including removable acrylic and fixed band type.

Limitations

Radiographs (x-rays) is limited as follows:

- * ▪ Bitewing x-rays in conjunction with periodic examinations are limited to one series of two or four films in any 6 consecutive month period. Isolated bitewing or periapical films are allowed on an emergency or episodic basis
- * ▪ Full mouth x-rays in conjunction with periodic examinations are limited to once every 60 consecutive months
Panoramic film x-rays are limited to once every 60 consecutive months.

* Please refer to the Premier Access website: www.premierlife.com for Co-Pay Schedules, Limitations and Exclusions for your respective Plan.

- Prophylaxis services (cleanings) are limited to one every six month period.
- Dental sealant treatments are limited to un-restored permanent first and second molars for children under the age of 14 years.

◆ Restorative Dentistry

Description

Restorations include:

- Amalgam or composite resin for the treatment of caries
- Replacement of a restoration
- Use of pins and pin build-up in conjunction with a restoration
- Sedative base and sedative fillings

Limitations

Restorations are limited to the following:

- For the treatment of caries, if the tooth can be restored with amalgam or composite resin; any other restoration such as a crown is considered optional.
- * Composite resin on posterior teeth is optional.

Replacement of a restoration is covered only when it is defective, as evidenced by conditions such as recurrent caries or fracture, and replacement is dentally necessary

◆ Oral Surgery

Description

Oral surgery includes:

- Extractions, including surgical extractions
- Removal of impacted teeth
- Biopsy of oral tissues
- Alveolectomies
- Treatment of palatal torus
- Treatment of mandibular torus
- Frenectomy
- Incision and drainage of abscesses
- Post-operative services, including exams, suture removal and treatment of complications
- Root recovery (separate procedure)

Limitation

The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists.

◆ Endodontic

Description

Endodontics benefits include:

* Please refer to the Premier Access website: www.premierlife.com for Co-Pay Schedules, Limitations and Exclusions for your respective Plan.

- Direct and indirect pulp capping
- Pulpotomy and vital pulpotomy
- Apexification filling with calcium hydroxide
- Root amputation
- Root canal therapy, including culture canal and limited re-treatment of previous root canal therapy as specified below
- Apicoectomy
- Vitality tests

Limitations

Root canal therapy, including culture canal, is limited as follows:

- Re-treatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present and/or the patient is experiencing symptoms.
- Removal or re-treatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit.

◆ Periodontics

Description

Periodontics benefits include:

- Emergency treatment, including treatment for periodontal abscess and acute periodontitis
- Periodontal scaling and root planing, and subgingival curettage
- Gingivectomy

Limitation

- * Periodontal scaling and root planing, and subgingival curettage are limited to four (4) quadrant treatments in any 12 consecutive months.

◆ Crown and Fixed Bridge

Description

Crown and fixed bridge benefits include:

- Crowns, including those made of acrylic, acrylic with metal, porcelain, porcelain with metal, full metal, and stainless steel
- Related dowel pins and pin build-up
- Fixed bridges, which are cast, porcelain baked with metal.
- Recementation of crowns, bridges, inlays and onlays
- Cast post and core, including cast retention under crowns
- Repair or replacement of crowns, abutments or pontics

Limitations

The crown benefit is limited as follows:

*

* Please refer to the Premier Access website: www.premierlife.com for Co-Pay Schedules, Limitations and Exclusions for your respective Plan.

- Replacement of each unit is limited to once every 60 consecutive months, except when the crown is no longer functional as determined by the Plan.
- Only acrylic crowns and stainless steel crowns are a benefit for children under 16 years of age. If other types of crowns are chosen as an optional benefit for children under 16 years of age, the covered dental benefit level will be that of an acrylic crown.
- Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. For example, if the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.
- Veneers are considered optional.

The fixed bridge benefit is limited as follows:

- Fixed bridges will be used only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
- A fixed bridge is covered when it is necessary to replace a missing permanent anterior tooth in a person 16 years of age or older and the patient's oral health and general dental condition permits. For children under the age of 16, it is considered optional dental treatment. If performed on a Member under the age of 16, the Member must pay the difference in cost between the fixed bridge and a space maintainer.
- Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic.
- Fixed bridges are optional when provided in connection with a partial denture on the same arch.
- Replacement of an existing fixed bridge is covered only when it cannot be made satisfactory by repair.

The program allows up to five units of crown or bridgework per arch. Upon the sixth unit, the treatment is considered full mouth reconstruction, which is optional treatment.

◆ Removable Prosthetics

Description

The removable prosthetics benefit includes:

- Dentures, full maxillary, full mandibular, partial upper, partial lower, teeth, and clasps
- Office or laboratory relines or rebases
- Denture repair
- Denture adjustment
- Tissue conditioning
- Denture duplication
- Stayplates

Limitations

The removable prosthetics benefit is limited as follows:

- *
 - Partial dentures will not be replaced within 60 consecutive months, unless:
 - It is necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible, or;
 - The denture is unsatisfactory and cannot be made satisfactory.

* Please refer to the Premier Access website: www.premierlife.com for Co-Pay Schedules, Limitations and Exclusions for your respective Plan.

- The covered dental benefit for partial dentures will be limited to the charges for a cast chrome or acrylic denture if this would satisfactorily restore an arch. If a more elaborate or precision appliance is chosen by the patient and the dentist, and is not necessary to satisfactorily restore an arch, the patient will be responsible for all additional charges.
- A removable partial denture is considered an adequate restoration of a case when teeth are missing on both sides of the dental arch. Other treatments of such cases are considered optional.
- * ▪ Full upper and/or lower dentures are not to be replaced within 60 consecutive months unless the existing denture is unsatisfactory and cannot be made satisfactory by relines or repair.
- The covered dental benefit for complete dentures will be limited to the benefit level for a standard procedure. If a more personalized or specialized treatment is chosen by the patient and the dentist, the patient will be responsible for all additional charges.
- Office or laboratory relines or rebases are limited to one (1) per arch in any 12 consecutive months.
- Tissue conditioning is limited to two per denture
- Implants are considered an optional benefit
- Stayplates are a benefit for the replacement of an extracted anterior tooth during the healing period. Limited to (1) per arch in any 12 consecutive months.

Description

Other dental benefits include:

- Local anesthetics
- Oral sedation. For children under 6 years of age when dispensed in a dental office by a practitioner acting within the scope of their licensure
- * ▪ Nitrous oxide when dispensed for children under 13 years of age in a dental office by a practitioner acting within the scope of their licensure
- Emergency treatment, palliative treatment
- Coordination of benefits with member's health plan in the event hospitalization or outpatient surgery setting is medically appropriate for dental services

◆ Exclusions and Limitations

The following dental Benefits are excluded under the Plan:

1. Treatment which: a) is not included in the list of Covered Services and Supplies; b) is not Dentally Necessary; or c) is Experimental in nature.
2. Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
3. Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the policy.
4. Replacement of a lost or stolen appliance including but not limited to, full or partial dentures, space maintainers and crowns and bridges.
5. Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
6. Missed dental appointments.
7. Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
8. Treatment for a jaw fracture.

* Please refer to the Premier Access website: www.premierlife.com for Co-Pay Schedules, Limitations and Exclusions for your respective Plan.

9. Services or supplies provided by a dentist, dental hygienist, denturist or doctor who is: a) a close relative or a person who ordinarily resides with You or an Eligible Dependent; b) an employee of the employer; c) the employer.
10. Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
11. Services and supplies obtained while outside the United States, except for Emergency Care.
12. Services or supplies resulting from or in the course of your or your Eligible Dependent's regular occupation for pay or profit for which you or your Eligible Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify Us of all such benefits.
13. Any Charges which are:
 - a. Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, We will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and supplies.
 - b. Not imposed against the person or for which the person is not liable.
 - c. Reimbursable by Medicare Part A and Part B. If an Eligible Person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her Benefits under this policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for Eligible Persons insured under employers who notify Us that they employ 20 or more employees during the previous business year, this exclusion will not apply to an actively at work employee and/or his or her spouse who is age 65 or older if the employee elects coverage under this policy instead of coverage under Medicare.
14. Services and supplies provided primarily for cosmetic purposes.
15. Services and supplies which may not reasonably be expected to successfully correct the Eligible Person's dental condition for a period of at least three years, as determined by Premier Access.
16. Orthodontic services, supplies, appliances and orthodontic-related services, unless an orthodontic rider was included in the policy.
17. Extraction of asymptomatic, pathology-free third molars (wisdom teeth).
18. Therapeutic drug injection.
19. Correction of congenital conditions or replacement of congenitally missing permanent teeth not covered, regardless of the length of time the deciduous tooth is retained.
20. General anesthesia or intravenous/conscious sedation.
21. Excision of cysts and neoplasms.
22. Osseous or muco-gingival surgery.
23. Restorative procedures, root canals and appliances which are provided because of attrition, abrasion, erosion, wear, or for cosmetic purposes.
24. Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The covered charge for the services is based on the single dental procedure code that accurately represents the treatment performed.
25. Replacement of stayplates.
26. Dispensing of drugs not normally supplied in a dental office.
27. Malignancies.

28. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limitations of the Member.
29. The cost of precious metals used in any form of dental Benefits.
30. Implant-supported dental appliances, implant placement, maintenance, removal and all other services associated with dental implants. Please refer to your Schedule of Benefits for more specific information.
31. Dental services that are received in an Emergency Care setting for conditions that are not emergencies if the subscriber reasonably should have known that an Emergency Care situation did not exist.
33. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.

Limitations of Other Coverage:

1. This dental coverage is not designed to duplicate any Benefits to which Members are entitled under government programs, including CHAMPUS, Medi-Cal or Workers' Compensation. By executing an enrollment application, a Member agrees to complete and submit to the Plan such consents, releases, assignments, and other documents reasonably requested by the Plan or order to obtain or assure CHAMPUS or Medi-Cal reimbursement or reimbursement under the Workers' Compensation Law.
2. Benefits provided by a pediatric dentist are limited to children under six years of age following an attempt by the assigned Primary Care Dentist to treat the child and upon Prior Authorization by Premier Access, less applicable Copayments.



Administrative Forms



TRANSFER REQUEST FORM

Date: _____	Dental Office Name: _____
Member Name: _____	Office Telephone #: _____
Member ID #: _____	
Member Telephone #: _____	

- GEOGRAPHIC MANAGED CARE COMMERCIAL MANAGED CARE HEALTHY FAMILIES PROGRAM LOS ANGELES PREPAID HEALTH PROGRAM
 GMC DHMO HFP LAPHP

Reason for Request: All Provider Transfer Requests will be processed by the Plan within 30 days from the date of receipt. All approved transfers will be result in the deletion of the Member from the next month's roster. Providers will be notified by the Plan, in writing, of any denied requests.

- Member is repeatedly verbally abusive to the provider, auxiliary or administrative staff or other Plan members.
- Member physically assaulted the provider or staff person or another member or threatened another individual with a weapon on provider's premises. In this instance, the provider shall file a police report and file charges against the member.
- Member was disruptive to the provider's office operations.
- Member has allowed the fraudulent use of his/her coverage under the Plan, which includes his/her allowance of others to use his/her membership card to receive services from Providers.
- Member has failed to follow prescribed treatment (including failure to keep established appointments). This shall not, in and of itself, be good cause for a request for Member reassignment unless the provider can demonstrate that, as a result of the failure, the Provider is exposed to a substantially greater and unforeseeable risk than otherwise contemplated under the Plan and the rate-setting assumptions.

Additional comments for transfer: _____

PLEASE STATE THE MISSED APPOINTMENT DATES: _____

Dentist's Signature: _____ **Date:** _____

PLEASE MAIL REQUEST TO: ACCESS /PREMIER ACCESS, P.O. BOX 659005, SACRAMENTO, CA 95865-9005
ATTENTION: CUSTOMER SERVICE DEPARTMENT

FOR ACCESS DENTAL PLAN OFFICE USE ONLY:

Person Receiving Complaint: _____

Date of Action: _____

Action Taken: _____



SPECIALIST REFERRAL FORM



Mail: Access Dental /Premier Access Referral Dept.
 PO Box 659005 – Sacramento, CA 95865-9005
 Telephone: 800-270-6743 x6012 Fax: 877-648-7741

PLEASE CHECK APPROPRIATE BOXES:

- Routine Referral Emergency Referral
 GMC DHMO HKSB HFP LAPHP

PATIENT INFORMATION		PRIMARY CARE DENTIST INFORMATION	
Patient Name:		Provider Name:	
Parent's Name (if minor):		Provider Office Number:	
CIN Number:		Provider Phone Number:	
Phone:	DOB:	Provider Fax Number:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Social Security Number (optional):		License Number:	
REQUEST FOR REFERRAL: <input type="radio"/> Endodontist <input type="radio"/> Pedodontist <input type="radio"/> Periodontist <input type="radio"/> Oral surgeon <input type="radio"/> Orthodontist <input type="radio"/> Other			
ATTACHMENTS: <input type="radio"/> X-rays included: <input type="radio"/> Yes <input type="radio"/> No If yes, how many? _____ (PLEASE ATTACH FILMS TO THIS FORM)			
PLEASE REFER TO THE ACCESS DENTAL / PREMIER ACCESS SPECIALTY CARE GUIDELINES ON THE BACK OF THIS FORM FOR DETAILS REGARDING THE DOCUMENTATION REQUIRED TO PROCESS YOUR SPECIALTY REFERRAL.			

DESCRIBE THE PROCEDURE AND REASON FOR SPECIALTY REFERRAL

	PATIENT MUST BE ELIGIBLE FOR COVERAGE AT TIME OF SERVICE SPECIALIST: PLEASE RETURN X-RAYS WHEN TREATMENT IS COMPLETED

IN MY PROFESSIONAL JUDGMENT THE TREATMENT LISTED REQUIRES A SPECIALIST: YES NO

REFERRING DENTIST SIGNATURE: _____ **DATE:** _____

THIS AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE OF APPROVAL

FOR ACCESS DENTAL/PREMIER ACCESS PLAN USE ONLY

PLEASE SEE ATTACHED RESPONSE TO SPECIALTY REFERRAL REQUEST FOR THE FOLLOWING

<input type="radio"/> Approved	Date:	Initial:
<input type="radio"/> Modified	Date:	Initial:
<input type="radio"/> Insufficient Information	Date:	Initial:
<input type="radio"/> Denied	Date:	Initial:



SPECIALTY CARE GUIDELINES FOR ALL PROGRAMS

Purpose:

To provide uniform guidelines of responsibility for General Dentists, to ensure that the level of specialized care provided by general practitioners is appropriate. The general Dentist is responsible for providing routine emergency and after hours emergency care, diagnostic and treatment planning procedures, diagnostic therapy, and the coordination of multi-disciplined treatment as needed.

Policy:

It is the policy of Access Dental Plan that general dentists provide the complete range of dental treatments for which they are licensed. Patients are only referred to a specialist for treatment of conditions that are beyond the capability of the general practitioner. Referral Department will make decisions on authorizations based on the information provided by the referring provider. The accuracy of this information will be verified based on the written referral request submitted by the referring provider.

In cases where a referring dentist inappropriately refers a member to a specialist, the referring dentist may be financially responsible for specialty dental care. The member will only be financially responsible for applicable co-payment (if any) and the treating specialist shall receive payment of benefits for covered services. The referring dentist may be subject to a back charge to cover the costs the Plan incurred for the inappropriate referral. The referring dentist may appeal the determination in writing via letter, e-mail or facsimile and the Plan will process the appeal request in accordance with any regulatory requirements and existing policies and procedures.

An inappropriate referral is defined as:

- A specialty dental care referral when the member is not eligible for benefits;
- A specialty dental care referral for services that do not meet the conditions listed for specialty referral guidelines below; or
- A specialty dental care referral to a non-contracted dentist providing specialty care without prior authorization of benefits from the Plan for non emergency services;

Endodontics

All routine endodontic procedures are the responsibility of the general Dentist. This includes initial treatment of root canal fillings for single and multi-canal teeth. The Dentist must also provide emergency pulpal, I & D, and bleaching treatment. Referrals may be made for complicated "tried and failed" cases, apicoectomies, and retro fillings.

Pedodontics

The general Dentist is responsible for the routine care of children of all ages. Routine care includes extractions, fillings, stainless steel crowns, pulpotomy, space maintainers, sealants, prophylaxis, and fluoride treatment. Young children with complicated management problems may constitute an appropriate referral to a specialist if at least two documented attempts with date of attempts, have been made by the Dentist in treating the patient. Some Patients with special health care needs may be considered as exceptions to this policy.

For HFP program members, approvals of pedodontic referrals will not be authorized for children ages 6 years and older. **For GMC and LAPHP** programs members, approvals of pedodontic referrals will not be authorized for children ages 11 years and older.

Periodontics

The general Dentist is responsible for the diagnosis and maintenance of his/her patient's periodontal care. The Dentist must be adept at surveying the patient's periodontal situation and home care motivation. The Dentist is responsible for all non-surgical treatment including, but not limited to, prophylaxis, subgingival curettage, root planning, oral hygiene instruction, and minor occlusal adjustment.

Specialty referral procedures may include: gingival surgery, osseous surgery, complete occlusal equilibration and orthodontic appliances. All periodontal referrals must indicate that the following procedures have been performed by the general Dentist prior to the referral:

1. Complete exam
2. Full Mouth X-rays
3. Full periodontal examination
4. Full mouth root planning
5. Recall periodontic exam within 3-6 months from the date of the initial root planning.

Oral Surgery

The general Dentist is responsible for providing Oral Surgery for erupted and devastated dentition including surgical extractions, root sectioning and retrieval, soft tissue impaction, intra-oral I & D, and/or routine minor surgical procedures. THE PLAN will cover extractions of impacted teeth only with an existing pathology, immature, erupting third molars, which are currently impacted (usually on patients 18 years or younger) are not a covered benefit. Extraction of impacted, asymptomatic teeth with no pathology on adult patients is not a benefit of THE PLAN. Part and full bony symptomatic impactions, biopsies, and osseous re-contouring and patients requiring hospital dentistry and specialist involvement due to the medical problem, may be referred to an Oral Surgeon.

Anesthesia

The general Dentist is expected to be an expert in controlling pain through the use of relaxation techniques and local anesthesia.

Orthodontics

General Dentists are not expected to have extensive orthodontic training and are not required to provide this care. Not all Access Dental Plan members have orthodontic coverage. Member referrals will be expedited through the Dental Director's office to orthodontic offices within the panel. Please see your provider manual for Healthy Families Program requirements through the California Children's Services Program.

Other

An authorization for a second opinion.

HANDICAPPING LABIO-LINGUAL DEVIATION (HLD) INDEX CALIFORNIA MODIFICATION SCORE SHEET

(You will need this score sheet and a Boley Gauge or a disposable ruler)

Provider

Patient

Name: _____ Name: _____

Number: _____

Date: _____

- Position the patient's teeth in centric occlusion.
- Record all measurements in the order given and round off to the nearest millimeter (mm).
- ENTER SCORE '0' IF THE CONDITION IS ABSENT.

CONDITIONS #1 – #6A ARE AUTOMATIC QUALIFYING CONDITIONS

HLD Score

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1. Cleft palate deformity (See scoring instructions for types of acceptable documentation) Indicate an 'X' if present and score no further | _____ |
| 2. Cranio-facial anomaly (Attach description of condition from a credentialed specialist) Indicate an 'X' if present and score no further | _____ |
| 3. Deep impinging overbite WHEN LOWER INCISORS ARE DESTROYING THE SOFT TISSUE OF THE PALATE. TISSUE LACERATION AND/OR CLINICAL ATTACHMENT LOSS MUST BE PRESENT. Indicate an 'X' if present and score no further | _____ |
| 4. Crossbite of individual anterior teeth WHEN CLINICAL ATTACHMENT LOSS AND RECESSON OF THE GINGIVAL MARGIN ARE PRESENT Indicate an 'X' if present and score no further .. | _____ |
| 5. Severe traumatic deviation. (Attach description of condition. For example: loss of a premaxilla segment by burns or by accident, the result of osteomyelitis, or other gross pathology.) Indicate an 'X' if present and score no further | _____ |
| 6A. Overjet greater than 9mm with incompetent lips or mandibular protrusion (reverse overjet) greater than 3.5mm with masticatory and speech difficulties. Indicate an 'X' if present and score no further | _____ |

THE REMAINING CONDITIONS MUST SCORE 26 OR MORE TO QUALIFY

- | | |
|------------------------------------------------------------------------------|-------------------|
| 68. Overjet equal to or less than 9 mm | _____ |
| 7. Overbite in mm | _____ |
| 8. Mandibular protrusion (reverse overjet) equal to or less than 3.5 mm..... | _____ x 5 = _____ |
| 9. Open bite in mm.. | _____ x 4 = _____ |

IF BOTH ANTERIOR CROWDING AND ECTOPIC ERUPTION ARE PRESENT IN THE ANTERIOR PORTION OF THE SAME ARCH, SCORE ONLY THE MOST SEVERE CONDITION. DO NOT COUNT BOTH CONDITIONS.

- | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|----------|-------|-------------|
| 10. Ectopic eruption (Identify by tooth number, and count each tooth, excluding third molars) | _____ | tooth numbers | total | x 3 | _____ |
| 11. Anterior crowding (Score one for MAXILLA, and/or one for MANDIBLE) | _____ | maxilla | mandible | total | x 5 = _____ |
| 12. Labio-Lingual spread in mm..... | _____ | | | | |
| 13. Posterior unilateral crossbite (must involve two or more adjacent teeth, one of which must be a molar. No score for bi-lateral posterior crossbite) | Score 4 _____ | | | | |

TOTAL SCORE: _____

IF A PATENT DOES NOT SCORE 26 OR ABOVE NOR MEETS ONE OF THE SIX AUTOMATIC QUALIFYING CONDITIONS HE/SHE MAY BE ELIGIBLE UNDER THE EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT- SUPPLEMENTAL SERVICES (EPSDT-SS) EXCEPTION IF MEDICAL NECESSITY IS DOCUMENTED.

DEPSDT-sS EXCEPTION: (Indicate with an 'X' and attach medical evidence and appropriate documentation for each of the following eight areas on a separate piece of paper IN ADDITION TO COMPLETING THE HLD SCORE SHEET ABOVE)

DO NOT WRITE IN THIS AREA.

- a) Principal diagnosis and significant associated diagnosis; and
- b) Prognosis; and
- c) Date of onset of the illness or condition and etiology if known; and
- d) Clinical significance or functional impairment caused by the illness or condition; and
- e) Specific types of services to be rendered by each discipline associated with the total treatment plan; and
- f) The therapeutic goals to be achieved by each discipline, and anticipated time for achievement of goals; and
- g) The extent to which health care services have been previously provided to address the illness or condition, and results demonstrated by prior care; and
- h) Any other documentation which may assist the Department in making the required determinations.

HANDICAPPING LABIO LINGUAL DEVIATION (HLD) INDEX CALIFORNIA MODIFICATION SCORING INSTRUCTIONS

The intent of the I-HLD index is to measure the presence or absence, and the degree, of the handicap caused by the components of the Index, and not to diagnose 'malocclusion.' All measurements are made with a Boley Gauge (or a disposable ruler) scaled in millimeters. Absence of any conditions must be recorded by entering '0.' (Refer to the attached score sheet.)

The following information should help clarify the categories on the I-HLD Index:

1. **Cleft Palate Deformity:** Acceptable documentation must include at least one of the following: 1) diagnostic casts; 2) intraoral photograph of the palate; 3) written consultation report by a qualified specialist or Craniofacial Panel. Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
2. **Cranio-facial Anomaly:** (Attach description of condition from a credentialed specialist) Indicate an 'X' on the score sheet. Do not score any further if present. (This condition is automatically considered to qualify for orthodontic services.)
3. **Deep Impinging Overbite:** Indicate an 'X' on the score sheet when lower incisors are destroying the soft tissue of the palate and tissue laceration and/or clinical attachment loss are present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
4. **Crossbite of Individual Anterior Teeth:** Indicate an 'X' on the score sheet when clinical attachment loss and recession of the gingival margin are present. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
5. **Severe Traumatic Deviation:** Traumatic deviations are, for example, loss of a premaxilla segment by burns or by accident; the result of osteomyelitis; or other gross pathology. Indicate an 'X' on the score sheet and attach documentation and description of condition. Do not score any further if present. (This condition is automatically considered to be a handicapping malocclusion without further scoring.)
- 6A. **Overjet greater than 9mm with Incompetent lips or mandibular protrusion (reverse overjet) greater than 35 mm with masticatory and speech difficulties:** Overjet is recorded with the patient's teeth in centric occlusion and is measured from the labial of the lower incisors to the labial of the corresponding upper central incisors. This measurement should record the greatest distance between any one upper central incisor and its corresponding lower central or lateral incisor. If the overjet is greater than 9mm with incompetent lips or mandibular protrusion (reverse overjet) is greater than 3.5mm with masticatory and speech difficulties, indicate an 'X' and score no further. (This condition is automatically considered to be a handicapping malocclusion without further scoring. Photographs shall be submitted for this automatic exception.)
- 6B. **Overjet equal to or less than 9mm:** Overjet is recorded as in condition #5A above. The measurement is rounded off to the nearest millimeter and entered on the score sheet.
7. **Overbite In Millimeters:** A pencil mark on the tooth indicating the extent of overlap facilitates this measurement. It is measured by rounding off to the nearest millimeter and entered on the score sheet. (Reverse overbite may exist in certain conditions and should be measured and recorded.)
8. **Mandibular Protrusion (reverse overjet) equal to or less than 3.5mm:** Mandibular protrusion (reverse overjet) is recorded as in condition #6A above. The measurement is rounded off to the nearest millimeter. Enter on the score sheet and multiply by five (5).
9. **Open Bite In Millimeters:** This condition is defined as the absence of occlusal contact in the anterior region. It is measured from incisal edge of a maxillary central incisor to incisal edge of a corresponding mandibular incisor, in millimeters. The measurement is entered on the score sheet and multiplied by four (4). In cases of pronounced protrusion associated with open bite, measurement of the open bite is not always possible. In those cases, a close approximation can usually be estimated.
10. **Ectopic Eruption:** Count each tooth, excluding third molars. Each qualifying tooth must be more than 50% blocked out of the arch. Count only one tooth when there are mutually blocked out teeth. Enter the number of qualifying teeth on the score sheet and multiply by three (3). If anterior crowding (condition #11) also exists in the same arch, score the condition that scores the most points. DO NOT COUNT BOTH CONDITIONS. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
11. **Anterior Crowding:** Arch length insufficiency must exceed 3.5mm. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Score one (1) for a crowded maxillary arch and/or one (1) for a crowded mandibular arch. Enter total on the score sheet and multiply by five (5). If ectopic eruption (condition #10) exists in the anterior region of the same arch, count the condition that scores the most points. DO NOT COUNT BOTH CONDITIONS. However, posterior ectopic teeth can still be counted separately from anterior crowding when they occur in the same arch.
12. **Labio-Lingual Spread:** A Boley Gauge (or a disposable ruler) is used to determine the extent of deviation from a normal arch. Where there is only a protruded or lingually displaced anterior tooth, the measurement should be made from the incisal edge of that tooth to the normal arch line. Otherwise, the total distance between the most protruded anterior tooth and the most lingually displaced adjacent anterior tooth is measured. In the event that multiple anterior crowding of teeth is observed, all deviations from the normal arch should be measured for labio-lingual spread, but only the most severe individual measurement should be entered on the score sheet.
13. **Posterior Unilateral Crossbite:** This condition involves two or more adjacent teeth, one of which must be a molar. The crossbite must be one in which the maxillary posterior teeth involved may either be both palatal or both completely buccal in relation to the mandibular posterior teeth. The presence of posterior unilateral crossbite is indicated by a score of four (4) on the score sheet. NO SCORE FOR BI-LATERAL CROSSBITE.

Attending Dentist's Statement II

GMC HFP LAPHP DHMO

CHDP Patient? Yes No

Check one: <input type="checkbox"/> Dentist's pre-treatment estimate <input type="checkbox"/> Dentist's statement of actual services <input type="checkbox"/> Encounter	Carrier name and address:
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------

PATIENT SECTION	1. Patient Name First: _____ Mi: _____ Last: _____	Relationship to employee <input type="checkbox"/> self <input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> other _____	Sex M. F.	4. Patient birth date MM DD YYYY	5. If full time student school city
	6. Employee / Subscriber name and mailing address	7. Employee / Subscriber / CIN Soc. Sec. number	8. Employee / Subscriber birth date MM DD YYYY	9. Employer (company) name and address	10. Group number
	11. Is patient covered by another plan of benefits? Dental: _____ Medical: _____	12-a. Name and address of carrier(s)	12-b. Group no.(s)	13. Name and address of employer	
	14-a. Employee / subscriber name (if different than patient's)	14-b. Employee / subscriber soc. Sec. number	14-c. Employee / subscriber birth date MM DD YYYY	15. Relationship to patient <input type="checkbox"/> self <input type="checkbox"/> child <input type="checkbox"/> spouse <input type="checkbox"/> other _____	

DENTIST SECTION	I have reviewed the following treatment plan. I authorize release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment.				I hear by authorize payment directly to the below named dentist of the group insurance benefits otherwise payable to me.								
	Signed (Patient, or parent if minor) _____ Date _____				Signed (Insured person) _____ Date _____								
	16. Dentist name				24. Is treatment result of occupational illness or injury?	No	Yes	If yes, enter brief description and dates.					
	17. Mailing address				25. Is treatment result of auto accident?								
	City, State, Zip				26. Other accident?								
	18. Dentist Soc. Sec. or T.I.N. 19. Dentist license no. 20. Dentist phone no.				27. Are any services covered by another plan?								
21. First visit date Current series		22. Place of treatment Office Hosp. ECF Other		23. Radiographs or models enclosed?		No	Yes	How Many	28. If prosthesis, is this initial placement?		(If no, reason for replacement prior)	29. Date of Placement	
									30. Is treatment for orthodontics?		If services already commenced enter:	Date appliances placed	Mos. treatment remaining

Identify missing teeth with "X" 	31. Examination and treatment plan – List in order from tooth no. 1 through tooth no. 32 – Use charting system shown.	For administrative use only																																																																																																																																																																																																						
	<table border="1" style="width:100%"> <thead> <tr> <th>Tooth # or letter</th> <th>Surface</th> <th>Description of service (Including x-rays, prophylaxis, materials used, etc.) Line No.</th> <th>Date Service Performed Mo. Day Year</th> <th>Procedure number</th> <th>Fee</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>23</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>24</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>25</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>26</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>27</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>28</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>29</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>30</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>32</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Tooth # or letter	Surface	Description of service (Including x-rays, prophylaxis, materials used, etc.) Line No.	Date Service Performed Mo. Day Year	Procedure number	Fee	1						2						3						4						5						6						7						8						9						10						11						12						13						14						15						16						17						18						19						20						21						22						23						24						25						26						27						28						29						30						31						32						
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I hear by certify that the procedures as indicated by date have been completed and that the fee submitted are the actual fees I have charged and intend to collect for those procedures.		Total Fee Charged Max. Allowable
Signed (dentist) _____	Date _____	

MAIL TO: Access Dental/Premier Access
 P.O. Box 659005
 Sacramento, CA 95865-9005

PHONE: LAPHP 888-414-4110
 HFP 888-849-8440
 GMC 916-646-2130
 DHMO 866-650-3660

Deductible	
Carrier %	
Carrier pays	
Patient pays	



GRIEVANCE FORM

GEOGRAPHIC MANAGED CARE COMMERCIAL MANAGED CARE HEALTHY FAMILIES PROGRAM LOS ANGELES PREPAID HEALTH PROGRAM
 GMC DHMO HFP LAPHP

Access Dental / Premier Access ("The "Plan") takes very seriously problems raised by its enrollees and endeavors to reach solutions acceptable to all concerned. To facilitate these efforts, please provide us with the following information. If you need assistance in completing this form, please contact any Plan Member Services Representative at 1-800-707-6453 or any Plan provider representative.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: (____) _____ - _____

NATURE OF COMPLAINT (BE AS SPECIFIC AS POSSIBLE & USE THE BACK OF THIS FORM IF MORE SPACE IS NEEDED):

DATE OF INCIDENT GIVING RISE TO THIS COMPLAINT: _____

NAMES OF PLAN PERSONNEL INVOLVED IN INCIDENT: _____

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(1-866-707-6453)**, and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site (<http://www.hmohelp.ca.gov>) has complaint forms, IMR application forms and instructions online.

PLEASE MAIL THIS FORM TO:
**Grievance Department
Access Dental / Premier Access
P. O. Box: 255039
Sacramento, CA 95865-5039**

Please do not write below this line - for Plan use only.

Name of Person Taking Complaint: _____	Date Received: _____	Time Received: _____	Date/Time Logged: _____
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FORMULARIO DE RECLAMO

SERVICIOS MÉDICOS
ADMINISTRADOS
GEOGRÁFICAMENTE

GMC

SERVICIOS MÉDICOS
ADMINISTRADOS
COMERCIALMENTE

DHMO

PROGRAMA HEALTHY
FAMILIES

HFP

PROGRAMA DE
SALUD DE LOS
ANGELES PAGADO

LAPHP

Access Dental / Premier Access ("El "Plan") toma muy en serio todo problema planteado por sus miembros y se esfuerza por lograr soluciones aceptables para todos los interesados. Para facilitar estos esfuerzos, por favor proporcione la siguiente información. Si necesita ayuda para completar este formulario, comuníquese con algún representante de Servicios al Miembro del Plan al 1-800-707-6453 o con cualquier representante del proveedor del Plan.

Nombre: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: (____) _____ - _____

NATURALEZA DE LA QUEJA (SEA LO MÁS ESPECÍFICO POSIBLE Y USE EL REVERSO DE ESTE FORMULARIO SI NECESITA MÁS ESPACIO):

FECHA DEL INCIDENTE QUE OCASIONA ESTA QUEJA: _____

NOMBRES DE LOS EMPLEADO DEL PLAN INVOLUCRADOS EN EL INCIDENTE: _____

El Departamento de Atención Médica Supervisada de California es responsable de regular los planes de servicios médicos. Si tiene un reclamo contra su plan de salud, primero tiene que llamar por teléfono a su plan de salud al **(1-800-707-6453)** y usar el proceso de reclamo de su plan de salud antes de comunicarse con el departamento. La utilización de este procedimiento de reclamos no prohíbe ningún derecho o recurso potencial que pueda estar a su disponibilidad. Si necesita ayuda con un reclamo que implique una emergencia, un reclamo que su plan de salud no haya resuelto satisfactoriamente o un reclamo que haya permanecido sin solución por más de 30 días, puede llamar al departamento para solicitar asistencia. También puede ser elegible para una Revisión médica independiente (IMR, por sus siglas en inglés). Si usted es elegible para una IMR, el proceso de la IMR le proporcionará una revisión imparcial de las decisiones médicas tomadas por un plan de salud relacionado con una necesidad médica de un servicio o tratamiento propuesto, decisiones de cobertura para tratamientos experimentales o de investigación y disputas de pagos por servicios médicos urgentes o de emergencia. El departamento también tiene un número de teléfono gratuito **(1-888-HMO-2219)** y una línea TDD **(1-877-688-9891)** para personas con discapacidades auditivas y del lenguaje. El sitio Web en Internet del departamento, **(<http://www.hmohelp.ca.gov>)**, tiene formularios de quejas, formularios de solicitud de IMR e instrucciones en línea.

ENVÍE ESTE FORMULARIO POR CORREO A:

**Grievance Department
Access Dental / Premier Access
P. O. Box: 255039
Sacramento, CA 95865-5039**

Por favor no escriba debajo de esta línea – para uso exclusivo del Plan.

Nombre de la persona
que recibe la
queja: _____

Fecha
Recibido: _____

Tiempo
Recibido: _____

Fecha/hora de
registro: _____



申訴表

區域管理保健
 GMC

商業管理保健
 DHMO

健康家庭計劃
 HFP

洛杉磯預付醫療計劃
 LAPHP

Access Dental / Premier Access (簡稱「計劃」) 會非常認真地對待會員提出的問題並努力達成有關各方都能接受的解決方案。為促進相關工作，請向我們提供以下資訊。如果您在填寫此表格時需要協助，請致電 1-800-707-6453 聯絡計劃的任何會員服務代表或任何提供者代表。

姓名：_____

地址：_____

城市：_____ 州：_____ 郵遞區號：_____ 電話：(____) _____ - _____

申訴性質 (儘可能詳細說明，若需要更多填寫欄位，請使用此表格的背面)：_____

申訴起因事件發生的日期：_____

事件涉及的計劃員工的姓名：_____

加州醫療保健計劃管理局負責監管醫療保健服務計劃。
若您要申訴您的健康計劃，在聯絡加州醫療保健部門前，您應先致電您的健康計劃，電話：1-800-707-6453，并使用健康計劃的申訴程序。
使用此申訴程序並不會妨礙您享有任何可能的合法權利或補救措施。
若您的申訴涉及急診，或健康計劃並未妥善解決或超過 30 天後仍未獲解決，可致電該部門尋求協助。您亦可申請獨立醫療審查 (Independent Medical Review, 簡稱 IMR)。若您符合 IMR 的申請資格，則 IMR 程序將對健康計劃就服務或治療方案之醫療必要性作出的醫療決定、就屬於試驗性或研究性治療作出的承保決定、以及涉及急診或緊急醫療服務的費用爭議作出公平的審查。
該部門亦為聽障或語障人士提供免費電話熱線 (1-888-HMO-2219) 及 TDD 專線 (1-877-688-9891)。該部門的互聯網網站 (<http://www.hmohelp.ca.gov>) 載有申訴表、IMR 申請表及在綫指導。

請將本表格郵寄至：

申訴部

Grievance Department
Access Dental / Premier Access
P. O. Box: 255039
Sacramento, CA 95865-5039

請不要填寫此行下方的內容 – 僅供計劃使用。

申訴人 接收 接收 記錄日期/時間：____
姓名：_____ 日期：_____ 時間：_____



ФОРМА ЖАЛОБЫ



территориальное регулируемое медицинское обслуживание

коммерческое регулируемое медицинское обслуживание

программа Здоровые семьи

Предоплаченная программа медицинского страхования Лос-Анджелеса

GMC

DHMO

HFP

LAPHP

Access Dental / Premier Access. ("План") очень серьезно относится к проблемам, которые поднимают его участники, и старается найти решения, удовлетворяющие все заинтересованные стороны. Чтобы сделать эти усилия более эффективными, предоставьте нам, пожалуйста, следующую информацию. Если вам требуется помощь в заполнении этой формы, свяжитесь с любым представителем центра обслуживания участников по телефону 1-800-707-6453 или с представителем поставщика плана.

Имя, фамилия: _____

Адрес: _____

Город: _____ Штат: _____ Почтовый индекс: _____ Телефон: (____) _____ - _____

ПРИЧИНА ЖАЛОБЫ (ПОСТАРАЙТЕСЬ ИЗЛОЖИТЬ МАКСИМАЛЬНО ТОЧНО И ПРИ НЕОБХОДИМОСТИ ИСПОЛЬЗУЙТЕ ОБОРОТНУЮ СТОРОНУ ЛИСТА ДАННОЙ ФОРМЫ):

ДАТА ПРОИСШЕСТВИЯ СОБЫТИЯ, СТАВШЕГО ПРИЧИНОЙ ДЛЯ ДАННОЙ ЖАЛОБЫ: _____

ИМЕНА СОТРУДНИКОВ ПЛАНА, ИМЕЮЩИХ ОТНОШЕНИЕ К ДАННОМУ СОБЫТИЮ: _____

Департамент регулируемого здравоохранения штата Калифорния отвечает за управление работой планов медицинского страхования. Если вы хотите подать жалобу на свой план медицинского страхования, до обращения в департамент вам следует позвонить в офис плана по телефону **(1-800-707-6453)** и инициировать процесс рассмотрения жалобы в рамках плана. Осуществление данной процедуры не лишает вас потенциальных прав или средств правовой защиты, предусмотренных законом. Если вам требуется помощь в отношении срочной жалобы, вы не довольны результатом рассмотрения жалобы планом страхования или решение в отношении поданной жалобы не было принято в течение 30 дней, вы можете позвонить в департамент. Вы также можете иметь право на независимую медицинскую экспертизу (IMR). Если вы имеете право на IMR, в рамках процесса IMR будет проведено беспристрастное рассмотрение медицинских решений, принятых планом страхования, относительно медицинской необходимости предложенного лечения или услуги, решений о страховом покрытии экспериментальных или проходящих клинические испытания методов лечения и споров об оплате услуг скорой или срочной медицинской помощи. В департаменте также предусмотрена бесплатная телефонная линия **(1-888-HMO-2219)** и линия для глухонемых **(1-877-688-9891)**. На сайте департамента в Интернете (<http://www.hmohelp.ca.gov>) предложены формы жалоб, формы заявок на независимую медицинскую экспертизу (IMR) и инструкции в режиме реального времени.

ПОЖАЛУЙСТА, ОТПРАВЬТЕ ЭТУ ФОРМУ НА СЛЕДУЮЩИЙ АДРЕС:

Grievance Department
Access Dental / Premier Access
P. O. Box: 255039
Sacramento, CA 95865-5039

Не пишите под этой линией – только для служебного использования.

Имя и фамилия лица, принявшего жалобу: _____

Дата приема: _____

Время приема: _____

Дата/Время регистрации: _____



ĐƠN KHIẾU NẠI

CHĂM SÓC CÓ QUẢN LÝ THEO KHU VỰC ĐỊA LÝ

GMC

CHĂM SÓC CÓ QUẢN LÝ THƯƠNG MẠI

DHMO

CHƯƠNG TRÌNH HEALTHY FAMILIES

HFP

CHƯƠNG TRÌNH CHĂM SÓC SỨC KHỎE TRẢ TRƯỚC LOS ANGELES

LAPHP

Access Dental / Premier Access (“Chương Trình”) tiếp nhận rất nghiêm túc các vấn đề do hội viên của mình nêu ra và nỗ lực đạt được các giải pháp chấp nhận được đối với tất cả các bên liên quan. Để tạo điều kiện cho những nỗ lực này, vui lòng cung cấp cho chúng tôi thông tin sau đây. Nếu quý vị cần được hỗ trợ trong việc điền vào đơn này, vui lòng liên hệ bất kỳ Đại Diện Dịch Vụ Hội Viên Chương Trình nào qua số 1-800-707-6453 hoặc bất kỳ đại diện nào của nhà cung cấp trong Chương Trình.

Tên: _____

Địa chỉ: _____

Thành phố: _____ Tiểu bang: _____ Mã Zip: _____ Điện thoại: (____) _____ - _____

BẢN CHẤT CỦA ĐƠN KHIẾU NẠI (CÀNG CỤ THỂ CÀNG TỐT & SỬ DỤNG MẶT SAU CỦA ĐƠN NÀY NẾU CẦN THÊM CHỖ TRỐNG):

NGÀY XẢY RA VỤ VIỆC DẪN ĐẾN ĐƠN KHIẾU NẠI NÀY: _____

TÊN CỦA NHÂN VIÊN CHƯƠNG TRÌNH LIÊN QUAN ĐẾN VỤ VIỆC: _____

Bộ Y Tế Điều Quản của Tiểu Bang California (DMHC) có trách nhiệm quy định các chương trình dịch vụ chăm sóc sức khỏe. Nếu có khiếu nại đối với chương trình bảo hiểm sức khỏe của mình, thì trước tiên quý vị nên gọi điện đến chương trình bảo hiểm sức khỏe của quý vị qua số **(1-800-707-6453)** và sử dụng quy trình giải quyết khiếu nại của chương trình bảo hiểm sức khỏe của quý vị trước khi liên lạc với bộ. Khi sử dụng quy trình giải quyết khiếu nại này, quý vị không bị mất các quyền hợp pháp hoặc biện pháp giải quyết có thể có dành cho quý vị. Nếu quý vị cần giúp giải quyết một khiếu nại liên quan tới trường hợp khẩn cấp, một khiếu nại chưa được chương trình bảo hiểm y tế của quý vị giải quyết thỏa đáng hoặc sau 30 ngày khiếu nại vẫn không được giải quyết, thì quý vị có thể gọi cho bộ để được giúp đỡ. Quý vị cũng có thể hội đủ điều kiện yêu cầu Đánh Giá Y Khoa Độc Lập (IMR). Nếu quý vị hội đủ điều kiện có một buổi IMR, quy trình IMR sẽ cung cấp một bản đánh giá không thiên vị về các quyết định y tế của một chương trình bảo hiểm y tế liên quan tới sự cần thiết về mặt y tế của dịch vụ hoặc biện pháp điều trị được đề nghị, các quyết định về bảo hiểm cho các biện pháp điều trị mang tính chất nghiên cứu hoặc thử nghiệm và các tranh chấp về việc thanh toán cho các dịch vụ y tế khẩn cấp và cấp cứu. Bộ cũng có một số điện thoại miễn phí **(1-888-HMO-2219)** và một đường dây TDD **(1-877-688-9891)** dành cho người khiếm thính và thiếu năng ngôn ngữ. Trang Web của bộ (<http://www.hmohelp.ca.gov>) có các mẫu đơn khiếu nại, các mẫu đăng ký IMR và các hướng dẫn trực tuyến.

HÃY GỬI MẪU ĐƠN NÀY ĐẾN:
Grievance Department
Access Dental / Premier Access
P. O. Box: 255039
Sacramento, CA 95865-5039

Vui lòng không viết vào phần bên dưới dòng này – chỉ để Chương Trình sử dụng.

Tên của Người Tiếp Nhận Khiếu Nại: _____ Ngày Đã nhận: _____ Giờ Đã nhận: _____ Ngày/Giờ Đã Ghi Lại: _____



Grievance Form

Premier Healthy Families (HFP) Healthy Kids Santa Barbara (HKSBB)

Premier Access Insurance Company (“Premier”) takes very seriously the problems raised by its enrollees and endeavors to reach solutions acceptable to all concerned. To facilitate these efforts, please provide us with the following information. If you need assistance in completing this form, please contact any Premier Member Services Representative at 1-800-448-4733

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____

Nature of Complaint — Please be as specific as possible and include the date(s) of service and name(s) of provider of service. Please use additional sheets if more space is needed.

Please mail this form to:

Premier Access Insurance Co.
Attention: Grievance Department
P. O. Box 255039
Sacramento, CA 95865-5039
Website: www.premierlife.com

DO NOT WRITE BELOW THIS LINE

COMPLAINT RECEIVED BY: _____

DATE RECEIVED: _____

TIME RECEIVED: _____

COMPLAINT LOG COMPLETED BY: _____



FORMULARIO DE QUEJA O RECLAMACIÓN POR AGRAVIO

Premier Healthy Families (HFP) Healthy Kids Santa Barbara (HKSB)

La Compañía de Seguros Access Dental (el plan "Premier") toma muy en serio los problemas que tienen sus Personas Afiliadas, y se esfuerza para lograr soluciones aceptables para todas las partes involucradas. A fin de facilitar estos esfuerzos, por favor, proporciónenos la siguiente información. Si necesita ayuda para completar este formulario, por favor, comuníquese con cualquier Representante del Servicio de Atención a las Personas Afiliadas al plan Premier, al 1-800-448-4733, ó con un(a) representante de cualquier Proveedor del plan Premier.

Nombre: _____
Domicilio: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Teléfono: (____) _____

Índole de la Queja – Por favor sea lo más específico(a) posible e incluya la(s) fecha(s) de servicio y el/los nombre(s) del/de los proveedor(es) del servicio. Por favor, use hojas adicionales, si necesita más espacio.

Por favor envíe este formulario por correo a:

Premier Access Insurance Co.
Attention: Grievance Department
P. O. Box 255039
Sacramento, CA 95865-5039
Website: www.premierlife.com

NO ESCRIBA DEBAJO DE ESTA LÍNEA
SOLAMENTE PARA USO DE LA COMPAÑÍA

COMPLAINT RECEIVED BY: _____

DATE RECEIVED: _____

TIME RECEIVED: _____

COMPLAINT LOG COMPLETED BY: _____



Policies and Procedures

POLICIES & PROCEDURES

The following policies have been provided to assist you in providing care to your Premier Access patients. Each policy was created to provide you with complete procedural instructions and/or information about the specific policy topic.

These policies supersede any other information and/or instructions found elsewhere. They can be linked to online by pressing the Policy Number provided below.

ACCESS & AVAILABILITY

- [AA.001.01](#) [Appointment Availability and Wait time standards](#)
- [AA.003.01](#) [Monitoring Compliance with Access and Availability Standards](#)
- [AA.004.01](#) [Language Assistance Program](#)
- [AA.005.01](#) [Missed Appointment Policy](#)
- [AA.006.01](#) [Access and Availability - General](#)

CLAIMS, REFERRALS & PRIOR AUTHORIZATIONS

- [CL.001.01](#) [Claims Processing](#)
- [CL.002.01](#) [Prior Authorizations - General](#)
- [CL.002.02](#) [Prior Authorizations - Medi-Cal Program](#)
- [CL.003.01](#) [Referrals for Specialty Care - General](#)
- [CL.003.02](#) [Referrals for Specialty Care - Medi-Cal Program](#)
- [CL.004.01](#) [Specialty Care General Review Criteria](#)
- [CL.005.01](#) [CCS Eligibility](#)
- [CL.007.01](#) [Optional Treatment - Non-Medicaid Programs](#)
- [CL.007.02](#) [Optional Treatment - Medi-Cal Programs](#)
- [CL.008.01](#) [Case Management and Care Coordination](#)
- [CL.009.01](#) [Second Opinions](#)
- [CL.010.01](#) [Specialty Care Review Timeframes](#)
- [CL.011.01](#) [Emergency Dental Care](#)
- [CL.012.01](#) [Denials](#)
- [CL.013.01](#) [EPSDT Supplemental Services - Medicaid Programs](#)
- [CL.014.01](#) [Added Value Benefits - Medi-Cal Program](#)

EDUCATION

- [ED.005.01](#) [Member Rights and Responsibilities](#)

GRIEVANCES & APPEALS

- [GA.001.01](#) [Grievance System](#)
- [GA.002.01](#) [Provider Dispute Resolution Mechanism](#)

QUALITY MANAGEMENT

- [QM.001.01](#) [Caries Risk Assessment](#)
- [QM.002.01](#) [Patient Safety](#)
- [QM.003.01](#) [Infection Control](#)
- [QM.004.01](#) [Dental Periodicity Schedule for Children](#)
- [QM.005.01](#) [Dental Home](#)

POLICIES & PROCEDURES Continued

- [QM.008.01](#) [Facility and Chart Reviews](#)
- [QM.008.01](#) [Process of Care Evaluation Measures \(CADP\)](#)
- [QM.008.01](#) [Structural Review Evaluation Measures \(CADP\)](#)
- [QM.013.01](#) [Provider Performance](#)
- [QM.016.01](#) [Preventive Dentistry Guidelines](#)
- [QM.017.01](#) [Potential Quality Issues](#)
- [QM.023.01](#) [Provider Performance - Corrective Actions](#)
- [QM.026.01](#) [Continuity and Coordination of Care](#)
- [QM.030.01](#) [Confidentiality - Chart Maintenance](#)
- [QM.031.01](#) [Chart Requests](#)
- [QM.038.01](#) [Fraud and Abuse](#)
- [QM.041.01](#) [Provider Satisfaction Survey](#)
- [QM.042.01](#) [Maintenance of Dental Charts](#)

UTILIZATION MANAGEMENT

- [UM.003.01](#) [Standards and Methodology for Orthodontia](#)
- [UM.005.01](#) [Encounter Data](#)