Doral Dental Services of Illinois, LLC

Office Reference Manual

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Mequon, WI 53092
888.281.2076
Fax 262.241.7401
www.doralusa.com

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Doral Dental Services of Illinois, LLC
Address and Telephone Numbers

Doral Dental Services of Illinois, LLC

Customer Service
(For Medical Assistance Participants)
12121 North Corporate Parkway
Mequon, WI 53092
1.888.286.2447
Fax: 262.834.3450
TTY (Hearing Impaired) 1.800.466.7566

Information Systems
12121 North Corporate Parkway
Mequon, WI 53092
1.888.875.7482

Prior Authorization/Retrospective Review
12121 North Corporate Parkway
Mequon, WI 53092
1.888.875.7482
Fax: 262.241.7150
Email: ddusa_um@doralusa.com

Prior Authorizations and Retrospective Reviews should be sent to:
Doral Dental Services of Illinois, LLC
Prior Authorizations
12121 North Corporate Parkway
Mequon, WI 53092

Dental claims should be sent to:
Doral Dental Services of Illinois, LLC
Claims
12121 North Corporate Parkway
Mequon, WI 53092

Electronic files or diskettes should be sent to:
Doral Dental Services of Illinois, LLC
Information Systems
12121 North Corporate Parkway
Mequon, WI 53092

Provider Relations (Claims Questions)
12121 North Corporate Parkway
Mequon, WI 53092
1.888.875.7482
Fax: 262.241.7379
Email: denclaims@doralusa.com

Illinois Department of Public Aid

201 South Grand Avenue East
Springfield, IL 62763

IDPA Provider Hotline
1.800.842.1461

IDPA Participant Hotline
1.800.226.0768

TTY (Hearing Impaired) Hotline
1.877.204.1012

Department of Specialized Care for Children
2815 West Washington
Suite 300, Box 19481
Springfield, IL 62794-9481
1.800.322.3722

Fair Hearings (Appeals)
Illinois Department of Public Aid
Bureau of Administrative Hearings
401 South Clinton Street, 6th floor
Chicago, IL 60607
1.800.435.0774

Fraud Hotline
1.800.252.8903

TTY (Hearing Impaired) Fraud Hotline
1.800.447.6404

Doral Dental Services of Illinois, LLC

Statement of Participant Rights and Responsibilities

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

1. All Participants have a right to receive pertinent written, and up-to-date information about Doral, the managed care services Doral provides, the participating dentists and dental offices, as well as Participant rights and responsibilities.

2. All Participants have a right to privacy and to be treated with respect and recognition of their dignity when receiving dental care, which is a private and personal service.

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

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

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

6. All Participants have the right to appeal any decisions related to patient care and treatment.

7. All Participants have the right to make recommendations regarding Doral's/Illinois Department of Public Aid's Participant rights and responsibilities policies.

Likewise:

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

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

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

Doral Dental Services of Illinois, LLC

Statement of Provider Rights and Responsibilities

Enrolled Participating Providers shall have the right to:

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

2. Recommend a course of treatment to a Participant, even if the course of treatment is not a covered benefit, or approved by the Illinois Department of Public Aid/Doral.

3. File an appeal or complaint pursuant to the procedures of Illinois Department of Public Aid /Doral.

4. Supply accurate, relevant, factual information to a Participant in connection with a complaint filed by the Participant.

5. Object to policies, procedures, or decisions made by Illinois Department of Public Aid /Doral.

Likewise:

1. If a recommended course of treatment is not covered, e.g., not approved by Illinois Department of Public Aid/Doral, the participating Dentist, if intending to charge the Participant for the non-covered services, should notify the Participant in writing and obtain Participant's signature. This will help to facilitate payment of non-covered services to the participating dentist.

2. A provider intending to terminate participation in the IDPA dental program due to retirement, relocation or voluntary termination is requested to provide Doral with written notification of termination at least 90 days prior to expected final date of participation. A list of existing Illinois Medical Assistance Dental Program patients currently in treatment and the treatment status should accompany notification. All other patients should be referred to the Doral 's toll free referral number (1.888.286.2447) to find another dentist in the area taking referrals when services are needed.

3. A provider may not bill both medical and dental codes for the same procedure.

* * *

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

Office Reference Manual

Table of Contents

Section **Page**

1.00 Patient Eligibility Verification Procedures 9

1.01 Participant Identification Card 9

1.02 Handbook for Providers of Medical Services 9

1.03 Doral Eligibility Systems 9

1.04 KidCare Program Copayments 11

1.05 Expanded Dental Services for Certain Participants 11

1.06 Consent Process for DCFS Wards 12

1.07 Doral Customer Service Numbers 12

2.00 Covered Benefits 13

2.01 Payment for Non-Covered Services 14

2.02 Electronic Attachments 14
A. FastAttach 14
B. OrthoCAD 14

3.00 Prior Authorization, Retrospective Review, and Documentation Requirements 15

4.00 Dental Services in a Hospital Setting 17

5.00 Claim Submission Procedures (claim filing options) 18

5.01 Electronic Claim Submission Utilizing Doral's Internet Website 18

5.02 Electronic Claim Submission via Affiliated Network Services (ANS) ……..18

5.03 Electronic Claim Submission via ClearingHouse 18

5.04 HIPAA Compliant 837D File 18

5.05 Paper Claim Submission 19

6.00 Inquiries, Complaints and Appeals 20

6.01 Receipt and Audit of Claims 23

7.00 Health Insurance Portability and Accountability (HIPAA) 24

8.00 Utilization Management Program 25

8.01 Introduction 25

8.02 Community Practice Patterns 25

8.03 Evaluation 25

8.04 Results 25

8.05 Fraud and Abuse 26

9.00 Quality Improvement Program 27

ATTACHMENTS

General Definitions ..... A

Illinois Department of Public Aid Identification Card Information ..... B

Dental Claim Form and Instructions C

Malocclusion Severity Assessment (Salzmann) and Instructions ..... D

HIPAA Companion Guide ..... E

Provider Change Form ..... F

Requirements and Guidelines
- Patient Recall System Requirements ..... G
- Patient Record ..... H
- Office Claim Audit I
- Radiology Guidelines ..... J
- Health Guidelines– Ages 0-18 Years ..... K
- Initial Clinical Exam Form L
- Recall Examination Form ..... M
- Authorization for Dental Treatment ..... N
- Medical and Dental History ..... O

Fee Schedule-Children ..... P

Fee Schedule-Adults ..... Q

Covered Benefits - Children ..... R

Covered Benefits - Adults ..... S

1.00 Participant Eligibility Verification Procedures

1.01 Participant Identification Card

Medical Assistance Participants are issued identification cards monthly.

Providers are responsible for verifying that Participants are eligible at the time services are rendered and to determine if Participants have other health insurance.

Doral recommends that each dental office make a photocopy of the Participant's identification card each time treatment is provided. It is important to note that the identification card does not need to be returned should a Participant lose eligibility. **An identification card guarantees that a Participant is currently enrolled in the Medical Assistance Program for the dates identified on the card.**

If medical coverage is restricted in any way, a printed message will appear on the front of the card. Examples of these printed restriction messages include:

QMB Only: Participant is eligible for medical benefits only. The Participant is not covered for dental benefits.

Illinois Healthy Women: (The Illinois Healthy Women card is pink.)
Coverage limited to family planning exams, birth control, pap smears, mammograms, labs, and diagnostic tests related to family planning and treatment of STD's found at a family planning visit. There are no copays for family planning services. Certain other prescription drugs may be subject to copays.

Non-citizen Renal: Only End Stage Renal Disease services are covered. Organ transplants and other related services are not covered.

Spenddown Participants receive identification cards only for periods when their spenddown has been met and they are actually eligible for payment for their medical (and dental) expenses.

See Attachment B for a copy of the card and an explanation of the information contained on the card. For additional information concerning Participant Identification Cards, please contact Doral's Provider Relations Department at 1.888.875.7482.

1.02 Handbook for Providers of Medical Services

The Department's *Handbook for Providers of Medical Services* is available for your review at http://www.state.il.us/dpa/handbooks.htm. Please refer to Chapter 100 (General Policy and Procedures, provider information necessary for providers to receive payment from the Department). If you do not have access to the Internet, please call 217.782.0538 or 217.524.7306 to request a copy of the handbook.

1.03 Doral Eligibility Systems

Enrolled Participating Providers may access Participant eligibility information through:

1) Doral's Interactive Voice Response (IVR) system (eligibility hotline at 888.875.7482)
2) the "Providers Only" section of Doral's website at www.doralusa.com
3) Affiliated Network Services' (ANS) website at www.ANSlink.com
4) Doral's Customer Service Department at 888.281.2076

The eligibility information received from either system will be the same information you would receive by calling Doral's Customer Service Department; however, by utilizing either system you can get information 24 hours a day, 7 days a week without having to wait for an available Customer Service Representative.

Access to eligibility information via the IVR line

To access the IVR, simply call Doral's Customer Service Department at 888.281.2076 and press 1 for eligibility. The IVR system will be able to answer all of your eligibility questions for as many Participants as you wish to check. Once you have completed your eligibility checks, you will have the option to transfer to a Customer Service Representative to answer any additional questions, i.e. Participant history, which you may have. Using your telephone keypad, you can request eligibility information on a Medical Assistance Participant by entering your 6 digit Doral location number, the Participant's recipient identification number and an expected date of service. Specific directions for utilizing the IVR to check eligibility are listed below. After our system analyzes the information, the patient's eligibility for coverage of dental services will be verified. If the system is unable to verify the Participant information you entered, you will be transferred to a Customer Service Representative.

Directions for using Doral's IVR to verify eligibility:

1. Call Doral Customer Service at 888.875.7482.
2. When prompted, press 1 to select eligibility verification.
3. When prompted, enter your 6 digit **Doral Location ID**.
4. When prompted, enter the Participants ID, less any alpha characters that may be part of the ID.
5. When prompted, enter an expected date of service in DDMMYYYY format.
6. Upon system verification of the Participant's eligibility for the date of service you entered, you will be prompted to verify the eligibility of another Participant, make a claim inquiry or make a benefit inquiry.
7. If you choose to verify the eligibility of an additional Participant(s), you will be asked to repeat steps 4 and 5 above for each Participant.
8. If you choose to make a claim or benefit inquiry, you will be transferred to a Customer Service Representative.

Access to eligibility information via www.doralusa.com

Doral's Internet currently allows Enrolled Participating Providers to verify a Participant's eligibility as well as submit claims directly to Doral. You can verify the Participant's eligibility on-line by entering the Participant's date of birth, the expected date of service and the Participant's identification number or last name and first initial. To access the eligibility information via Doral's website, simply log on to the website at www.doralusa.com. Once you have entered the website, click on "Doral Dental USA" and then click on "For Providers Only." You will then be able to log in using your password and ID. First time users will have to register by utilizing their 6 digit Doral Location ID, office name and office address. Please refer to your payment remittance or contact Doral's Customer Service Department at 888.875.7482 to obtain your location ID. Once logged in, select "eligibility look up" and enter the applicable information for each

Participant you are inquiring about. You are able to check on an unlimited number of patients and can print off the summary of eligibility given by the system for your records.

Access to eligibility information via www.ANSlink.net

Enrolled Participating Providers may also verify Participant eligibility via Affiliated Network Services' website at www.ANSlink.net. You can verify the Participant's eligibility on-line by entering the Participant's date of birth, the expected date of service and the Participant's identification number or last name and first initial. When online, type www.ANSlink.net into the web browser. This will take you to the screen that allows you to enter the ANSLink® system. After pressing the enter button, the log-in screen will appear. If the office signing-in has a user ID and password, that information is entered in the appropriate spaces. If it is the first time for an office using the system, the "NEW OFFICE" button is selected, which will take the user through a step-by-step registration process to gain access into ANSLink®.

If you have questions on verifying eligibility via the ANS website, please contact ANS at 800.417.6693, extension 234, or via e-mail at:

info@affnetserv.com

Please note that due to possible eligibility status changes, the information provided by either system does not guarantee payment. If you are having difficulty accessing either the IVR or websites, please contact the Customer Service Department at 888.875.7482. They will be able to assist you in utilizing either system.

1.04 KidCare Program Copayments

Eligibility cards authorizing services are issued in generally the same manner as the MediPlan Card, except that the KidCare card is canary yellow in color. The card will indicate KidCare and will be issued on a monthly basis. Some Participants will have copayment responsibilities. Copayment amounts will be noted on the eligibility card. The copayment amount is in addition to state reimbursement for the procedure and is collected at the dentist's discretion. If the family has reached the maximum, it will be printed on the eligibility card (or the Participant may have a written notice stating this) and no copayment should be collected.

Please Note: No copayments may be charged for routine preventive and diagnostic dental services including oral examinations, oral prophylaxis, fluoride treatments, sealants and x-rays.

Dental services provided under KidCare will be reimbursed at the same rates as for Medicaid recipients. Providers will keep copayments they collect. Claims for these services are to be submitted to Doral Dental Services of Illinois, LLC.

1.05 Expanded Dental Services for Certain Participants

In addition to the normal Medical Assistance Dental Program services, certain Participants qualify for dental services not covered through the Medical Assistance Dental Program. These dental services are covered as part of a Supportive Services program managed through the Department of Human Services (DHS) to treat conditions that are a barrier to employment.

The DHS caseworker may contact Doral or refer the Participant to a dentist enrolled in the Dental Program for consultation of whether the necessary dental services are covered under the Dental Program.

To be eligible for these services the Participant must obtain a written description of the required dental service and cost estimate. The dentist's statement must also include the dentist's name, address, phone number, dental license number, Social Security number or FEIN, fees and dentist's signature.

The DHS Local Office Administrator makes the decision to approve or deny the dental services. The Participant and the dentist are notified of the decision (Form 1934).

Once the dental work has been completed, the dentist bills the local DHS office at the address listed on the approval memo and includes the approval forms with the dentist's statement.

The dentist will receive payment at the maximum allowable Medical Assistance Dental Program rate or the actual charge, whichever is less. Payments are usually made within 30 days of the receipt of the claim at the Springfield Central Office. Information on the status of the payment should be directed to the DHS caseworker.

1.06 Consent Process for DCFS Wards

There are two types of consent for DCFS wards related to dental care -- one for ordinary and routine medical and dental care and one for medical/surgical treatment. Caregivers for DCFS wards do not have the authority to provide consent; such consent must be provided by the DCFS Guardianship Administrator or an authorized agent.

As a general rule, DCFS and private agency caseworkers should be the contact for obtaining a consent. If you have not been given a signed consent for providing care to a DCFS ward, please speak with the child's caseworker (or have the foster parent speak with the caseworker) about the need for a signed consent appropriate for the type of care being provided. For a consent involving medical/surgical treatment, please be prepared to give detailed information upon request regarding the procedure, including its risks and benefits.

However, if a child arrives for dental care on a weekday (between 8:30 AM and 5:00 PM) and you do not have a consent, please contact the DCFS Consent Unit at 800.828.2179 for assistance. The Consent Unit can coordinate obtaining a consent so that the appointment does not have to be rescheduled. If urgent treatment is required during weekends, holidays and after regular office hours, please call DCFS at 773.989.3450 or 217.782.6533 to obtain a consent.

1.07 Doral Customer Service Numbers

Doral offers Customer Service for Providers at **888.281.2076**.

Doral offers Customer Service for Participants at **888.286.2447**.

Doral offers TTY service for hearing impaired Participants at **800.466.7566**.

2.00 Covered Benefits

Please refer to the following attachments for a complete list of covered benefits:

Coverage	Attachment
Children	**S**
Adult	**T**

This section, designed to provide assistance to dentists treating public aid participants, identifies program benefits and clearly defines individual age and benefit limitations, exclusions and special documentation requirements.

Medical Assistance Participants are to be allowed the same access to dental treatment as any other patient in the dental practice. **Enrolled Participating Providers are not allowed to charge Participants for missed appointments.** Pursuant to Section 140.13(h) of the Illinois Administrative Rule, payment made must be accepted as payment in full for covered services. Private reimbursement arrangements may be made only for non-covered services.

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

888.281.2076

Doral recognizes tooth letters "A" through "T" for primary teeth and tooth numbers "1" to "32" for permanent teeth (see Attachment L). Supernumerary teeth should be designated by using the code AS through TS or 51 through 82. Designation of the tooth can be determined by using the nearest erupted tooth. If the tooth closest to the supernumerary tooth is # 1 then the supernumerary tooth should be charted as #51, likewise if the nearest tooth is A the supernumerary tooth should be charted as AS. These procedure codes must be referenced in the patient's file for record retention and review. Patient records must be kept for a minimum of 7 years and must be available in a paper form for at least the first two years. **All dental services performed must be recorded in the patient record, which must be available as required by your Participating Provider Agreement.**

For reimbursement, Enrolled Participating Providers should bill only per unique surface regardless of locations. For example, when a dentist places separate fillings in both occlusal pits on an upper permanent first molar, the billing should state a **one** surface occlusal amalgam ADA procedure code D2140. Furthermore, Doral will reimburse for the total number of surfaces restored per tooth, per day; (i.e. a separate occlusal and buccal restoration on tooth 30 will be reimbursed as 1 (OB) two surface restoration). When submitting claims, always indicate your billed charges. The IDPA and Doral will reimburse you for approved covered services at the lesser of your billed charges or the approved IDPA fee.

The Doral claim system can only recognize dental services described using the current American Dental Association CDT code list **or** procedure codes as defined by the Department of Public Aid. All other procedure codes not contained in the following tables will be rejected when submitted for payment. A complete copy of the current CDT book can be purchased from the American Dental Association at the following address:

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
800.947.4746

The guidelines in the benefit tables are all-inclusive for covered services and conform to generally accepted standards of dental practice.

Each category of service is contained in a separate table and lists:

- the approved procedure code to submit when billing,
- a brief description of the covered service,
- any age limits imposed on coverage,
- a description of documentation, in addition to a completed claim form, that must be submitted when a claim or request for prior authorization is submitted,
- an indicator of whether or not the service is subject to prior authorization, and
- any other applicable benefit limitations.

2.01 Payment for Non-Covered Services

Enrolled Participating Providers shall hold Participants, Doral, and the Illinois Department of Public Aid harmless for the payment of non-Covered Services except as provided in this paragraph. Provider may bill a Participant for non-Covered Services if the Provider obtains an agreement from the Participant prior to rendering such service that indicates:

- the services to be provided;
- Doral and the Illinois Department of Public Aid will not pay for or be liable for said services; and
- Participant will be financially liable for such services.

Doral encourages Enrolled Participating Providers to obtain this agreement in writing when possible.

2.02 Electronic Attachments

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

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

For more information or to sign up for FastAttach go to www.nea-fast.com or call NEA at 800.782.5150.

B. **OrthoCAD™ -** Doral accepts orthodontic models electronically via **OrthoCAD™** for authorization requests. Doral allows Enrolled Participating Providers the opportunity to submit all orthodontic models electronically. This program allows transmissions via secure Internet lines for orthodontic models. **OrthoCAD™** is inexpensive and easy to use, reduces administrative costs, eliminates lost or damaged models and accelerates claims and prior authorization processing. It is compatible with most claims clearinghouse or practice management systems.

For more information or to sign up for **OrthoCAD™** go to www.orthocad.com or call **OrthoCAD™** at 800.577.8767.

3.00 Prior Authorization, Retrospective Review, and Documentation Requirements

Doral Dental Services of Illinois, LLC, must make a decision on a request for prior authorization within thirty (30) days from the date Doral receives this request, provided all information is complete. If Doral does not decide on this request and send the recipient written notice of its decision on the services requested on this statement within thirty (30) days, the request will automatically be approved. If Doral denies the approval for some or all of the services requested, Doral will send the recipient a written notice of the reasons why, and will tell the recipient that he or she may appeal the decision.

Within fourteen (14) days of a receipt of a prior authorization or a retrospective review request, that in the opinion of Doral requires additional information, Doral will notify the provider submitting the request that additional information is necessary. **Doral must be provided with information/documentation sufficient to show necessity in order to approve a prior authorization or a retrospective review.** The additional information sought may include, but is not limited to additional Participant/patient information, additional procedure information or additional diagnostic information necessary to process or review the prior authorization.

Procedures Requiring Prior Authorization

Doral utilizes specific dental utilization criteria as well as a prior authorization and retrospective review process to manage the utilization of services. Consequently, Doral's operational focus is on assuring compliance with its dental utilization criteria.

One method used on a limited basis to assure compliance is to require providers to supply specified documentation prior to authorizing payment for certain procedures. **Services that require prior authorization should not be started prior to the determination of coverage (approval or denial of the prior authorization) for non-emergency services. Non-emergency treatment started prior to the determination of coverage will be performed at the financial risk of the dental office. If coverage is denied, the treating dentist will be financially responsible and may not balance bill the Participant, the State of Illinois or any agents, and/or Doral.**

Prior authorizations will be honored for 120 days from the date they are issued. An approval does not guarantee payment. The Participant must be eligible at the time the services are provided. Provider should verify eligibility at the time of service.

Your request for prior authorization should be sent with the appropriate documentation on a standard ADA approved claim form. **The tables of covered services contain a column marked Prior Authorization Required. A "Yes" in this column indicated that the service listed requires prior authorization to be considered for reimbursement**. There is also a column that indicates what documentation in addition to the completed claim form that needs to be submitted for consideration.

Any claims or Prior Authorizations submitted without the required documentation will be denied and will need to be resubmitted to obtain reimbursement.

The basis for granting or denying approval shall be whether the item or service is medically necessary, whether a less expensive service would adequately meet the Participant's needs, and whether the proposed item or service conforms to commonly accepted standards in the dental community.

During the prior authorization process it may become necessary to have your patient clinically evaluated. If this is the case, you will be notified of a date and time for the examination. It is the

responsibility of the participating dentist to ensure attendance at this appointment. Patient failure to keep an appointment will result in denial of the treatment.

Retrospective Review

Services that would normally require a Prior Authorization, but are performed in an emergency situation, will be subject to a Retrospective Review. **These claims should be submitted to the address utilized when submitting services for Prior Authorization, accompanied by any required documentation.** Any claims or Retrospective Review submitted without the required documents will be denied and will need to be resubmitted to obtain reimbursement.

After the Doral Consultant reviews the documentation, the submitting office shall be provided an authorization number for their records. **This authorization number will normally be provided within ten business days from the date the documentation is received.**

For emergency services submitted for retrospective review, a number will be assigned, and the claim will be forwarded for payment. **The office will receive a Prior Authorization document, but no further submission is necessary for payment.**

4.00 Dental Services in a Hospital Setting

Effective January 1, 2005, dentists will no longer have to obtain prior approval for dental procedures performed in a hospital outpatient setting or a Ambulatory Surgical Treatment Center (ASTC). All dental procedures performed in these outpatient settings will be subject to post payment review by the department's peer review organization.

Patient Criteria

Specific criteria must be met in order to justify the medical necessity of performing a dental procedure in the outpatient setting. The criteria are:

- The patient requires general anesthesia or conscious sedation.
- The patient has a medical condition that places the patient at an increased surgical risk, such as, but not limited to: cardio-pulmonary disease, congenital anomalies, history of complications associated with anesthesia, such as hyperthermia or allergic reaction, or bleeding diathesis; or
- Patient cannot safely be managed in an office setting because of a behavioral, developmental or mental disorder.

Dental Billing Procedures

- Claims must include documentation to support the medical necessity for performing the procedure in the outpatient setting including a narrative specifying the medical necessity, supporting x-rays and any other explanation necessary to make a determination.
- Dentists must record a narrative of the dental procedure performed and the corresponding CDT/HCPCS dental codes in the patient's medical record at the outpatient setting. If the specific dental code is unknown, the code D9999 may be used.
- Claims must be submitted to Doral for the covered professional services in the same format and manner as all standard dental procedures.

Hospital/ASTC Billing Procedures

The hospital or ASTC will bill the department on a UB-92 form for the all-inclusive rate for facility services using the assigned CDT/HCPCS dental code. The hospital must have this code in order to be paid for the facility services. The applicable dental codes will result in payment to hospital/ASTC for the Ambulatory Procedures Listing (APL) Group 1d – Surgical Procedures/Very Low Intensity. All facility bills for services performed in the outpatient setting should be forwarded to:

Illinois Department of Public Aid
P.O. Box 19132
Springfield, Illinois 62763

Participating Hospitals/ASTCs

Dentists must administer the services at a hospital or ASTC that is enrolled in the Illinois Medical Assistance Program. Questions regarding hospital participation should be directed to the Bureau of Comprehensive Health Services at 217-782-5565.

5.00 Claim Submission Procedures (claim filing options)

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

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

5.01 Electronic Claim Submission Utilizing Doral's Internet Website

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

To submit claims via the website, simply log on to www.doralusa.com. Once you have entered the website, click on "Doral Dental USA", and then click on "For Providers Only." You will then be able to log in using your password and ID. First time users will have to register by utilizing their Doral 6 digit Location ID prior to logging in. Once logged in, select "enter a claim now" and enter the Participant's applicable information in the field provided. It is NOT necessary to enter the Participant's last name and/or first initial; only the identification number, date of birth, and date of service are required. Next you will click on the word "before" that appears below the Participant's DOB field to verify eligibility and populate the name fields automatically. Once this information is generated you may now begin to enter the claim line detail to complete the submission.

If you have questions on submitting claims or accessing the website, please contact our Systems Operations Department at 888.560.8135 or via e-mail at:

operations@doralusa.com

5.02 Electronic Claim Submission via Affiliated Network Services (ANS)

Enrolled Participating Providers may also submit claims to Doral through the ANS' website at www.info@ANSDirect.com. Submitting claims via the website is very quick and easy. It is especially easy if you have already accessed the site to check a Participant's eligibility prior to providing the service. When online, type www.info@ANSDirect.com into the web browser. This will take you to the screen that allows you to enter the ANSLink® system. After pressing the enter button, the log-in screen will appear. If the office signing-in has a user ID and password, that information is entered in the appropriate spaces. If it is the first time for an office using the system, the "NEW OFFICE" button is selected, which will take the user through a step-by-step registration process to gain access into ANSLink®.

If you have questions on verifying eligibility via the website, please contact ANS at 800.417.6693, extension 234 or via e-mail at:

info@affnetserv.com

5.03 Electronic Claim Submission via Clearinghouse

Dentists may submit their claims to Doral via Affiliated Network Services (ANS), Web MD or Lindsay Consulting. Doral's current relationship with ANS offers **FREE** transmission for ALL Doral Dental claims. Additional clearinghouses may be added in the future.

You can contact your software vendor and make certain that they have Doral listed as a payor. Your software vendor will be able to provide you with any information you may need to ensure that submitted claims are forwarded to Doral.

5.04 HIPAA Compliant 837D File

For Providers who are unable to submit electronically via the Internet or a clearinghouse, Doral will, on a case by case basis, work with the Provider to receive their claims electronically via a HIPAA Compliant 837D file from the Provider's practice management system. Please contact the Systems Operations Department at 888.560.8135 or via e-mail at operations@doralusa.com to inquire about this option for electronic claim submission**.**

5.05 Paper Claim Submission

Claims must be submitted on ADA approved claim forms or other forms approved in advance by Doral. Please see Attachment C for a sample claim form and completion instructions. Forms are available through the American Dental Association at:

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
800.947.4746

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

The Provider and office location information must be clearly identified on the claim. Frequently, if only the dentist signature is used for identification, the dentist's name cannot be clearly identified. Please include either a typed dentist (practice) name or the Doral Provider identification number.

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

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

List all quadrants, tooth numbers and surfaces for dental codes that necessitate identification (extractions, root canals, amalgams and resin fillings). Missing tooth and surface identification codes can result in the delay or denial of claim payment.

Affix the proper postage when mailing bulk documentation. Doral does not accept postage due mail. This mail will be returned to the sender and will result in delay of payment.

Claims should be mailed to the following address:

DDS of Illinois - Claims
12121 N. Corporate Parkway
Mequon, WI 53092

6.00 Inquiries, Complaints and Appeals

Doral Dental Services of Illinois, LLC, is committed to providing high quality dental services to all Participants. As part of this commitment, Doral supports a complaints and appeals protocol that assures that all Participants have every opportunity to exercise their rights to a fair and expeditious resolution to any and all inquiries, complaints and appeals. Towards that end, Doral has developed a procedure to meet the following goals:

- To ensure that Participants receive a fair, just and speedy resolution to inquiries, complaints and appeals.
- To allow Participants to be treated with dignity and respect at all levels of the complaints and appeals resolution process.
- To inform Participants of their full rights as they relate to complaints and appeals resolution, including their rights of appeal at each step in the process.
- To have Participant complaints and appeals resolved in a satisfactory and acceptable manner within the Doral protocol.
- To comply with all regulatory guidelines and policies with respect to Participant inquiries, complaints and appeals.
- To efficiently track the resolution of provider related complaints, so as to be able to track continuing unacceptable patterns of care over time.

Doral Dental Services of Illinois, LLC provides customer services, the primary purpose of which is to insure Participant access to information, services, and assistance on issues affecting their coverage. The designated complaint coordinator is dedicated to the expedient, satisfactory resolution of Participant inquiries, complaints and appeals**.**

Inquiry

An inquiry is any Participant request for administrative service or information, or an expression of an opinion regarding services or benefits available under the Dental Program.

Customer Service Representatives are trained to respond in a prompt and courteous fashion, and to resolve any surrounding issues in an expedient manner. Customer Service Representatives have at their disposal all internal resources of Doral to insure prompt resolution of any problems. If specific corrective action is requested by the Participant or determined to be necessary by Doral, then the inquiry is upgraded to complaint.

Complaints

A complaint is any issue a Participant presents to Doral either orally or written, which is subject to informal resolution by panel within a 30-day period**.**

Doral uses the following approach to resolve all Participant complaints within a 30-day period:

A. When a complaint is received by any representative of Customer Services, either orally or in writing, it will be forwarded to the Doral Complaint Representative as quickly as possible.

B. The Complaint Representative will then assign the appropriate trending code and will make every effort to resolve the complaint on an immediate basis, (within 24 hours whenever possible). The Complaint Representative will handle the complaints themselves, or identify the appropriate Doral personnel, and forward the complaint to that department requesting resolution within three days. The Complaint Representative will do appropriate follow-up as needed to ensure expedient handling and to keep the Participant informed as to the stage of investigation and resolution.

C. If the Participant chooses to appeal the decision, the Customer Services Representative will assist them by providing the information on how to initiate the appeals process.

D. For any complaints involving a provider, a copy of the complaint and all attachments will be forwarded to the Credentialing Department and placed in the provider file.

E. The toll free number to call to file a complaint is:

1.888.875.7482

F. The address to file a complaint is:

Doral Dental Services of Illinois, LLC
Complaint Representative
12121 North Corporate Parkway
Mequon, WI 53092

Appeals

A. Participant Appeals

The Illinois Department of Human Services will help Participants file an appeal concerning the denial of benefits under the Dental Program. Participants must file an appeal within 60 days following the date the denial letter was mailed by Doral. Participants can ask for a hearing by calling the Fair Hearings Section at 1.800.435.0774 (TTY: 312.793.2697 or 800.526.0857) or by writing to the Illinois Department of Public Aid, Bureau of Administrative Hearings, 401 South Clinton Street, 6th floor, Chicago, IL 60607. Participants may also contact their caseworker for information concerning appeals.

A Participant may appeal any Doral decision that denies or reduces services. Such appeal will be reviewed by the Department of Public Aid under its existing administrative appeal procedure.

Once the Department of Public Aid is notified, they will forward a request for additional information to Doral. Doral will have seven (7) days to provide the hearing office with a report of the incident cited.

The matter will be heard before an Administrative Hearing Officer. Doral will provide and pay for any services which the Department or any Court of any jurisdiction orders rendered, provided the Participant is eligible.

Doral assists the Department in preparing for dental appeals and shall make expert testimony available.

B. Dentist Appeal Procedures

In the operation of the Doral program, differences may develop between Doral and the dentist concerning the decision regarding the Prior Authorization Option and payment for service. Since many of these problems result from misunderstanding of processing policy, service coverage or payment levels, thorough acquaintance with Doral will help prevent such problems. Doral provides the following mechanism for resolving these differences.

To request reconsideration the doctor may call or write:

Doral Dental Services of Illinois, LLC
12121 North Corporate Parkway
Mequon, WI 53092
888.281.2076
Fax 262.241.7401

If the problem cannot be resolved at this level, the dentist shall be requested to submit his appeal for reevaluation in writing.

C. Request for Reevaluation

The provider's request for reevaluation must be in writing with complete documentation that includes identifying the Attending Dentist's Statements and specifically describes the disputed action or inaction. If the request refers to an action by a Doral Dental Consultant, the request will be considered by the Reevaluation Committee. This committee shall make a decision based upon the available information, Doral processing policies, and applicable state regulation, or they may refer the problem to a regional consultant (a practicing dentist who has been selected by Doral on the recommendation of a component dental society) for review and recommendation. The Doral Reevaluation Committee shall make a final review of the request based on all information obtained and send a written report of the conclusion to the dentist within 60 days of the acknowledgement of receipt of all required information.

D. Quality Control/Peer Review

Doral has formed a Peer Review Committee composed of the Doral Dental Director, IDPA dental consultants, and a minimum of five participating dentists that submit at least 25 Medical Assistance claims per year. The Committee evaluates the operational procedures and policies as they affect the administration of the Medical Assistance Dental Program. In addition, the Committee is involved in reviewing Attending Dentists Statements with respect to pre-treatment estimates and actual services rendered. Finally, the Peer Review committee is responsible for evaluating the care provided under this program. Various methods are used to identify those dentists whose services do not conform to standards deemed acceptable by Doral. Claim forms, analysis of Participant complaints, utilization of certain procedures or excessive treatment will identify those providers who are delivering services to Participants when those services may not be in the best interest of the dental health of the Participant.

The goal of the Peer Review Committee is to provide guidelines for the assessment of clinical quality and professional performance as well as guidelines for reviewing services provided by dentists. By communicating problem areas to the dentist, Doral shall provide a framework for correction so that questionable practice patterns may be eliminated. Thus, Doral's program is geared to take corrective action before abuses in the system affect the Participant.

The data from the claim forms shall be entered into Doral's computer system to permit assessment of treatment plans as well as the quality of care. To that end, Doral plans to conduct various dental evaluation studies during the course of each year to address a clinical problem or diagnostic category and from its findings, recommend changes in the program. Thereafter, a follow-up study shall be done to assess the effect of any program changes.

E. Quality Improvement/Utilization Management (QI/UM) Committee

The purpose of the QI/UM Committee is to review data; to assess and evaluate utilization patterns; to advise the Department on dental services policy; recommend professional education to correct identified utilization problems; and to refer to the Peer Review Committee any quality of service care issues identified during utilization review.

6.01 Receipt and Audit of Claims

In order to ensure timely, accurate remittances to each dentist, Doral performs an edit of all claims upon receipt. This edit validates Participant eligibility, procedure codes and provider identifying information. A Regional Benefit Analyst dedicated to Illinois dental offices analyzes any claim conditions that would result in non-payment. When potential problems are identified, your office may be contacted and asked to assist in resolving this problem. Please feel free to contact Doral's Provider Relations Department at 888.281.2076 with any questions you may have regarding claim submission or your remittance.

Each Enrolled Participating Provider office receives an "explanation of benefit" report with their remittance. This report includes Participant information and an allowable fee by date of service for each service rendered during the period.

If a dentist wishes to appeal any reimbursement decision, they need to submit an appeal in writing, along with any necessary additional documentation within 60 days to:

Doral Dental Services of Illinois, LLC
APPEALS
12121 North Corporate Parkway
Mequon, WI 53092

Doral will have 30 days to respond in writing to the dentist with outcome of the appeal. This notice will contain the information necessary to appeal this decision. To validate accuracy, on a monthly basis Doral will perform an audit of a statistically significant sample of all the claim forms entered and adjudicated in the prior month.

7.00 Health Insurance Portability and Accountability Act (HIPAA)

As a healthcare provider, if you transmit any health information electronically your office is required to comply with all aspects of the HIPAA regulations that have gone/will go into effect as indicated in the final publications of the various rules covered by HIPAA. The compliance dates for the various HIPAA rules are as follows:

- Privacy Standards – April 14, 2003
- Administrative Simplification Standards – October 16, 2003 (If you filed for the one year extension beyond the initial October 16, 2002 date).
- Security Standards – April 21, 2005

Doral has implemented various operational policies and procedures to ensure that it is compliant with the Privacy Standards as well. Doral also intends to comply with all Administrative Simplification and Security Standards by their compliance dates. One aspect of our compliance plan will be working cooperatively with providers to comply with the HIPAA regulations.

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

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

Note: Copies of Doral's HIPAA policies are available upon request by contacting Doral's Customer Service department at 888.281.2076 or via e-mail at denelig.benefits@doralusa.com.

Please refer to Attachment E of this manual for Doral's *Companion Guide for 837 Health Care Claim Transactions*.

8.00 Utilization Management Program

8.01 Introduction

Reimbursement to dentists for dental treatment rendered can come from any number of sources such as individuals, employers, insurance companies and local, state or federal government. The source of dollars varies depending on the particular program. For example, in traditional insurance, the dentist reimbursement is composed of an insurance payment and a patient coinsurance payment. The Illinois State Legislature annually appropriates or "budgets" the amount of dollars available for reimbursement to the dentists as well as the fees for each procedure. Since there is usually no patient co-payment, these dollars represent all the reimbursement available to the dentist. These "budgeted" dollars, being limited in nature, make the fair and appropriate distribution to the dentists of crucial importance.

8.02 Community Practice Patterns

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

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

8.03 Evaluation

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

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

8.04 Results

Therefore, with the objective of ensuring the fair and appropriate distribution of these "budgeted" Medical Assistance Dental Program dollars to dentists, Doral's Utilization Management Programs will help identify those dentists whose patterns show significant deviation from the normal practice patterns of the community of their peer dentists (typically less than 5% of all dentists). Doral is contractually obligated to report suspected fraud, abuse or misuse by Participants and Participating Dental Providers to the Illinois Department of Public Aid's Office of Inspector General.

8.05 Fraud and Abuse

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

Fraud: Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under federal or state law.

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

Provider Fraud: Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to the program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the program.

Doral is contractually obligated to report suspected fraud, abuse or misuse by Participants and Participating Dental Providers to the Illinois Department of Public Aid's Office of Inspector General and/or the Illinois Department of Financial and Professional Regulation.

9.00 Quality Improvement Program (Policies - 200 Series)

Doral currently administers a Quality Improvement Program modeled after National Committee for Quality Assurance (NCQA) standards. The NCQA standards are adhered to as the standards apply to dental managed care. The Quality Improvement Program includes:

- Participant satisfaction surveys
- Provider satisfaction surveys
- Complaint Monitoring and Trending
- Peer Review Process
- Utilization Management and practice patterns
- Quarterly Quality Indicator tracking

A copy of Doral's Quality Improvement Program is available upon request by contacting Doral's Customer Service Department at 888.281.2076 or via e-mail at:

denclaims@doralusa.com.

In establishing criteria for quality dental care and making these characteristics of quality care the standard for review, two types of criteria are involved in developing standards. One type of criteria is explicit in nature and is delineated in the written form of Participant treatment protocol and utilization guidelines. The second type of criteria is implicit in nature and based on health care procedures and practices which are "commonly understood" to be acceptable and consistent with the provision of good quality care.

- Comparing the care that has actually been rendered with the criteria.
- Making a peer judgment on quality based on the results of the comparison.

As stated previously, Quality Assurance goes beyond measurement and involves the implementation of any necessary changes to maintain and improve the quality of care being delivered including:

- Acting on the result of the evaluation by taking corrective action on any deficiencies noted.
- Assuring that the actions have favorable impact by raising the standards for the dental care delivered.

The purpose of the Quality Improvement Program is to evaluate the quality of dental care being delivered to Doral Participants. The goals of the program are to:

- Support the delivery of the highest quality of dental care by the participating dental offices, the primary objective is the Participant's health and welfare.
- Identify any areas of the dental practice that need improvement.
- Provide ongoing feedback to the participating dentists and auxiliary staff.
- Analyze statistical data to assure efficient utilization.

The Quality Improvement Program will utilize accepted standards, guidelines and protocols which have been developed by the Federal Government, American Academy of Dental Group Practice, the American Dental Association, the American Academy of Pediatric Dentistry, various State Dental Associations and specialty groups.

ATTACHMENT A

General Definitions

The following definitions apply to this Office Reference Manual:

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

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

B. **"Doral"** shall refer to Doral Dental Services of Illinois, LLC.

C. **"Enrolled Participating Provider"** is a dental professional or facility or other entity that has entered into a written agreement with the Illinois Department of Public Aid (IDPA) through Doral to provide dental services. Any dentist providing services to Participants of the IDPA's Medical Assistance Programs is required to be enrolled with the Department (89 IL ADC 140.23). The provider of service must bill as the treating dentist. The provider of service may elect to be his/her own payee or identify an alternate payee.

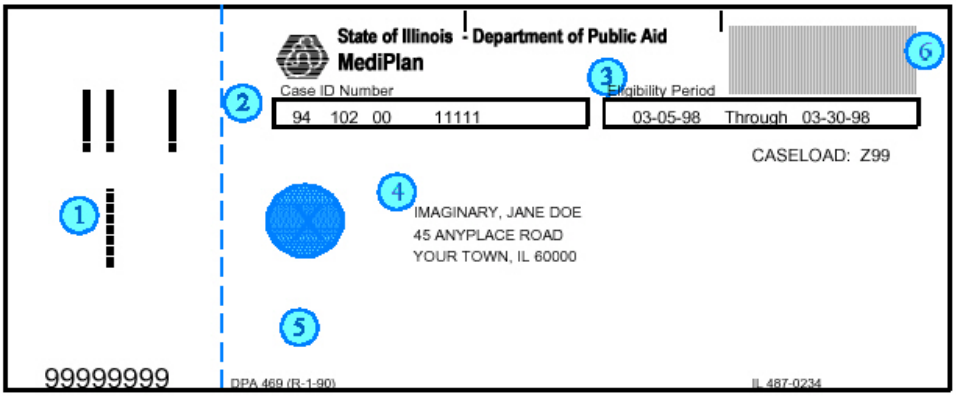
D. **"Medical Assistance Dental Program"** means dental program administered by the Illinois Department of Public Aid for Medicaid and KidCare Participants.

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

F. **"Participant"** means any individual who is enrolled in the Illinois Medicaid or KidCare programs.

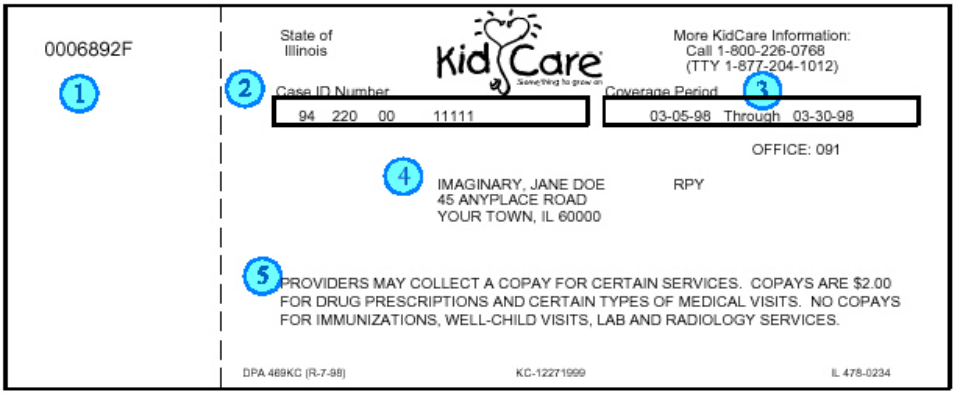
ATTACHMENT B

Reduced facsimile of the primary portion (front) of the MediPlan Card



Note: The seal of the State of Illinois appears in blue ink in the spot marked with a large X in a circle.

Reduced facsimile of the primary portion (front) of the KidCare Card



Note: the KidCare Card is printed on canary yellow paper.

1. Control Area

   Not relevant.

2 Case ID Number

   The case identification number identifies the specific case or family unit in which all Participants listed on the card are included. The case identification number may be used by the provider as a reference when contacting the Department, the local DHS office or the regional DCFS office. This number is not to be used by the provider on billing documents.

3 Eligibility/Coverage Period

The dates listed in this section are the inclusive beginning and end dates of the coverage period documented by the card. Coverage for periods before or after the dates on the card can be verified by contacting Doral's Provider Relations Department at 1.888.875.7482.

4 Case Names and Address

The case name appears in conjunction with the mailing address. It is the main identifier associated with the case identification number. The individual whose name appears as the case name is not eligible for medical services unless the name also is shown in the listing of "eligible persons" on the back of the card. In instances in which a second individual, a bank, an agency or an institution has been designated as guardian, protective payee or representative payee, the applicable name and identifying initials will appear as part of the mailing address.

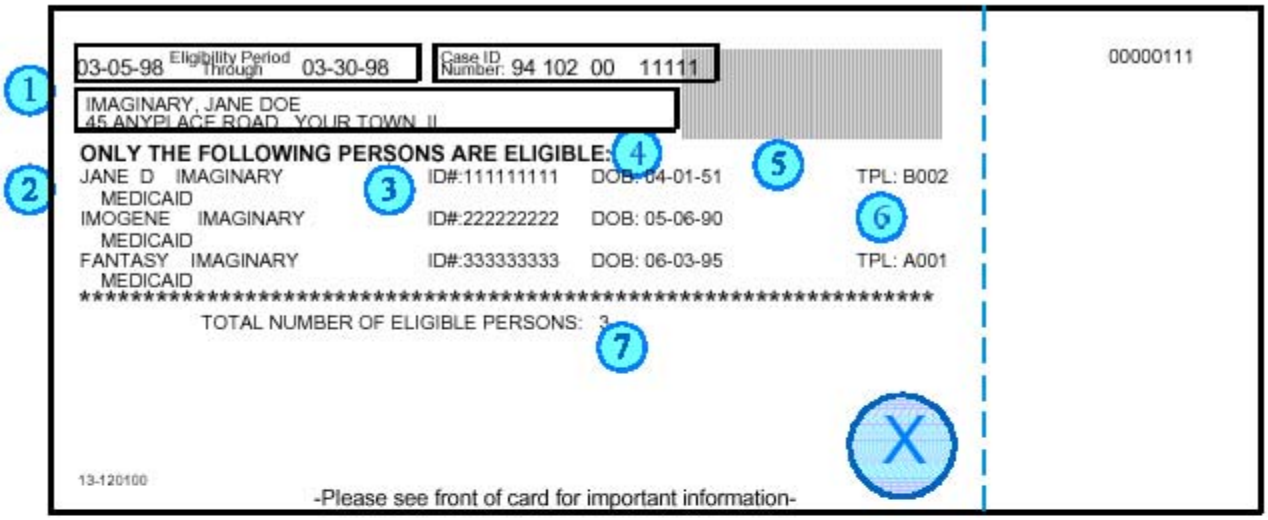
5 Messages

A variety of explanatory messages may appear in this area. They include such subjects as allowable co-payments and benefit restrictions for certain programs. See 1.01 for limited benefit programs relevant to the Medical Assistance Dental Program.

6 Special Limitations

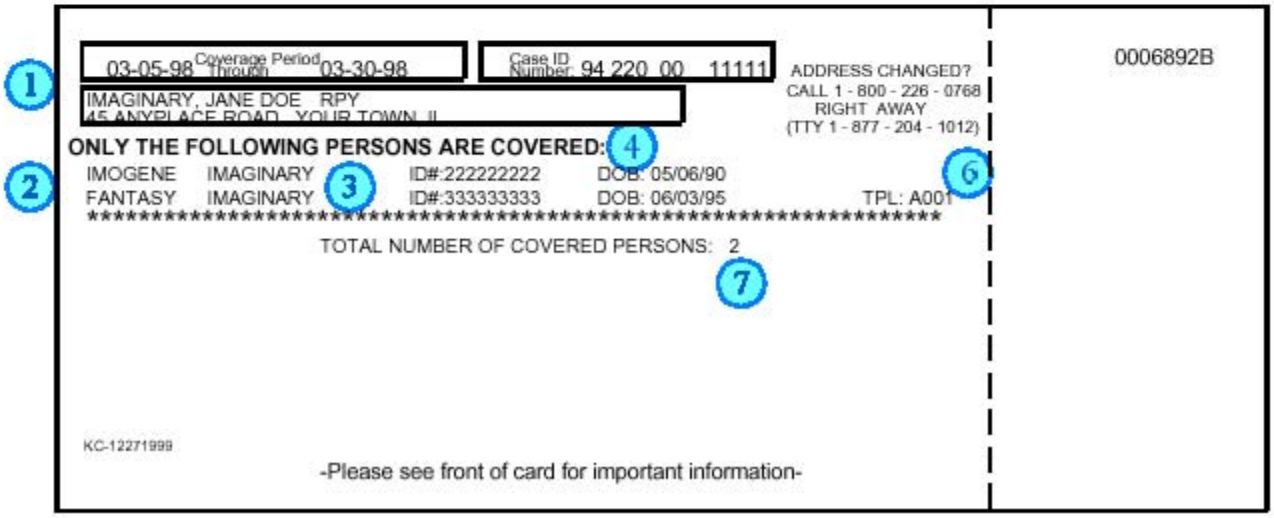
Not relevant.

Reduced facsimile of the eligible persons portion (back) of the MediPlan Card



Note: The seal of the State of Illinois appears in blue ink in the spot marked with a large X in a circle.

Reduced facsimile of the covered persons portion (back) of the KidCare Card



1 Items Repeated from the Front of the Card

The Eligibility/Coverage Period, Case ID Number and Case Name and Address which appear on the front of the card also appear in the three boxes on the back of the card.

2 Name of Covered Participants

The first column in this area shows the name of every covered Participant in the case. The order of the name is first name, middle initial and last name. The name, exactly as shown on the card, of the person to whom services were rendered should be entered as the patient name on the provider's claim.

3 Recipient Identification Number (RIN)

To the right of each covered person's name is the unique, nine-digit Recipient Identification Number for that individual. Each number is valid for only one person. Because this identification number is used to verify eligibility, it is essential that the provider take extreme care when entering the number on the billing form. Use of incorrect numbers is a common cause of billing rejections. It is imperative that the specific number for the patient to whom the medical service was rendered be used on DPA billing forms and on Medicare billing forms if they are expected to electronically cross over to DPA.

4 Date of Birth

The individual's complete birth date appears in the next column. Its form is month (two digits), day (two digits) and year (two digits).

5 Medicare Coverage

The next column to the right identifies Medicare coverage of the individual. An entry will appear in this column only if the Participant has Medicare coverage. If the space in this column is blank, it indicates that neither DHS nor DPA is aware of Medicare eligibility. This does not eliminate the provider's responsibility to inquire about such coverage. The codes which may appear in this column are listed below with the type of coverage:

CODE	TYPE OF COVERAGE
PART A	HOSPITAL INSURANCE
PART B	MEDICAL INSURANCE
PART AB	BOTH OF THE ABOVE

6 TPL

The last column of each line will identify, by code, known third party resources. Information entered here will refer to the Department's record of such resources. The TPL resource code will consist of a three-digit numeric code that may be prefixed with an alphabetic coverage code. The three-digit resource code identifies a specific health insurance company or union fund. The alpha coverage code, if present, indicates the extent of coverage provided by the resource.

EXAMPLE: A Participant who is insured under a health plan by Aetna Life Insurance Company will have "001" printed in the TPL column of the MediPlan card. The addition of the prefix "A" (A001) will indicate the Participant has a "comprehensive" health plan underwritten by Aetna.

For an explanation of the TPL codes which may appear on the MediPlan Card, refer to General Appendix 9, Third Party Liability Resource Codes, of the Department's *Handbook for Providers of Medical Services*.

The lack of a code in this space means that the Department is not aware of any TPL coverage. It does not eliminate the provider's responsibility to inquire about the possibility of such coverage.

7 Total Person

The total number of persons listed in this line should always match the number of individual Participants listed above the line.

ATTACHMENT D

Malocclusion Severity Assessment
By J.A. Salzmann, DDS, F.A.P.H.A.

Participant Name: _____ Date of Birth: _____

Case Name: _____ Dentist's Name: _____

Examiner: _____ Date: _____

Records Received:

Models	CEPH	PANO	Intra-Oral X-Rays	Photos Fees	Photos Intra

Quality:

Models	CEPH	PANO	Intra-Oral X-Rays	Photos Fees	Photos Intra

A. INTRA-ARCH DEVIATION

Score Teeth Affected Only		Missing	Crowded	Rotated	Spacing Open	Spacing Closed	No.	Point Value	Score
Maxilla	Ant							X2	
	Post							X1	
Mandible	Ant							X1	
	Post			0				X1	

Total Score _____

Ant = anterior teeth (4 incisors)
Post. = posterior teeth (Include canine, premolars and first molar).
No. = number of teeth affected
P.V. = point value

B. Inter-Arch Deviation
1. Anterior Segment

Score Maxillary Teeth Affected Only Except Overbite*	Overjet	Overbite	Crossbite	Openbite	No.	P.V.	Score
						X2	

Total Score _____

*Score maxillary or mandibular incisors.

2. Posterior Segment

Score Teeth Affected Only	Related Mandibular to Maxillary Teeth				Score Affected Maxillary Teeth Only				No.	P.V.	Score
	Distal		Mesial		Crossbite		Openbite				
	Right	Left	Right	Left	Right	Left	Right	Left			
Canine											
1st Premolar											
2nd Premolar											
1st Molar											

Total Score _____

Add 8 points when intra-and intra-arch maxillary incisors score if 6 or more to denote esthetic handicap....._____

Grand Total _____

C. Dentofacial Deviations

The following deviations are scored as handicapping when associated with malocclusion: **Score 8 points for each deviation.**

Possible Surgical Indication Yes No		
	1. Facial and oral clefts	
	2. Lower lip palatal to maxillary incisor teeth	
	3. Occlusal interference	
	4. Functional jaw limitations	
	5. Facial asymmetry	
	6. Speech impairment	
	7. Total Score	

TOTAL SALZMANN INDEX:

Malocclusion Severity Assessment

By J.A. Salzmann, DDS, F.A.P.H.A.

Summary of instructions

Score: 2 points for each maxillary anterior tooth affected.
1 point for each mandibular incisor and all posterior teeth affected.

1. Missing teeth. Count the teeth; remaining roots of teeth are scored as a missing tooth.
2. Crowding. Score the points when there is not sufficient space to align a tooth without moving other teeth in the same arch.
3. Rotation. Score the points when one or both proximal surfaces are seen in anterior teeth, or all or part of the buccal or lingual surface in posterior teeth are turned to a proximal surface of an adjacent tooth. The space needed for tooth alignment is sufficient in rotated teeth for their proper alignment.
4. Spacing. Score teeth, not spacing. Score the points when:
    a. Open spacing. One or both interproximal tooth surfaces and adjacent papillae are visible in an anterior tooth; both interproximal surfaces and papillae are visible in a posterior tooth.
    b. Closed spacing. Space is not sufficient to permit eruption of a tooth that is partially eruption.
5. Overjet. Score the points when the mandibular incisors occlude on or over the maxillary mucosa in back of the maxillary incisors, and the mandibular incisor crowns show labial axial inclination.
6. Overbite. Score the points when the maxillary incisors occlude on or opposite labial gingival mucosa of the mandibular incisor teeth.
7. Cross-bite. Score the points when the maxillary incisors occlude lingual to mandibular incisors, and the posterior teeth occlude entirely out of occlusal contact.
8. Open-bite. Score the points when the teeth occlude above the opposing incisal edges and above the opposing occlusal surfaces of posterior teeth.
9. Mesiodistal deviations. Relate mandibular to opposing maxillary teeth by full cusp for molars; buccal cusps of premolars and canines occlude mesial or distal to accepted normal interdental area of maxillary premolars.

Instruction for using the "Handicapping Malocclusion Assessment Record"

Introduction

This assessment record (not an examination) is intended to disclose whether a handicapping malocclusion is present and to assess its severity according to the criteria and weights (point values) assigned to them. The weights are based on tested clinical orthodontic values from the standpoint of the effect of the malocclusion on dental health, function, and esthetics. The assessment is not directed to ascertain the presence of occlusal deviations ordinarily included in epidemiological surveys of malocclusion. Etiology, diagnosis, planning, complexity of treatment, and prognosis are not factors in this assessment. Assessments can be made from casts or directly in the mouth. An additional assessment record form is provided for direct mouth assessment of mandibular function, facial asymmetry, and lower lip position.

A. Intra-Arch Deviations

The casts are placed, teeth upward, in direct view. When the assessment is made directly in the mouth, a mouth mirror is used. The number of teeth affected is entered as indicated in the "Handicapping Malocclusion Assessment Record." The scoring can be entered later.

1. Anterior segment: **A value of 2 points is scored for each tooth affected in the maxilla and 1 point in the mandible.**

a. Missing teeth are assessed by actual count. A tooth with only the roots remaining is scored as missing.

b. Crowded refers to tooth irregularities that interrupt the continuity of the dental arch when the space is insufficient for alignment without moving other teeth in the arch. Crowded teeth may or may not also be rotated. A tooth scored as crowded is not scored also as rotated.

c. Rotated refers to tooth irregularities that interrupt the continuity of the dental arch but there is sufficient space for alignment. A tooth scored as rotated is not scored also as crowded or spaced.

d. Spacing

(1) Open spacing refers to tooth separation that exposes to view the interdental papillac on the alveolar crest. Score the number of papillae visible (not teeth).

(2) Closed spacing refers to partial space closure that will not permit a tooth to complete its eruption without moving other teeth in the same arch. Score the number of teeth affected.

2. Posterior segment: **A value of 1 point is scored of each tooth affected.**

a. Missing teeth are assessed by actual count. A tooth with only the roots remaining is scored as missing.

b. Crowded refers to tooth irregularities that interrupt the continuity of the dental arch when the space is insufficient for alignment. Crowded teeth may or may not also be rotated. A tooth scored as crowded is not scored also as rotated.

c. Rotated refers to tooth irregularities that interrupt the continuity of the dental arch and all or part of the lingual or buccal surface faces some part or all of the adjacent proximal tooth surfaces. There is sufficient space for alignment. A tooth scored as rotated is not scored also as crowded.

d. Spacing

(1) Open spacing refers to interproximal tooth separation that exposes to view the mesial and distal papillae of a tooth. Score the number of teeth affected (Not the spaces).

(2) Closed spacing refers to partial space closure that will not permit a tooth to erupt without moving other teeth in the same arch. Score the number of teeth affected.

B. Interarch Deviations

When casts are assessed for interarch deviations, they first are approximated in terminal occlusion. Each side assessed is held in direct view. When the assessment is made in the mouth, terminal occlusion is obtained by bending the head backward as far as possible while the mouth is held wide open. The tongue is bent upward and backward on the palate and the teeth are quickly brought to terminal occlusion before the head is again brought downward. A mouth mirror is used to obtain a more direct view in the mouth.

1. Anterior segment: **A value of 2 points is scored for each affected maxillary tooth only.**

a. Overjet refers to labial axial inclination of the maxillary incisors in relation to the mandibular incisor, permitting the latter to occlude on or over the palatal mucosa. If the maxillary incisors are not in labial axial inclination, the condition is scored as overbite only.

b. Overbite refers to the occlusion of the maxillary incisors on or over the labial gingival mucosa of the mandibular incisors, while the mandibular incisors themselves occlude on or over the palatal mucosa in back of the maxillary incisors. When the maxillary incisors are in labial axial inclination, the deviation is scored also as overjet.

c. Cross-bite refers to maxillary incisors that occlude lingual to their opponents in the opposing jaw, when the teeth are in terminal occlusion.

d. Open-bite refers to vertical interach dental separation between the upper and lower incisors when the posterior teeth are in terminal occlusion. Open-bite is scored in addition to overjet if the maxillary incisor teeth are above the incisal edges of the mandibular incisors when the posterior teeth are in terminal occlusion edge-to-edge occlusion in not assessed as open-bite.

2. Posterior segment: **A value of 1 point is scored for each affected tooth.**

a. Cross-bite refers to teeth in the buccal segment that are positioned lingually or buccally out of entire occlusal contact with the teeth in the opposing jaw when the dental arches are in terminal occlusion.

b. Open-bite refers to the vertical interdental separation between the upper and lower segments when the anterior teeth are in terminal occlusion. Cusp-to-cusp occlusion is not assessed as open-bite.

c. Anteroposterior deviation refers to the occlusion forward or rearward of the accepted normal of the mandibular canine, first and second premolars, and first molar in relation to the opposing maxillary teeth. The deviation is scored when it extends a full cusp or more in the molar and the premolars and canine occlude in the interproximal area mesial or distal to the accepted normal position.

C. Dentofacial Deviations

The following deviations are scored as handicapping when associated with a malocclusion: **Score eight (8) points for each deviation.**

1. Facial and oral clefts.
2. Lower lip positioned completely palatal to the maxillary incisor teeth.
3. Occlusal interference that cannot be corrected by a less intrusive therapy.
4. Functional jaw limitations.
5. Facial asymmetry to the extent that surgical intervention is indicated.
6. Speech impairment documented by a licensed or certified therapist whose cause is related to the improper placement of the dental units.
7.

ATTACHMENT G

Patient Recall System Requirements

Recall System Requirements

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

Missed Appointments

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

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

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

Dental offices sometimes indicate that Medical Assistance Participants sometimes fail to show up for appointments. Doral offers the following suggestions to decrease the "no show" rate.

- Contact the Participant by phone or postcard prior to the appointment to remind the individual of the time and place of the appointment.

- If the appointment is made through a government supported examination program, contact staff from these programs to ensure that scheduled appointments are kept.

Interpretation by the Centers for Medicare and Medicaid Services (CMS) of federal statute prohibit a provider from billing a Medicaid Participant for a missed appointment. It is also important that the administration of your broken appointment policy for Medicaid patients is no more strict than that of your private or commercial patients.

If a Medicaid patient exceeds your office policy for broken appointments and you choose to discontinue seeing the patient, please inform them to contact Doral for a referral to a new dentist.

Office Compliance Verification Procedures

In conjunction with its office claim audits described in section 5, Doral will measure compliance with the requirement to maintain a patient recall system.

Participating Dentists are expected to meet minimum standards with regard to appointment availability. **Emergent situations (those involving pain, infection, swelling and/or traumatic injury) need to be appointed within 24 hours. Urgent care should be available within 72 hours. Initial and Recall routine treatment should be scheduled within 30 days of initial contact with the dentist's office. Follow-up appointments should be scheduled within 45 days of the present treatment date. Providers should see a Participant within 40 minutes of arriving at the office for a scheduled appointment.**

ATTACHMENT H

The Patient Record

A. Organization

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

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

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

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

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

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

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

B. Content - The patient record should be organized in such a fashion to contain the following:

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

    a. Patient's first and last name
    b. Date of birth
    c. Sex
    d. Address
    e. Telephone number

2. Name and telephone number of the person to contact in case of emergency.

3. An adequate health history that documents:

    a. Current medical treatment
    b. Significant past illnesses
    c. Current medications

d. Drug allergies
e. Hematologic disorders. Cardiovascular disorders
f. Respiratory disorders
g. Endocrine disorders
h. Communicable diseases
i. Neurologic disorders
j. Signature and date by patient
k. Signature and date by reviewing dentist
l. History of alcohol and tobacco usage including smokeless tobacco

4. An adequate update of health history at subsequent recall examinations, which documents a minimum of:

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

5. A conspicuously placed medical alert that documents highly significant terms from health history. These items may include:

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

6. Adequate documentation of the initial clinical examination, which is dated and describes:

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

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

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

8. Radiographs, which are:

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

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

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

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

11. Adequate documentation of the periodontal status, if necessary, which is dated and describes:

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

12. Adequate documentation of the patient's oral hygiene status and preventive efforts, which documents:

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

13. Adequate documentation of medical and dental consultations within and outside the practice, which describes:

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

14. Adequate documentation of treatment rendered which verifies the claims submitted, identifying:

    a. Date of service/procedure
    b. Description of service, procedure and observation
    c. Type and dosage of anesthetics and medications given or prescribed
    d. Localization of procedure/observation (tooth #, quadrant etc.)
    e. Signature of the Provider who rendered the service

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

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

C. Compliance

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

ATTACHMENT I

Office Claim Audit

A. Purpose

Doral utilizes a proprietary paperless process to collect procedure information and determine the value of services rendered by each participating office. Additionally, Doral has substituted specific dental treatment protocols and related documentation requirements for prior-authorization procedures utilized by many traditional dental PPOs.

The resulting streamlined process greatly reduces the administrative burden of Doral's participating dentists by recognizing the fundamental difference between monitoring necessary and appropriate dental services and traditional medical utilization management.

Despite the obvious benefits of the streamlined process, Doral's paperless system could potentially be abused by fraudulent claim entry. In order to assure its dental panel Participants that such efforts will be identified and appropriately dealt with, Doral has designed a fraud detection program that provides a 98% probability of detecting fraudulent claim submission.

B. Random Chart Audits

On a periodic basis, Doral takes a sample of claims submitted by selected office locations. Doral provides this listing of Participants and dates of service to the office location. For each Participant and date of service, the office must supply complete dental records to support the services billed. These records will be reviewed to ensure compliance with the Participant record protocols, as well as to detect possible billing irregularities.

Each office may either make copies of the records requested or arrange for a Doral representative to review the original records at the office location itself.

Doral claim audits will be scheduled on a random basis. Doral shall make every effort to schedule these reviews at times that are convenient for the office and will make every effort to complete the review in as short a duration as is practical.

ATTACHMENT J

Radiology Guidelines

Note: Please refer to benefit tables for benefit limitations.

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

A. Radiographic Examination of the New Patient

Child – Primary Dentition

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

Child – Transitional Dentition

The Panel recommends an individualized Periapical/Occlusal examination with Posterior Bitewings OR a Panoramic X-ray and Posterior Bitewings, for a new patient with a transitional dentition.

Adolescent – Permanent Dentition Prior to the eruption of the third molars

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

Adult – Dentulous

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

Adult – Edentulous

The Panel recommends a Full-Mouth Intraoral Radiographic Survey or a Panoramic X-ray for the new edentulous adult patient.

B. Radiographic Examination of the Recall Patient

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

a. Child – Primary and Transitional Dentition

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

b. Adolescent

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

c. Adult – Dentulous

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

d. Adult – Edentulous

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

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

a. Child – Primary Dentition

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

b. Adolescent

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

c. Adult – Dentulous

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

3. Patients with periodontal disease, or a history of periodontal treatment for Child – Primary and Transitional Dentition, Adolescent and Dentulous Adult.

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

4. Growth and Development Assessment

Child – Primary Dentition

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

Child – Transitional Dentition

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

Adolescent

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

Adult

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

ATTACHMENT K
Health Guidelines – Ages 0-18 Years

NOTE: Please refer to benefit tables for benefits and limitations.

Recommendations for Preventive Pediatric Dental Care (AAPD Reference Manual 2002-2003)
Periodicity and Anticipatory Guidance Recommendations (AAPD/ADA/AAP guidelines)

PERIODICITY RECOMMENDATIONS					
Age (1)	**Infancy 6 – 12 Months**	**Late Infancy 12 – 24 Months**	**Preschool 2 – 6 Years**	**School Aged 6 – 12 Years**	**Adolescence 12 – 18 Years**
Oral Hygiene Counseling (2)	Parents/ guardians/ caregivers	Parents/ guardians/ caregivers	Patient/parents/ guardians/ caregivers	Patient/ parents/ caregivers	Patient
Injury, Prevention Counseling (3)	X	X	X	X	X
Dietary Counseling (4)	X	X	X	X	X
Counseling for non-nutritive habits (5)	X	X	X	X	X
Fluoride Supplementation (6,7)	X	X	X	X	X
Assess oral growth and development (8)	X	X	X	X	X
Clinical oral exam	X	X	X	X	X
Prophylaxis and topical fluoride treatment (9)		X	X	X	X
Radiographic assessment (10)			X	X	X
Pit and Fissure Sealants			If indicated on primary molars	First permanent molars as soon as possible after eruption	Second permanent molars and appropriate premolars as soon as possible after eruption
Treatment of dental disease	X	X	X	X	X
Assessment and treatment of developing malocclusion			X	X	X
Substance abuse counseling				X	X
Assessment and/or removal of third molars					X
Referral for regular periodic dental care					X
Anticipatory guidance (11)	X	X	X	X	X

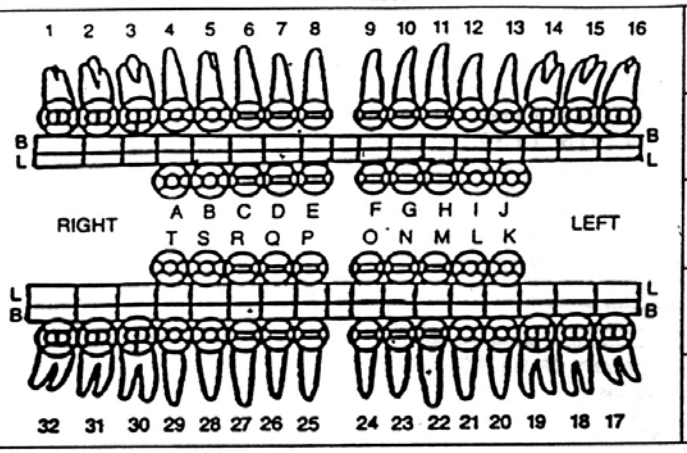
1. First examination at the eruption of the first tooth and no later than 12 months.
2. Initially, responsibility of parent; as child develops jointly with parents, then when indicated, only by child.
3. Initially play objects, pacifiers, car seats; then when learning to walk; sports, routine playing and intraoral/perioral piercing.
4. At every appointment discuss role of refined carbohydrates; frequency of snacking.
5. At first discuss need for additional sucking; digits vs. pacifiers; then the need to wean from habit before eruption of a permanent incisor.
6. As per American Academy of Pediatrics/American Dental Association guidelines and the water source.
7. Up to at least 16 years.
8. By clinical examination.
9. Especially for children at high risk for caries and periodontal disease.
10. As per AAPD Guideline on Prescribing Dental Radiographs.
11. Appropriate discussion and counseling should be an integral part of each visit for care.

ATTACHMENT L

ALLERGY	PRE MED	MEDICAL ALERT

INITIAL CLINICAL EXAM

PATIENT'S NAME _____ Last _____ First _____ Middle



GINGIVA	
MOBILITY	
PROTHESIS EVALUATION	
OCCLUSION 1 11 111	
PATIENT'S CHIEF COMPLAINT	

	OK
LYMPH NODES	
PHARYNX	
TONSILS	
SOFT PALATE	
HARD PALATE	
FLOOR OF MOUTH	
TONGUE	
VESTIBULES	
BUCCAL MUCOSA	
LIPS	
SKIN	
TMJ	
ORAL HYGIENE	
PERIO EXAM	

CLINICAL FINDINGS/COMMENTS

RADIOGRAPHS	B/P	RDH/DDS

RECOMMENDED TREATMENT PLAN

TOOTH OR AREA	DIAGNOSIS	PLAN A	PLAN B

SIGNATURE OF DENTIST _____ DATE _____

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

ATTACHMENT M

RECALL EXAMINATION

PATIENT'S NAME _____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY _____

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

RADIOGRAPHS	B/P	RDH/DDS

R **WORK NECESSARY** **L**

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

COMMENTS: _____

RECALL EXAMINATION

PATIENT'S NAME _____

CHANGES IN HEALTH STATUS/MEDICAL HISTORY _____

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

RADIOGRAPHS	B/P	RDH/DDS

R **WORK NECESSARY** **L**

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

COMMENTS: _____

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

ATTACHMENT N

Authorization for Dental Treatment

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

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

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

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

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

Procedure(s): _____

Tooth Number(s): _____

Date: _____

Dentist: _____

Patient Name: _____

Legal Guardian/
Patient Signature: _____

Witness: _____

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

ATTACHMENT O

MEDICAL AND DENTAL HISTORY

Patient Name: _____ Date of Birth: _____

Address: _____

Why are you here today? _____

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

If yes, what type and where? _____

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

Medical Doctor's Name: _____

Address: _____

Telephone: _____

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

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

If yes, please list medications: _____

Are you aware of being allergic to or have you ever reacted badly to any medication or substance? ☐ Yes ☐ No

If yes, please list: _____

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

Do your ankles swell during the day? ☐ Yes ☐ No

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

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

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

Are you on a special diet? ☐ Yes ☐ No

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

If yes, where? _____

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

If yes, how often and how much? _____

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

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

If yes, please list: _____

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

Heart Disease or Attack	☐ Yes	☐ No	Artificial Joints (Hip, Knee, etc.)	☐ Yes	☐ No	Hepatitis A (infectious)	☐ Yes	☐ No
Heart Failure	☐ Yes	☐ No	Stroke	☐ Yes	☐ No	Hepatitis B (serum)	☐ Yes	☐ No
Angina Pectoris	☐ Yes	☐ No	Kidney Trouble	☐ Yes	☐ No	Hepatitis C	☐ Yes	☐ No
Congenital Heart Disease	☐ Yes	☐ No	High Blood Pressure	☐ Yes	☐ No	Arteriosclerosis (hardening of arteries)	☐ Yes	☐ No
Kidney Trouble	☐ Yes	☐ No	Venereal Disease	☐ Yes	☐ No	Ulcers	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Heart Murmur	☐ Yes	☐ No	AIDS	☐ Yes	☐ No
HIV Positive	☐ Yes	☐ No	Glaucoma	☐ Yes	☐ No	Blood Transfusion	☐ Yes	☐ No
High Blood Pressure	☐ Yes	☐ No	Cortisone Medication	☐ Yes	☐ No	Cold sores/Fever blisters/ Herpes	☐ Yes	☐ No
Mitral Valve Prolapse	☐ Yes	☐ No	Cosmetic Surgery	☐ Yes	☐ No	Artificial Heart Valve	☐ Yes	☐ No
Emphysema	☐ Yes	☐ No	Anemia	☐ Yes	☐ No	Heart Pacemaker	☐ Yes	☐ No
Chronic Cough	☐ Yes	☐ No	Heart Surgery	☐ Yes	☐ No	Sickle Cell Disease	☐ Yes	☐ No
Tuberculosis	☐ Yes	☐ No	Bruise Easily	☐ Yes	☐ No	Asthma	☐ Yes	☐ No
Liver Disease	☐ Yes	☐ No	Rheumatic fever	☐ Yes	☐ No	Yellow Jaundice	☐ Yes	☐ No
Arthritis	☐ Yes	☐ No	Hay Fever	☐ Yes	☐ No	Rheumatism	☐ Yes	☐ No
Allergies or Hives	☐ Yes	☐ No	Epilepsy or Seizures	☐ Yes	☐ No	Fainting or Dizzy Spells	☐ Yes	☐ No
Sinus Trouble	☐ Yes	☐ No	Nervousness	☐ Yes	☐ No	Chemotherapy	☐ Yes	☐ No
Pain in Jaw Joints	☐ Yes	☐ No	Radiation Therapy	☐ Yes	☐ No	Drug Addiction	☐ Yes	☐ No
Hay Fever	☐ Yes	☐ No	Thyroid Problems	☐ Yes	☐ No	Psychiatric Treatment	☐ Yes	☐ No

For Women Only:

Are you pregnant? ☐ Yes ☐ No

If yes, what month? _____

Are you nursing? ☐ Yes ☐ No

Are you taking birth control pills? ☐ Yes ☐ No

I understand the above information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions truthfully.

Patient Signature: _____ Date: _____

Dentist's Signature: _____ Date: _____

Review Date	Changes in Health Status	Patient's signature	Dentist's signature

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

ATTACHMENT P

Doral Dental Services of Illinois, LLC
Illinois Department of Public Aid
Medical Assistance Fee Schedule for Children Participants
Rates Effective January 1, 2005

Procedure Code	Procedure	Maximum Allowance
D0120	Periodic Oral Exam - Office	16.20
D0120	Periodic Oral Exam - School	9.90
D0140	Limited Oral Examination – Problem Focused	16.20
D0150	Comprehensive Oral Examination	21.05
D0210	Intraoral-Complete Series (including bitewings)	30.10
D0220	Intraoral – periapical —first film	5.60
D0230	Intraoral periapical – 1 additional film	3.80
D0270	Bitewings Single Film	5.60
D0272	Bitewings-Two Films	9.40
D0274	Bitewings-Four Films	16.90
D0277	Vertical Bitewings – 7-8 Films	16.90
D0330	Panoramic Film	22.60
D1120	Prophylaxis - Child - Office	25.40
D1120	Prohylaxis - Child - School	11.65
D1203	Topical Application of Fluoride (excluding prophylaxis) – Child - Office	14.85
D1203	Topical Application of Fluoride (excluding prophylaxis) – Child - School	7.10
D1351	Sealant – Per Tooth - Office	14.10
D1351	Sealant – Per Tooth - School	14.10
D1510	Space Maintainer - Fixed Unilateral	70.60
D1515	Space Maintainer - Fixed Bilateral	103.50
D1525	Space Maintainer - Removable Bilateral	74.70
D1550	Space Maintainer – Recement	10.70
D2140	Amalgam-1-Surface, Primary or Permanent	30.85
D2150	Amalgam-2-Surfaces, Primary or Permanent	48.15
D2160	Amalgam-3-Surfaces, Primary or Permanent	58.05
D2161	Amalgam-4+-Surface, Primary or Permanent	58.05
D2330	Resin-Based Composite - 1-Surface, Anterior	34.60
D2331	Resin-Based Composite - 2-Surfaces, Anterior	51.90
D2332	Resin-Based Composite - 3-Surfaces, Anterior	61.80
D2335	Resin-Based Composite – 4+ surfaces, or involving Incisal Edge, Anterior	61.80
D2391	Resin-Based Composite – 1-surface, Primary or Permanent	30.85
D2392	Resin-Based Composite – 2-surfaces, Primary or Permanent	48.15
D2393	Resin-Based Composite – 3-surfaces, Primary or Permanent	58.05
D2394	Resin-Based Composite – 4+surfaces, Primary or Permanent	58.05
D2740	Crown – porc/ceramic	235.20
D2750	Crown – porc/metal high noble	235.20
D2751	Crown-Porcelain/Base Metal	235.20
D2752	Crown – porcelain/metal noble	235.20
D2790	Crown – full metal high noble	145.85
D2791	Crown - Full Cast Base Metal	145.85
D2792	Crown – full metal noble	145.85

Procedure Code	Procedure	Maximum Allowance
D2910	Recement Inlays	11.30
D2915	Recement cast or prefabricated post and core	23.50
D2920	Recement Crown	23.50
D2930	Prefabricated Stainless Steel Crown (SSC) Primary Tooth	73.40
D2931	Prefabricated Stainless Steel Crown (SSC) Permanent Tooth	73.40
D2932	Prefabricated Resin Crown	56.45
D2940	Sedative fillings	11.30
D2951	Pin Retention-Per Tooth	9.40
D2954	Prefabricated Post and Core	32.90
D3220	Therapeutic Pulpotomy	52.70
D3310	Anterior Root Canal (Excluding Final Restoration)	136.40
D3320	Bicuspid Root Canal (Excluding Final Restoration)	155.25
D3330	Molar Root Canal (Excluding Final Restoration)	202.30
D3351	Apexification/Recalcification Initial Visit	28.20
D3352	Apexification/Recalcification Interim Visit	14.10
D3353	Apexification/Recalcification Final Visit	14.10
D3410	Apicoectomy/Periadicular Surgery — Per Tooth, First Root	112.90
D4210	Gingivectomy or Gingivoplasty — 4+ Teeth, Per Quadrant	131.70
D4211	Gingivectomy or Gingivoplasty — 1 to 3 Teeth, Per Quadrant	65.85
D4240	Gingival Flap Procedure, w/ Root Planing – 4+ Teeth, Per Quadrant	229.60
D4241	Gingival Flap Procedure, w/ Root Planing – 1 to 3 Teeth, Per Quadrant	114.80
D4260	Osseous Surgery – 4+ Teeth, Per Quadrant	277.60
D4261	Osseous Surgery – 1 to 3 Teeth, Per Quadrant	138.80
D4263	Bone Replacement Graft — First Site in Quadrant	141.15
D4264	Bone Replacement Graft, Each Additional Site in Quadrant	70.60
D4270	Pedicle Soft Tissue Graft	141.15
D4271	Free Soft Tissue Graft	141.15
D4273	Subepithelial Connective Tissue Graft Procedure	141.15
D4274	Distal or Proximal Wedge	70.60
D4320	Provisional Splinting, Intracoronal	188.20
D4321	Provisional Splinting, Extracoronal	56.50
D4341	Periodontal Scaling and Root Planing – 4+ Teeth, Per Quadrant	80.00
D4342	Periodontal Scaling and Root Planing – 1 to 3 Teeth, Per Quadrant	40.00
D4910	Periodontal Maintenance Procedure	47.05
D5110	Complete Denture - Maxillary	376.35
D5120	Complete Denture - Mandibular	376.35
D5130	Immediate Denture – Maxillary	376.35
D5140	Immediate Denture – Mandibular	376.35
D5211	Maxillary Partial Denture — Resin Base	357.55
D5212	Mandibular Partial Denture — Resin Base	357.55
D5213	Maxillary Partial Denture — Cast Metal Framework	366.95
D5214	Mandibular Partial Denture — Cast Metal Framework	366.95
D5510	Repair Complete Denture Base	61.15
D5520	Replace Missing or Broken Teeth, Complete Denture	38.10

Procedure Code	Procedure	Maximum Allowance
D5610	Repair Partial Denture Base	51.75
D5620	Repair Cast Framework	79.05
D5630	Repair or Replace Broken Clasp	71.50
D5640	Replace Broken Teeth, Each Additional Tooth	37.65
D5650	Add Tooth to Existing Partial	42.35
D5730	Reline Complete Maxillary Denture, Chairside	70.60
D5731	Reline Complete Mandibular Denture, Chairside	70.60
D5740	Reline Maxillary Partial Denture, Chairside	70.60
D5741	Reline Mandibular Partial Denture, Chairside	70.60
D5750	Reline Complete Maxillary Denture, Laboratory	117.60
D5751	Reline Complete Mandibular Denture, Laboratory	117.60
D5760	Reline Maxillary Partial Denture, Laboratory	117.60
D5761	Reline Mandibular Partial Denture, Laboratory	117.60
D5911	Facial Moulage-sectional	By Report
D5912	Facial Moulage-complete	By Report
D5913	Nasal Prosthesis	By Report
D5914	Auricular Prosthesis	By Report
D5915	Orbital Prosthesis	By Report
D5916	Ocular Prosthesis	By Report
D5919	Facial Prosthesis	By Report
D5922	Nasal Septal Prosthesis	By Report
D5923	Ocular Prosthesis, interim	By Report
D5924	Cranial Prosthesis	By Report
D5925	Facial Augmentation implant Prosthesis	By Report
D5926	Nasal Prosthesis, replacement	By Report
D5927	Auricular Prosthesis, replacement	By Report
D5928	Orbital Prosthesis, replacement	By Report
D5929	Facial Prosthesis, replacement	By Report
D5931	Obturator Prosthesis, surgical	By Report
D5932	Obturator Prosthesis, definitive	By Report
D5933	Obturator Prosthesis, modification	By Report
D5934	Mandibular Resection Prosthesis with guide flanges	By Report
D5935	Mandibular Resection Prosthesis without guide flanges	By Report
D5936	Obturator Prosthesis, interim	By Report
D5937	Trismus Appliance	By Report
D5951	Feeding Aid	By Report
D5952	Speech Aid Prosthesis, pediatric	By Report
D5953	Speech Aid Prosthesis, adult	By Report
D5954	Palatal Augmentation, Prosthesis	By Report
D5955	Palatal Lift Prosthesis, definitive	By Report
D5958	Palatal Lift Prosthesis, Interim	By Report
D5959	Palatal Lift Prosthesis, modification	By Report
D5960	Speech Aid Prosthesis, modification	By Report
D5982	Surgical Stent	By Report
D5983	Radiation Carrier	By Report
D5984	Radiation Shield	By Report
D5985	Radiation Cone Locator	By Report
D5986	Fluoride Gel Carrier	By Report

Procedure Code	Procedure	Maximum Allowance
D5987	Commissure Splint	By Report
D5988	Surgical Splint	By Report
D5999	Unspecified Maxillofacial Prosthesis	By Report
D6210	Pontic crown – metal high noble	178.80
D6211	Pontic crown – metal base	178.80
D6212	Pontic crown – metal noble	178.80
D6240	Pontic crown – porc/metal high noble	178.80
D6241	Pontic crown - porc/base Metal	178.80
D6242	Pontic crown – porc metal noble	178.80
D6251	Pontic-Resin/Base Metal	103.50
D6721	Crown-Resin/Predominately Base Metal	136.40
D6750	Crown – porc/metal high noble	159.95
D6751	Crown-Porcelain/Predominately Base Metal	159.95
D6752	Crown – porc/metal noble	159.95
D6790	Crown – full metal high noble	159.95
D6791	Crown - full metal base	159.95
D6792	Crown - full metal noble	159.95
D6930	Recement Fixed Partial Denture	32.90
D6972	Prefabricated Post and Core in Addition to Fixed Partial Denture Retainer	26.35
D7140	Extraction – Erupted Tooth or Exposed Root	39.12
D7210	Surgical Removal of Erupted Tooth	57.40
D7220	Removal of Impacted Tooth — Soft Tissue	66.80
D7230	Removal for Impacted Tooth — Partially Bony	86.60
D7240	Removal of Impacted Tooth — Completely Bony	100.70
D7250	Surgical Removal of Residual Roots	51.75
D7280	Surgical access of unerupted tooth	50.80
D7283	Placement of device to facilitate eruption of impacted tooth	45.00
D7310	Alveoloplasty in Conjunction with Extractions — per quadrant	64.00
D7311	Alveoloplasty w/ extraction – 1-3 teeth/spaces per quad	64.00
D7320	Alveoloplasty Not in Conjunction With Extractions — per quadrant	64.00
D7321	Alveoloplasty w/o extractions – 1- 3 teeth/spaces per quad	64.00
D7450	Removal of Odontogenic Cyst or Tumor up to 1.25cm	94.30
D7451	Removal of Odontogenic Cyst orTumor over 1.25cm	199.60
D7460	Removal of Non-Odontogenic Cyst or Tumor up to 1.25cm	94.30
D7461	Removal of Non-Odontogenic Cyst or Tumor over 1.25cm	199.60
D7510	Incision and Drainage Abscess	36.70
D7511	Incision & drainage – intraoral - complicated	36.70
D7610	Maxilla Open Reduction, Teeth Immobilized	657.95
D7620	Maxilla Closed Reduction, Teeth Immobilized	471.50
D7630	Mandible-Open Reduction, Teeth Immobilized	824.65
D7640	Mandible-Closed Reduction, Teeth Immobilized	706.95
D7710	Maxilla-Open Reduction	1059.35
D7720	Maxilla-Closed Reduction	706.35
D7730	Mandible-Open Reduction	1059.35
D7740	Mandible-Closed Reduction	706.20
D7810	Open Reduction of Dislocation	438.60
D7820	Closed Reduction of Dislocation	177.65
D7960	Frenulectomy-Separate Procedure (frenectomy or frenotomy)	77.15
D7963	Frenuloplasty	77.15
D8080	Initial Orthodontic Appliance Placement	588.05

Procedure Code	Procedure	Maximum Allowance
D8660	Initial Examination, Records, Radiographs & Facial Photographs	75.30
D8670	Monthly Adjustments (Maximum of $89.90 for 24 months)	89.90
D8999	Initial Orthodontic Evaluation/Study Models	47.05
D9110	Palliative (emergency) Treatment of Dental Pain-Minor Procedures	14.10
D9220	General Anesthesia	59.30
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	12.20
D9241	Intravenous Sedation	59.30
D9310	Consultation	17.10
D9610	Therapeutic Drug Injection	By Report
D9630	Other Drugs and Medicaments	23.50
D9999	Unspecified Procedure, By Report	By Report

ATTACHMENT Q

Doral Dental Services of Illinois, LLC
Illinois Department of Public Aid
Medical Assistance Fee Schedule for Adult Participants
Rates Effective January 1, 2005

Procedure Code	Procedure	Maximum Allowance
D0140	Limited Oral Examination - Problem Focused	16.20
D0150	Comprehensive Oral Examination	21.05
D0210	Intraoral-Complete Series (including bitewings)	30.10
D0220	Intraoral - periapical —first film	5.60
D0230	Intraoral periapical – 1 additional film	3.80
D0270	Bitewings Single Film	5.60
D0272	Bitewings-Two Films	9.40
D0274	Bitewings-Four Films	16.90
D0277	Vertical Bitewings – 7-8 Films	16.90
D0330	Panoramic Film	22.60
D2140	Amalgam-1-Surface, Primary or Permanent	30.85
D2150	Amalgam-2-Surfaces, Primary or Permanent	48.15
D2160	Amalgam-3-Surfaces, Primary or Permanent	58.05
D2161	Amalgam-4+-Surface, Primary or Permanent	58.05
D2330	Resin-Based Composite - 1-Surface, Anterior	34.60
D2331	Resin-Based Composite - 2-Surfaces, Anterior	51.90
D2332	Resin-Based Composite - 3-Surfaces, Anterior	61.80
D2335	Resin-Based Composite – 4+ surfaces, or involving Incisal Edge, Anterior	61.80
D2391	Resin-Based Composite – 1-surface, Primary or Permanent	30.85
D2392	Resin-Based Composite – 2-surfaces, Primary or Permanent	48.15
D2393	Resin-Based Composite – 3-surfaces, Primary or Permanent	58.05
D2394	Resin-Based Composite – 4+surfaces, Primary or Permanent	58.05
D2740	Crown – porc/ceramic	235.20
D2750	Crown – porc/metal high noble	235.20
D2751	Crown-Porcelain/Base Metal	235.20
D2752	Crown-Porcelain/metal noble	235.20
D2790	Crown – full metal high noble	145.85
D2791	Crown - Full Cast Base Metal	145.85
D2792	Crown – full metal noble	145.85
D2910	Recement Inlays	11.30
D2915	Recement cast of prefabricated post and core	23.50
D2920	Recement Crown	23.50
D2931	Prefabricated Stainless Steel Crown (SSC) Permanent Tooth	73.40
D2932	Prefabricated Resin Crown	56.45
D2940	Sedative fillings	11.30
D2951	Pin Retention-Per Tooth	9.40
D2954	Prefabricated Post and Core	32.90
D3310	Anterior Root Canal (Excluding Final Restoration)	136.40
D5110	Complete Denture - Maxillary	376.35
D5120	Complete Denture - Mandibular	376.35
D5130	Immediate Denture – Maxillary	376.35
D5140	Immediate Denture – Mandibular	376.35
D5510	Repair Complete Denture Base	61.15

Procedure Code	Procedure	Maximum Allowance
D5520	Replace Missing or Broken Teeth, Complete Denture	38.10
D5610	Repair Partial Denture Base	51.75
D5620	Repair Cast Framework	79.05
D5630	Repair or Replace Broken Clasp	71.50
D5640	Replace Broken Teeth, Each Additional Tooth	37.65
D5650	Add Tooth to Existing Partial	42.35
D5730	Reline Complete Maxillary Denture, Chairside	70.60
D5731	Reline Complete Mandibular Denture, Chairside	70.60
D5740	Reline Maxillary Partial Denture, Chairside	70.60
D5741	Reline Mandibular Partial Denture, Chairside	70.60
D5750	Reline Complete Maxillary Denture, Laboratory	117.60
D5751	Reline Complete Mandibular Denture, Laboratory	117.60
D5760	Reline Maxillary Partial Denture, Laboratory	117.60
D5761	Reline Mandibular Partial Denture, Laboratory	117.60
D5911	Facial Moulage-sectional	By Report
D5912	Facial Moulage-complete	By Report
D5913	Nasal Prosthesis	By Report
D5914	Auricular Prosthesis	By Report
D5915	Orbital Prosthesis	By Report
D5916	Ocular Prosthesis	By Report
D5919	Facial Prosthesis	By Report
D5922	Nasal Septal Prosthesis	By Report
D5923	Ocular Prosthesis, interim	By Report
D5924	Cranial Prosthesis	By Report
D5925	Facial Augmentation implant Prosthesis	By Report
D5926	Nasal Prosthesis, replacement	By Report
D5927	Auricular Prosthesis, replacement	By Report
D5928	Orbital Prosthesis, replacement	By Report
D5929	Facial Prosthesis, replacement	By Report
D5931	Obturator Prosthesis, surgical	By Report
D5932	Obturator Prosthesis, definitive	By Report
D5933	Obturator Prosthesis, modification	By Report
D5934	Mandibular Resection Prosthesis with guide flanges	By Report
D5935	Mandibular Resection Prosthesis without guide flanges	By Report
D5936	Obturator Prosthesis, interim	By Report
D5937	Trismus Appliance	By Report
D5951	Feeding Aid	By Report
D5953	Speech Aid Prosthesis, adult	By Report
D5954	Palatal Augmentation, Prosthesis	By Report
D5955	Palatal Lift Prosthesis, definitive	By Report
D5958	Palatal Lift Prosthesis, Interim	By Report
D5959	Palatal Lift Prosthesis, modification	By Report
D5960	Speech Aid Prosthesis, modification	By Report
D5982	Surgical Stent	By Report
D5983	Radiation Carrier	By Report
D5984	Radiation Shield	By Report
D5985	Radiation Cone Locator	By Report
D5986	Fluoride Gel Carrier	By Report
D5987	Commissure Splint	By Report
D5988	Surgical Splint	By Report

Procedure Code	Procedure	Maximum Allowance
D5999	Unspecified Maxillofacial Prosthesis	By Report
D6930	Recement Fixed Partial Denture	32.90
D7140	Extraction – Erupted Tooth or Exposed Root	39.12
D7210	Surgical Removal of Erupted Tooth	57.40
D7220	Removal of Impacted Tooth — Soft Tissue	66.80
D7230	Removal for Impacted Tooth — Partially Bony	86.60
D7240	Removal of Impacted Tooth — Completely Bony	100.70
D7250	Surgical Removal of Residual Roots	51.75
D7450	Removal of Odontogenic Cyst or Tumor up to 1.25cm	94.30
D7451	Removal of Odontogenic Cyst orTumor over 1.25cm	199.60
D7460	Removal of Non-Odontogenic Cyst or Tumor up to 1.25cm	94.30
D7461	Removal of Non-Odontogenic Cyst or Tumor over 1.25cm	199.60
D7510	Incision and Drainage Abscess	36.70
D7511	Incision and dranage – intraoral – complicated	36.70
D7610	Maxilla Open Reduction, Teeth Immobilized	657.95
D7620	Maxilla Closed Reduction, Teeth Immobilized	471.50
D7630	Mandible-Open Reduction, Teeth Immobilized	824.65
D7640	Mandible-Closed Reduction, Teeth Immobilized	706.95
D7710	Maxilla-Open Reduction	1059.35
D7720	Maxilla-Closed Reduction	706.35
D7730	Mandible-Open Reduction	1059.35
D7740	Mandible-Closed Reduction	706.20
D7810	Open Reduction of Dislocation	438.60
D7820	Closed Reduction of Dislocation	177.65
D9110	Palliative (emergency) Treatment of Dental Pain-Minor Procedures	14.10
D9220	General Anesthesia	59.30
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	12.20
D9241	Intravenous Sedation	59.30
D9310	Consultation	17.10
D9610	Therapeutic Drug Injection	By Report
D9630	Other Drugs and Medicaments	23.50
D9999	Unspecified Procedure, By Report	By Report

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Diagnostic services include the oral examinations, school based examinations and selected radiographs needed to assess the oral health, diagnose oral pathology and develop an adequate treatment plan for the Participant's oral health.

Reimbursement for radiographs includes exposure of the radiograph, developing, mounting and radiographic interpretation. Reimbursement for multiple radiographs of the same tooth or area may be denied if Doral determines the number to be redundant, excessive or not in keeping with the federal policies relating to radiation exposure. Doral utilizes the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health. These guidelines were developed in conjunction with the Food and Drug Administration and are described in Attachment J of this manual.

If the total allowed amount for radiographs performed on a participant exceeds the allowed amount for procedure code D0210 (Complete Series), the submitted radiograph codes will be consolidated and paid as a Complete Series (D0210). The maximum reimbursement for a single date of service for radiographs shall be limited to the fee for a complete service.

An initial examination is typically used when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

This would include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening, etc.

A periodic examination is performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

A complete Early Periodic Screening, Diagnosis and Treatment (EPSDT) school based examination is used when evaluating a patient comprehensively. It is a thorough evaluation and a recording of the extraoral and intraoral hard and soft tissues. This would include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening, etc.

PLACE OF SERVICE (field #38 on 2002, 2004 ADA claim form) MUST BE INDICATED ON ALL CLAIMS.

SCHOOL BASED SERVICE: Providers who render school-based services (D0120, D1120, D1203 and D1351) will be reimbursed at the school rate as indicated in the fee schedule (see Attachment P). Place of service (field #38 of 2002, 2004 ADA claim form) must be indicated as "OTHER" when submitting codes D0120, D1120, D1203 and D1351.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0120	periodic oral evaluation	0 - 20		No	One per 12 months. Participants are also eligible for one periodic oral evaluation (D0120) performed in school setting per 12 months.	Place of service.
D0140	limited oral evaluation - problem focused	0 - 20		No	Limited emergency exam will only be covered when performed in conjunction with treatment to address an emergency situation. An emergency will be defined as treatment medically necessary to treat pain, infection, swelling, uncontrolled bleeding or traumatic injury. Not allowed with D9110	Description of the emergency and description of services provided with claim.
D0150	comprehensive oral evaluation - new or established patient	0 - 20		No	Once per lifetime. One comprehensive exam per patient per dentist or dental group per lifetime.	
D0210	intraoral - complete series (including bitewings)	0 - 20		No	One per 36 months.	
D0220	intraoral - periapical - first film	0 - 20		No	Maximum of one (1) per day per patient per dentist or dental group.	

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0230	intraoral - periapical - each additional film	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0270	bitewing - single film	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0272	bitewings - two films	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0274	bitewings - four films	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0277	vertical bitewings - 7 to 8 films	0 - 20		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0330	panoramic film	5 - 20		No	One per 36 months. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Preventive services include routine and EPSDT prophylaxis (including scaling and polishing), topical fluoride treatments, dental sealants, and space maintenance therapy for Participants age 0 through 20. The goal of providing routine and periodic preventive dental services is to maintain oral health and prevent more extensive dental procedures.

Routine prophylaxis is covered for Participants age 0 through 20, once every 6 months. Prophylaxis includes necessary scaling and polishing.

The topical application of fluoride treatment is allowed once every 12 months for Participants age 0 through 20.

Sealants are covered for Participants age 5 through 17. Sealants should be applied to the occlusal surfaces of all erupted and appropriate first and second permanent molars. Priority should be given to applying sealants for all 7 and 12 year olds. Sealants will not be covered when they are placed over restorations.

Space maintainers are a covered service for Participants age 2 through 20 when determined by a Doral Consultant to be indicated due to the premature loss of a posterior primary tooth. Space maintainers will not be covered if premolar eruption is imminent.

A lower lingual holding arch placed when there is not premature loss of a primary molar is considered a transitional orthodontic appliance and not a covered benefit.

PLACE OF SERVICE (field #38 on 2002, 2004 ADA claim form) MUST BE INDICATED ON ALL CLAIMS.

Providers who render school-based services (D0120, D1120, D1203, and D1351) will be reimbursed at the school rate as indicated in the fee schedule (see Attachment P). Place of service (field #38 on 2002, 2004 ADA claim form) must be indicated as "Other" when submitting codes D0120, D1120, D1203, and D1351.

Preventive						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1120	prophylaxis - child	0 - 20		No	One per 6 months. Removal of plaque, calculus and stains from the tooth surfaces. Intended to control local irrational factors.	Place of serivce.
D1203	topical application of fluoride (prophylaxis not included) - child	0 - 20		No	One per 12 months. Prescription strength fluoride designed soley for use in the dental office, delivered to the dentition under the direct supervision of a dental professional.	Place of serivce.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Preventive						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D1351	sealant - per tooth	5 - 17	Teeth 2, 3, 14, 15, 18, 19, 30, 31	No	Once per lifetime. Occlusal surfaces only. Teeth must be caries free. Sealant will not be covered when placed over restorations.	
D1510	space maintainer - fixed - unilateral	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Covered when indicated due to premature loss of posterior primary teeth.	Pre-operative radiographs.
D1515	space maintainer - fixed - bilateral	2 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes	Covered when indicated due to premature loss of posterior primary teeth.	Pre-operative radiographs.
D1525	space maintainer - removable - bilateral	2 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes	Covered when indicated due to premature loss of posterior primary teeth.	Pre-operative radiographs.
D1550	re-cementation of space maintainer	2 - 20		No		

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Restorative services (amalgams and composites) are provided to remove decay and restore dental structures (teeth) to a reasonable condition. Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day.

Bases, cements, liners, pulp caps, bonding agents and local anesthetic are included in the restorative service fees and are not reimbursed separately.

Restorations are expected to last a reasonable amount of time. Repeated unexplained failures will result in review by Peer Review and may necessitate removal of the dentist from the panel.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	amalgam - one surface, primary or permanent	0 - 20	Teeth 1 through 32, A through T	No		
D2150	amalgam - two surfaces, primary or permanent	0 - 20	Teeth 1 through 32, A through T	No		
D2160	amalgam - three surfaces, primary or permanent	0 - 20	Teeth 1 through 32, A through T	No		
D2161	amalgam - four or more surfaces, primary or permanent	0 - 20	Teeth 1 through 32, A through T	No		

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2331	resin-based composite - two surfaces, anterior	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2332	resin-based composite - three surfaces, anterior	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	0 - 20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2392	resin-based composite - two surfaces, posterior	0 - 20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2393	resin-based composite - three surfaces, posterior	0 - 20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2394	resin-based composite - four or more surfaces, posterior	0 - 20	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2740	crown porcelain/ceramic substrate	0 - 20	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2750	crown - porcelain fused to high noble meta	0 - 20	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	0 - 20	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2752	crown - porcelain fused to noble metal	0 - 20	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2790	crown - full cast high noble metal	0 - 20	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.
D2791	crown - full cast predominantly base metal	0 - 20	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.
D2792	crown - full cast noble metal	0 - 20	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2910	recement inlay, onlay or partial coverage restoration	0 - 20	Teeth 1 through 32	No		
D2915	recement cast or prefabricated post and core	0 - 20	Teeth 1 through 32	No		
D2920	recement crown	0 - 20	Teeth 1 through 32, A through T	No		
D2930	prefabricated stainless steel crown - primary tooth	0 - 20	Teeth A through T	Yes	Authorization required for two (2) or more crowns.	Pre-operative radiographs.
D2931	prefabricated stainless steel crown - permanent tooth	2 - 20	Teeth 1 through 32	Yes	Authorization required for two (2) or more crowns. Not compensated with construction of permanent crown.	Pre-operative radiographs.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2932	prefabricated resin crown	0 - 20	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	Authorization required for two (2) or more crowns.	Pre-operative radiographs.
D2940	sedative filling	0 - 20	Teeth 1 through 32, A through T	No		
D2951	pin retention - per tooth, in addition to restoration	0 - 20	Teeth 1 through 32	No		
D2954	prefabricated post and core in addition to crown	0 - 20	Teeth 1 through 32	Yes		Endodontic fill radiograph.

Endodontic services are provided to retain teeth through root canal therapy made necessary due to trauma or carious exposure.

The following guidelines must be followed when providing endodontic services:

Pulpotomies will only be covered on primary teeth with no evidence of internal resorption, furcation or periapical pathologic involvement.

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

Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obliteration of root canal(s), and progress radiographs. The fee does not include the final restoration.

Root canals and pulpotomies may not be covered in the following situations:

* Root resorption has started and exfoliation is imminent
* Gross periapical or periodontal pathosis is demonstrated radiographically (caries to the furcation, or subcrestal deeming the tooth non-restorable)
* The general oral condition does not justify root canal therapy due to the loss of arch integrity
* Tooth does not demonstrate 50% bone support
* Tooth demonstrates active untreated periodontal disease

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0 - 20	Teeth A through T	No	Not reimbursable when performed in conjunction with a root canal - Primary Teeth Only.	
D3310	anterior canal (excluding final restoration)	2 - 20	Teeth 6 - 11, 22 - 27	No	Once per lifetime.	

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3320	bicuspid (excluding final restoration)	2 - 20	Teeth 4, 5, 12, 13, 20, 21, 28, 29	No	Once per lifetime.	
D3330	molar (excluding final restoration)	2 - 20	Teeth 1 - 3, 14 - 19, 30 - 32	No	Once per lifetime.	
D3351	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	2 - 20	Teeth 1 through 32	Yes	Once per lifetime.	Pre-operative radiograph.
D3352	apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	2 - 20	Teeth 1 through 32	Yes	Once per lifetime.	Pre-operative radiograph with claim.
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	2 - 20	Teeth 1 through 32	Yes	Once per lifetime.	Pre-operative radiograph and fill radiograph with claim.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3410	apicoectomy/periradicular surgery - anterior	2 - 20	Teeth 6 - 11, 22 - 27	Yes	Not payable concurrently with root canal treatment of tooth.	Pre-operative radiograph.

Periodontal scaling and root planing, gingivectomy, and certain other procedures as required can be considered for coverage. The initial stages of therapy should include Oral Hygiene Instructions and treatment to remove deposits. Surgical intervention will not be considered until there is a sufficient amount of time for healing and re-evaluation.

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4263	bone replacement graft - first site in quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4264	bone replacement graft - each additional site in quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4270	pedicle soft tissue graft procedure	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4271	free soft tissue graft procedure (including donor site surgery)	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4273	subepithelial connective tissue graft procedures, per tooth	0 - 20	Teeth 1 through 32	Yes		Pre-operative radiographs and periodontal charting.
D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes		Pre-operative radiographs and periodontal charting.
D4320	provisional splinting - intracoronal	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes		Pre-operative radiographs and periodontal charting.
D4321	provisional splinting - extracoronal	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	Yes		Pre-operative radiographs and periodontal charting.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Periodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D4341	periodontal scaling and root planing - four or more teeth, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	One per 24 months. One full mouth service is covered every 24 months.	Pre-operative radiographs and periodontal charting.
D4342	periodontal scaling and root planing - one to three teeth, per quadrant	0 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	One per 24 months. One full mouth service is covered every 24 months.	Pre-operative radiographs and periodontal charting.
D4910	periodontal maintenance	0 - 20		Yes	Only covered after active therapy has been performed.	Pre-operative radiographs and periodontal charting.

Provisions for removable prosthesis included initial placement when masticatory function is impaired or when existing prosthesis is at least five years old and unserviceable. All necessary restorative work must be completed before fabrication of a partial denture. Abutments for partial dentures must be free of active periodontal disease, and have at least 50% bone support.

Payment for dentures includes any necessary adjustments, repairs or relines necessary during the six - (6) month period following delivery of a new prosthesis. Relines are covered once every 24 months. The reimbursement for an incomplete denture service (non-delivery) will be limited to the out-of-pocket costs as documented by a copy of the lab bill. THE DATE OF PLACEMENT MUST BE USED AS THE DATE OF SERVICE WHEN SUBMITTING FOR PAYMENT OF DENTURES. Extractions and other procedures necessary prior to denture placement must be rendered and paid before dentures will be reimbursed. If immediate dentures, extractions must be rendered and billed with the same date of service as placement of the immediate dentures.

In situations where it is impractical to obtain pre-operative radiographs on a patient in a nursing home or long term care facility, a written narrative by the dentist stating that the patient is in a physical and mental state sufficient to function with full dentures is required for authorization.

Denture benefits for patients with the following medical conditions will not be considered for coverage:

* Patients on feeding tubes
* Post CVA patients with decreased facial muscle tone
* Patients in a coma
* Patients with diminished mental capacities that could not function with dentures
* Patients who do not desire dentures
* Advanced terminal patients

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	0 - 20		Yes	One per 60 months. (D5110 or D5130).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5120	complete denture - mandibular	0 - 20		Yes	One per 60 months. (D5120 or D5140).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5130	immediate denture - maxillary	0 - 20		Yes	One per 60 months. (D5110 or D5130).	Pre-operative full mouth radiographs.
D5140	immediate denture - mandibular	0 - 20		Yes	One per 60 months. (D5120 or D5140).	Pre-operative full mouth radiographs.
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	2 - 20		Yes	One per 60 months. (D5211 or D5213).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	2 - 20		Yes	One per 60 months. (D5212 or D5214).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	2 - 20		Yes	One per 60 months. (D5211 or D5213).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	2 - 20		Yes	One per 60 months. (D5212 or D5214).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5510	repair broken complete denture base	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		
D5520	replace missing or broken teeth - complete denture (each tooth)	0 - 20	Teeth 1 through 32	No		
D5610	repair resin denture base	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		
D5620	repair cast framework	0 - 20	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5630	repair or replace broken clasp	0 - 20		No		
D5640	replace broken teeth - per tooth	0 - 20	Teeth 1 through 32	No		
D5650	add tooth to existing partial denture	0 - 20	Teeth 1 through 32	No		
D5730	reline complete maxillary denture (chairside)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5731	reline complete mandibular denture (chairside)	0 - 20		Yes	One per 24 months.	Date of denture placement.

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5740	reline maxillary partial denture (chairside)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5741	reline mandibular partial denture (chairside)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5750	reline complete maxillary denture (laboratory)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5751	reline complete mandibular denture (laboratory)	0 - 20		Yes	One per 24 months.	Date of denture placement.
D5760	reline maxillary partial denture (laboratory)	0 - 20		Yes	One per 24 months.	Date of denture placement.

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5761	reline mandibular partial denture (laboratory)	0 - 20		Yes	One per 24 months.	Date of denture placement.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	0 - 20		Yes		Narrative of medical necessity.
D5912	facial moulage (complete)	0 - 20		Yes		Narrative of medical necessity.
D5913	nasal prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5914	auricular prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5915	orbital prosthesis	0 - 20		Yes		Narrative of medical necessity.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5916	ocular prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5919	facial prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5922	nasal septal prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5923	ocular prosthesis, interim	0 - 20		Yes		Narrative of medical necessity.
D5924	cranial prosthesis	0 - 20		Yes		Narrative of medical necessity.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5925	facial augmentation implant prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5926	nasal prosthesis, replacement	0 - 20		Yes		Narrative of medical necessity.
D5927	auricular prosthesis, replacement	0 - 20		Yes		Narrative of medical necessity.
D5928	orbital prosthesis, replacement	0 - 20		Yes		Narrative of medical necessity.
D5929	facial prosthesis, replacement	0 - 20		Yes		Narrative of medical necessity.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5931	obturator prosthesis, surgical	0 - 20		Yes		Narrative of medical necessity.
D5932	obturator prosthesis, definitive	0 - 20		Yes		Narrative of medical necessity.
D5933	obturator prosthesis, modification	0 - 20		Yes		Narrative of medical necessity.
D5934	mandibular resection prosthesis with guide flange	0 - 20		Yes		Narrative of medical necessity.
D5935	mandibular resection prosthesis without guide flange	0 - 20		Yes		Narrative of medical necessity.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5936	obturator prosthesis, interim	0 - 20		Yes		Narrative of medical necessity.
D5937	trismus appliance (not for TMD treatment)	0 - 20		Yes	Not for TMD Treatment.	Narrative of medical necessity.
D5951	feeding aid	0 - 20		Yes		Narrative of medical necessity.
D5952	speech aid prosthesis, pediatric	0 - 12		Yes		Narrative of medical necessity.
D5953	speech aid prosthesis, adult	13 - 20		Yes		Narrative of medical necessity.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5954	palatal augmentation prosthesis	0 - 20		Yes		Narrative of medical necessity.
D5955	palatal lift prosthesis, definitive	0 - 20		Yes		Narrative of medical necessity.
D5958	palatal lift prosthesis, interim	0 - 20		Yes		Narrative of medical necessity.
D5959	palatal lift prosthesis, modification	0 - 20		Yes		Narrative of medical necessity.
D5960	speech aid prosthesis, modification	0 - 20		Yes		Narrative of medical necessity.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5982	surgical stent	0 - 20		Yes		Narrative of medical necessity.
D5983	radiation carrier	0 - 20		Yes		Narrative of medical necessity.
D5984	radiation shield	0 - 20		Yes		Narrative of medical necessity.
D5985	radiation cone locator	0 - 20		Yes		Narrative of medical necessity.
D5986	fluoride gel carrier	0 - 20		Yes		Narrative of medical necessity.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5987	commissure splint	0 - 20		Yes		Narrative of medical necessity.
D5988	surgical splint	0 - 20		Yes		Narrative of medical necessity.
D5999	unspecified maxillofacial prosthesis, by report	0 - 20		Yes		Narrative of medical necessity.

Fixed bridgework will only be considered for the replacement of the permanent anterior teeth.

Fixed Prosthetic Services are covered for Participants with prior authorization. Services will not be authorized until it is documented that all necessary restorative, endodontic, periodontic and oral surgery has been completed.

Fixed bridgework will not be allowed in conjunction with the placement of a partial denture in the same arch.

Fixed prosthesis will not be covered when they replace a removable appliance that is less than 5 years old.

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6210	pontic - cast high noble metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6211	pontic - cast predominantly base metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6212	pontic - cast noble metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6240	pontic - porcelain fused to high noble metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6241	pontic - porcelain fused to predominantly base metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6242	pontic - porcelain fused to noble metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6251	pontic - resin with predominantly base metal	2 - 20	Teeth 6 - 11, 22 - 27	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6721	crown - resin with predominantly base metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6750	crown - porcelain fused to high noble meta	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6751	crown - porcelain fused to predominantly base metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6752	crown - porcelain fused to noble metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	
D6790	crown - full cast high noble metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6791	crown - full cast predominantly base metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).
D6792	crown - full cast noble metal	2 - 20	Teeth 5 - 12, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs. Date of prior placement (if applicable).

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	recement fixed partial denture	0 - 20		No		
D6972	prefabricated post and core in addition to fixed partial denture retainer	2 - 20	Teeth 5 - 12, 20 - 29	Yes		Endodontic fill radiograph.

Prophylactic removal of multiple asymptomatic teeth, or teeth free from pathology is not a covered benefit.

Extraction of deciduous teeth that radiographically appear to be near imminent exfoliation is not a covered benefit.

Reimbursement includes local anesthesia and post-operative care.

Claims for all oral surgical procedures except simple, non-surgical extractions or for procedure code D7210 must include a pre-operative radiograph to be considered for reimbursement.

Simple and surgical extractions are covered. Local anesthesia and routine post-operative care are included in the fees and will not be reimbursed separately.

“Erupted surgical extractions” are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone, and/or section of the tooth and closure.

Tuberosity reductions are not payable in conjunction with extractions or alveolectomy in the same quadrant.

For oral surgery performed as part of emergency care, the requirement for prior authorization is waived. Service will still be subject to retrospective review. Emergency care is defined as treatment of pain, infection, swelling, uncontrolled bleeding, or traumatic injury.

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction - erupted tooth or exposed root (elevation and/or forceps removal)	0 - 20	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	No		
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	0 - 20	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	No	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7220	removal of impacted tooth - soft tissue	16 - 20	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7230	removal of impacted tooth - partially bony	16 - 20	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7240	removal of impacted tooth - completely bony	16 - 20	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7250	surgical removal of residual tooth roots (cutting procedure)	2 - 20	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7280	surgical access for an unerupted tooth	2 - 20	Teeth 1 through 32	Yes	To expose crown of an impacted tooth not intended to be extracted.	Pre-operative radiographs.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7283	placement of device to facilitate eruption of impacted tooth	2 - 20	Teeth 1 through 32	Yes	Once per lifetime. ALLOWED ONLY ON APPROVED ORTHODONTIC CASES PER LIFETIME.	Pre-operative radiographs. For ortho cases only.
D7310	alveoloplasty in conjunction with extractions - per quadrant	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7310 or D7311 per quad.	Pre-operative radiographs.
D7311	alveoloplasty w/ extractions - one to three teeth or tooth spaces per quad	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7310 or D7311 per quad.	Pre-operative radiographs.
D7320	alveoloplasty not in conjunction with extractions - per quadrant	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7320 or D7321 per quad.	Diagnostic models.
D7321	alveloplasty w/o extractions - one to three teeth or tooth spaces per quad	2 - 20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Yes	Once per lifetime. Either D7320 or D7321 per quad.	Diagnostic models.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0 - 20		Yes		Copy of pathology report with claim.
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0 - 20		Yes		Copy of pathology report with claim.
D7460	removal of benign non-odontogenic cyst or tumor - lesion diameter up to 1.25 cm	0 - 20		Yes		Copy of pathology report with claim.
D7461	removal of benign non-odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	0 - 20		Yes		Copy of pathology report with claim.
D7510	incision and drainage of abscess - intraoral soft tissue	0 - 20		Yes	Either D7510 or D7511 on date of service.	Pre-operative radiographs and narrative with claim.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7511	incision and drainage - intraoral - complicated	0 - 20		Yes	Includes drainage of multiple fascial spaces. Either D7510 or D7511 on date of service.	Pre-operative radiographs and narrative with claim.
D7610	maxilla - open reduction (teeth immobilized, if present)	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7620	maxilla - closed reduction (teeth immobilized, if present)	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7630	mandible - open reduction (teeth immobilized, if present)	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7640	mandible - closed reduction (teeth immobilized, if present)	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7710	maxilla - open reduction	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7720	maxilla - closed reduction	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7730	mandible - open reduction	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7740	mandible - closed reduction	0 - 20		Yes		Pre-operative radiographs and accident narrative details with claim.
D7810	open reduction of dislocation	0 - 20		Yes		Narrative of medical necessity with claim.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7820	closed reduction of dislocation	0 - 20		Yes		Narrative of medical necessity with claim.
D7960	frenulectomy (frenulectomy or frenotomy) - separate procedure	2 - 20		Yes	Once per lifetime. Either D7960 or D7963.	Narrative of medical necessity. Study model or photo.
D7963	frenuloplasty	2 - 20		Yes	Once per lifetime. Either D7960 or D7963.	Narrative of medical necessity. Study model or photo.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Participants between the ages of 2 and 20 may qualify for orthodontic care under the program. PARTICIPANTS MUST HAVE A SEVERE, DYSFUNCTIONAL, HANDICAPPING MALOCCLUSION AS DETERMINED BY A SCORE OF 42 POINTS OR GREATER ON THE MODIFIED SALZMANN INDEX, OR OBJECTIVE DOCUMENTATION THAT THE MALOCCLUSION IS AN IMPAIRMENT OF, OR A HAZARD TO THE ABILITY TO EAT, CHEW, SPEAK, OR BREATHE. When it is determined that the case will not qualify for comprehensive orthodontic treatment, the initial examination (consultation) can be billed using procedure code D8999.

Since a case must be dysfunctional to be accepted for treatment, Participants whose molars and bicuspids are in good occlusion seldom qualify. INTERCEPTIVE ORTHODONTICS IS NOT A COVERED BENEFIT. Crowding alone is usually not dysfunctional in spite of the aesthetic considerations. the PARTICIPANT MUST HAVE LOST ALL PRIMARY TEETH AND HAVE PERMANENT TEETH ERUPTING OR IN OCCLUSION TO BE CONSIDERED.

For cleft palate cases, please contact the Division of Specialized Care for Children (DSCC) at 1.800.322.3722.

All orthodontic services require prior authorization by a Doral Dental Consultant. Requests for prior authorization need to include:

* Orthodontic examination and records
* Appropriate radiographs and facial photographs
* Study models properly trimmed and identified
* Detailed treatment plan with diagnosis and prognosis

The fee for the initial exam, radiographs and study models should be submitted under procedure code D8660.

The starting and billing date of orthodontic services is defined as the date when the bands, brackets, or appliances are placed in the Participant's mouth. It is important to verify the Participant's eligibility, as the Participant must be eligible on this date of service.

Payment for orthodontics includes all appliances, retainers and all follow-up visits. Orthodontic appliance benefit limited to once per lifetime.

To initiate payment on an approved comprehensive orthodontic case, the dental office needs to submit a claim form indicating the date the appliances were placed (banding date). Monthly payments will be made for approved treatment as long as the Participant remains eligible and is in active treatment. IN ORDER TO RECEIVE REIMBURSEMENT FOR MONTHLY ADJUSTMENTS, PROVIDER MUST BILL FOR THE DATE OF SERVICE TREATMENT WAS RENDERED. A Participant will not be considered to be in active treatment if they have failed to keep appointments in two consecutive months. If a Participant fails to keep an appointment for two consecutive months, the dental office must notify Doral.

Continuation of orthodontic care will be handled in the following fashion:

1. For cases that were started prior to the Participant becoming eligible for public assistance, Doral will attempt to secure the original pre-treatment records for review by a Doral Dental Consultant. The Modified Salzmann Index will be performed and the original records reviewed using the criteria for all new cases. If the original records pass the test of medical necessity, a continuation of benefits based on a pro-rating of the treatment remaining will be paid.

2. For cases that were started under the Medical Assistance Program, a Participant will be allowed to transfer treatment only under extreme situations. Usually this will be limited to when a Participant moves out of the immediate service area. In this instance, the dentist who will complete the case in progress will need to submit a claim form indicating the treatment status of the case, his/her intention to continue care and a fee for the remaining treatment. Doral will review the request on a case by case basis

and issue a determination of benefits.

Orthodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D8080	comprehensive orthodontic treatment of the adolescent dentition	2 - 20		Yes	Once per lifetime.	Study models (or OrthoCad equivalent) and radiographs.
D8660	pre-orthodontic treatment visit	2 - 20		Yes		Study models (or OrthoCad equivalent) and radiographs.
D8670	periodic orthodontic treatment visit (as part of contract)	2 - 20		Yes	Maximum of one (1) per month regardless of number of visits each month.	
D8999	unspecified orthodontic procedure, by report	2 - 20		Yes	Once per lifetime. Only covered if case fails to reach 42 points on the Modified Salzman Index.	

Adjunctive general services include general anesthesia, intravenous sedation, nitrous oxide analgesia, consultations and various drugs and medicaments, and emergency services provided for relief of dental pain.

Procedure code D9110 – palliative treatment is to be used to bill for minor palliative procedures when the only other procedure code billed for is a diagnostic radiograph. If any other services (filling, endodontics, oral surgery etc.) are billed for on the same day, the palliative treatment code will be denied.

Intravenous sedation and general anesthesia will only be a covered service for participating dentists that hold current certification and licensure per state and federal guidelines.

Requests for intravenous sedation and general anesthesia will be reviewed on a case by case basis. A case will be covered for Participants with physical or mental health problems of such severity that treatment can not be reasonably attempted without the use of intravenous sedation or general anesthesia. Intravenous sedation or general anesthesia may be allowed when a surgical procedure is being rendered. Claims for intravenous sedation and general anesthesia must include a narrative of medical necessity. Acceptable conditions include:

* Toxicity to local anesthesia supported by documentation;
* Severe mental retardation;
* Severe physical disability;
* Uncontrolled management problem;
* Extensive or complicated surgical procedures;
* Failure of local anesthesia;
* Documented medical complications; and
* Acute infection that would preclude the efficacy of local anesthesia.

For cases requiring intravenous sedation or general anesthesia, Providers must document the following in the Participant's chart for appropriate psychosomatic disorders: diagnosis, description of past evidence of situational anxiety or uncontrolledbehaviors, and in the case of referral due to uncontrolled behavior, the name of the referring dentist or provider group. Apprehension alone is not typically considered medically necessary. Doral or the IDPA may elect to perform chart audits on these services. Services not documented as required may be denied for payment. The procedures will only be reimbursed for once per day regardless of the length of time it takes to complete the procedure.

General anesthesia, intravenous sedation, and nitrous oxide are only covered in conjunction with a covered dental procedure. Payment for any one of these services precludes payment for the remaining procedure codes. Payment for general anesthesia or intravenous sedation includes any other drugs administered on the same day.

Reimbursement for local anesthesia is included in the fee for the procedures.

Procedure code D9230 – nitrous oxide, is a covered service for Participants who are mentally or physically challenged, or otherwise present with special management needs. Special consideration is granted to individuals under the age of six that require extensive dental treatment and/or exhibit rampant caries where patient management is a concern.

Only claims for nitrous oxide with documented medical necessity will be considered for payment. Medical necessity for the use of nitrous oxide would be broadly defined as some condition specific to the particular treatment situation that would preclude the performance of necessary dental treatment, with the use of a local anesthetic alone.

Some examples of conditions that would establish medical necessity for nitrous oxide are:

* Apprehensive child under the age of six when any treatment is rendered
* Apprehensive children between 6 and 10 years of age when restorative or surgery is performed
* Apprehensive children between the ages of 10 and 18 years when surgical services are performed

All other situations for nitrous oxide will be reviewed for coverage on a case by case basis.

Procedure code D9310 – consultation, will only be reimbursed to a dentist other than the one providing definitive treatment. A consultation includes an examination and evaluation of the patient, and a written report from the consultant to the treating dentist. When billing for a consultation, a copy of the written report must be attached. When the consulting dentist also performs services reimbursement to that dentist will be limited to the actual services performed. There will not be a separate reimbursement for a consultation.

Procedure code D9999 is to be utilized to submit a request for reimbursement for a dental service not otherwise described herein. Request should include a description of the service, medical necessity, a proposed fee and any pertinent radiographs.

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	0 - 20		No	Not covered wth D0140 on same date of service.	
D9220	deep sedation/general anesthesia - first 30 minutes	0 - 20		Yes		Narrative of medical necessity. All inclusive fee - Not limited to first 30 minutes.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9230	analgesia, anxiolysis, inhalation of nitrous oxide	0 - 20		Yes		Narrative of medical necessity.
D9241	intravenous conscious sedation/analgesia - first 30 minutes	0 - 20		Yes		Narrative of medical necessity. All inclusive fee - Not limited to first 30 minutes.
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	0 - 20		No		Narrative of medical necessity shall be maintained in patient records.
D9610	therapeutic drug injection, by report	0 - 20		Yes		Narrative of medical necessity. Name of drug and amount administered.
D9630	other drugs and/or medicaments, by report	0 - 20		Yes		Narrative of medical necessity. Name of drug and amount administered.

Attachment R: Benefits Covered - CHILDREN UNDER AGE 21

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9999	unspecified adjunctive procedure, by report	0 - 20		Yes		Description of service and narrative of medical necessity.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Diagnostic services include the oral examinations and selected radiographs needed to assess the oral health, diagnose oral pathology and develop an adequate treatment plan for the Participant's oral health. Periodic exams are not a covered benefit for Participants age 21 and over.

Reimbursement for radiographs includes exposure of the radiograph, developing, mounting and radiographic interpretation. Reimbursement for multiple radiographs of the same tooth or area may be denied if Doral determines the number to be redundant, excessive or not in keeping with the federal policies relating to radiation exposure. Doral utilizes the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health. These guidelines were developed in conjunction with the Food and Drug Administration and are described in Attachment J of this manual.

If the total allowed amount for radiographs performed on a participant exceeds the allowed amount for procedure code D0210 (Complete Series), the submitted radiograph codes will be consolidated and paid as a Complete Series (D0210). The maximum reimbursement for a single date of service for radiographs shall be limited to the fee for a complete service.

An initial examination is typically used when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

PLACE OF SERVICE (field #38 on 2002, 2004 ADA claim form) MUST BE INDICATED ON ALL CLAIMS.

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0140	limited oral evaluation - problem focused	21 and older		No	Limited emergency exam will only be covered when performed in conjunction with treatment to address an emergency situation. An emergency will be defined as treatment medically necessary to treat pain, infection, swelling, uncontrolled bleeding or traumatic injury. Not allowed with D9110.	Description of the emergency and description of services provided with claim.
D0150	comprehensive oral evaluation - new or established patient	21 and older		No	Once per lifetime. One comprehensive exam per patient per dentist or dental group per lifetime.	

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0210	intraoral - complete series (including bitewings)	21 and older		No	One per 36 months.	
D0220	intraoral - periapical - first film	21 and older		No	Maximum of one (1) per day per patient per dentist or dental group.	
D0230	intraoral - periapical - each additional film	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0270	bitewing - single film	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0272	bitewings - two films	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Diagnostic						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D0274	bitewings - four films	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0277	vertical bitewings - 7 to 8 films	21 and older		No	Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	
D0330	panoramic film	21 and older		No	One per 36 months. Maximum reimbursement for a single date of service for radiographs limited to fee for Complete Series (D0210).	

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Restorative services (amalgams and composites) are provided to remove decay and restore dental structures (teeth) to a reasonable condition. Payment is made for restorative services based on the number of surfaces restored, not on the number of restorations per surface, or per tooth, per day.

Bases, cements, liners, pulp caps, bonding agents and local anesthetic are included in the restorative service fees and are not reimbursed separately.

Restorations are expected to last a reasonable amount of time. Repeated unexplained failures will result in review by Peer Review and may necessitate removal of the dentist from the panel.

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2140	amalgam - one surface, primary or permanent	21 and older	Teeth 1 through 32, A through T	No		
D2150	amalgam - two surfaces, primary or permanent	21 and older	Teeth 1 through 32, A through T	No		
D2160	amalgam - three surfaces, primary or permanent	21 and older	Teeth 1 through 32, A through T	No		
D2161	amalgam - four or more surfaces, primary or permanent	21 and older	Teeth 1 through 32, A through T	No		

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2330	resin-based composite - one surface, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2331	resin-based composite - two surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2332	resin-based composite - three surfaces, anterior	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	No		
D2391	resin-based composite - one surface, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2392	resin-based composite - two surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2393	resin-based composite - three surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2394	resin-based composite - four or more surfaces, posterior	21 and older	Teeth 1 - 5, 12 - 21, 28 - 32, A, B, I, J, K, L, S, T	No		
D2740	crown porcelain/ceramic substrate	21 and older	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2750	crown - porcelain fused to high noble meta	21 and older	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2751	crown - porcelain fused to predominantly base metal	21 and older	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2752	crown - porcelain fused to noble metal	21 and older	Teeth 4 - 13, 20 - 29	Yes	One per 60 months.	Pre-operative radiographs.
D2790	crown - full cast high noble metal	21 and older	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.
D2791	crown - full cast predominantly base metal	21 and older	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.
D2792	crown - full cast noble metal	21 and older	Teeth 1 through 32	Yes	One per 60 months.	Pre-operative radiographs.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2910	recement inlay, onlay or partial coverage restoration	21 and older	Teeth 1 through 32	No		
D2915	recement cast or prefabricated post and core	21 and older	Teeth 1 through 32	No		
D2920	recement crown	21 and older	Teeth 1 through 32, A through T	No		
D2931	prefabricated stainless steel crown - permanent tooth	21 and older	Teeth 1 through 32	Yes	Authorization required for two (2) or more crowns. Not compensated with construction of permanent crown.	Pre-operative radiographs.
D2932	prefabricated resin crown	21 and older	Teeth 6 - 11, 22 - 27, C - H, M - R	Yes	Authorization required for two (2) or more crowns.	Pre-operative radiographs.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Restorative						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D2940	sedative filling	21 and older	Teeth 1 through 32, A through T	No		
D2951	pin retention - per tooth, in addition to restoration	21 and older	Teeth 1 through 32	No		
D2954	prefabricated post and core in addition to crown	21 and older	Teeth 1 through 32	Yes		Endodontic fill radiograph.

Endodontic services are provided to retain teeth through root canal therapy made necessary due to trauma or carious exposure.

The following guidelines must be followed when providing endodontic services:

Pulpotomies will only be covered on primary teeth with no evidence of internal resorption, furcation or periapical pathologic involvement.

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

Root canal therapy for permanent teeth includes diagnosis, extirpation of the pulp, shaping and enlarging the canals, temporary fillings, filling and obliteration of root canal(s), and progress radiographs. The fee does not include the final restoration.

Root canals and pulpotomies may not be covered in the following situations:

* Root resorption has started and exfoliation is imminent
* Gross periapical or periodontal pathosis is demonstrated radiographically (caries to the furcation, or subcrestal deeming the tooth non-restorable)
* The general oral condition does not justify root canal therapy due to the loss of arch integrity
* Tooth does not demonstrate 50% bone support
* Tooth demonstrates active untreated periodontal disease

Endodontics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D3310	anterior canal (excluding final restoration)	21 and older	Teeth 6 - 11, 22 - 27	No	Once per lifetime.	

Provisions for removable prosthesis included initial placement when masticatory function is impaired or when existing prosthesis is at least five years old and unserviceable.

Payment for dentures includes any necessary adjustments, repairs or relines necessary during the six - (6) month period following delivery of a new prosthesis. Relines are covered once every 24 months. The reimbursement for an incomplete denture service (non-delivery) will be limited to the out-of-pocket costs as documented by a copy of the lab bill. THE DATE OF PLACEMENT MUST BE USED AS THE DATE OF SERVICE WHEN SUBMITTING FOR PAYMENT OF DENTURES. Extractions and other procedures necessary prior to denture placement must be rendered and paid before dentures will be reimbursed. If immediate dentures, extractions must be rendered and billed with the same date of service as placement of the immediate dentures.

In situations where it is impractical to obtain pre-operative radiographs on a patient in a nursing home or long term care facility, a written narrative by the dentist stating that the patient is in a physical and mental state sufficient to function with full dentures is required for authorization.

Denture benefits for patients with the following medical conditions will not be considered for coverage:

* Patients on feeding tubes
* Post CVA patients with decreased facial muscle tone
* Patients in a coma
* Patients with diminished mental capacities that could not function with dentures
* Patients who do not desire dentures
* Advanced terminal patients

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5110	complete denture - maxillary	21 and older		Yes	One per 60 months. (D5110 or D5130).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).
D5120	complete denture - mandibular	21 and older		Yes	One per 60 months. (D5120 or D5140).	Pre-operative full mouth radiographs. Date of prior placement (if applicable).

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5130	immediate denture - maxillary	21 and older		Yes	One per 60 months. (D5110 or D5130).	Pre-operative full mouth radiographs.
D5140	immediate denture - mandibular	21 and older		Yes	One per 60 months. (D5120 or D5140).	Pre-operative full mouth radiographs.
D5510	repair broken complete denture base	21 and older	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		
D5520	replace missing or broken teeth - complete denture (each tooth)	21 and older	Teeth 1 through 32	No		
D5610	repair resin denture base	21 and older	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5620	repair cast framework	21 and older	Upper Arch 01 (UA) or Lower Arch 02 (LA)	No		
D5630	repair or replace broken clasp	21 and older		No		
D5640	replace broken teeth - per tooth	21 and older	Teeth 1 through 32	No		
D5650	add tooth to existing partial denture	21 and older	Teeth 1 through 32	No		
D5730	reline complete maxillary denture (chairside)	21 and older		Yes	One per 24 months.	Date of denture placement.

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5731	reline complete mandibular denture (chairside)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5740	reline maxillary partial denture (chairside)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5741	reline mandibular partial denture (chairside)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5750	reline complete maxillary denture (laboratory)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5751	reline complete mandibular denture (laboratory)	21 and older		Yes	One per 24 months.	Date of denture placement.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Prosthodontics, removeable						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5760	reline maxillary partial denture (laboratory)	21 and older		Yes	One per 24 months.	Date of denture placement.
D5761	reline mandibular partial denture (laboratory)	21 and older		Yes	One per 24 months.	Date of denture placement.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5911	facial moulage (sectional)	21 and older		Yes		Narrative of medical necessity.
D5912	facial moulage (complete)	21 and older		Yes		Narrative of medical necessity.
D5913	nasal prosthesis	21 and older		Yes		Narrative of medical necessity.
D5914	auricular prosthesis	21 and older		Yes		Narrative of medical necessity.
D5915	orbital prosthesis	21 and older		Yes		Narrative of medical necessity.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5916	ocular prosthesis	21 and older		Yes		Narrative of medical necessity.
D5919	facial prosthesis	21 and older		Yes		Narrative of medical necessity.
D5922	nasal septal prosthesis	21 and older		Yes		Narrative of medical necessity.
D5923	ocular prosthesis, interim	21 and older		Yes		Narrative of medical necessity.
D5924	cranial prosthesis	21 and older		Yes		Narrative of medical necessity.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5925	facial augmentation implant prosthesis	21 and older		Yes		Narrative of medical necessity.
D5926	nasal prosthesis, replacement	21 and older		Yes		Narrative of medical necessity.
D5927	auricular prosthesis, replacement	21 and older		Yes		Narrative of medical necessity.
D5928	orbital prosthesis, replacement	21 and older		Yes		Narrative of medical necessity.
D5929	facial prosthesis, replacement	21 and older		Yes		Narrative of medical necessity.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5931	obturator prosthesis, surgical	21 and older		Yes		Narrative of medical necessity.
D5932	obturator prosthesis, definitive	21 and older		Yes		Narrative of medical necessity.
D5933	obturator prosthesis, modification	21 and older		Yes		Narrative of medical necessity.
D5934	mandibular resection prosthesis with guide flange	21 and older		Yes		Narrative of medical necessity.
D5935	mandibular resection prosthesis without guide flange	21 and older		Yes		Narrative of medical necessity.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5936	obturator prosthesis, interim	21 and older		Yes		Narrative of medical necessity.
D5937	trismus appliance (not for TMD treatment)	21 and older		Yes	Not for TMD Treatment.	Narrative of medical necessity.
D5951	feeding aid	21 and older		Yes		Narrative of medical necessity.
D5953	speech aid prosthesis, adult	21 and older		Yes		Narrative of medical necessity.
D5954	palatal augmentation prosthesis	21 and older		Yes		Narrative of medical necessity.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5955	palatal lift prosthesis, definitive	21 and older		Yes		Narrative of medical necessity.
D5958	palatal lift prosthesis, interim	21 and older		Yes		Narrative of medical necessity.
D5959	palatal lift prosthesis, modification	21 and older		Yes		Narrative of medical necessity.
D5960	speech aid prosthesis, modification	21 and older		Yes		Narrative of medical necessity.
D5982	surgical stent	21 and older		Yes		Narrative of medical necessity.

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5983	radiation carrier	21 and older		Yes		Narrative of medical necessity.
D5984	radiation shield	21 and older		Yes		Narrative of medical necessity.
D5985	radiation cone locator	21 and older		Yes		Narrative of medical necessity.
D5986	fluoride gel carrier	21 and older		Yes		Narrative of medical necessity.
D5987	commissure splint	21 and older		Yes		Narrative of medical necessity.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Maxillofacial Prosthetics						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D5988	surgical splint	21 and older		Yes		Narrative of medical necessity.
D5999	unspecified maxillofacial prosthesis, by report	21 and older		Yes		Narrative of medical necessity.

Prosthodontics, fixed						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D6930	recement fixed partial denture	21 and older		No		

Prophylactic removal of multiple asymptomatic teeth, or teeth free from pathology is not a covered benefit.

Extraction of deciduous teeth that radiographically appear to be near imminent exfoliation is not a covered benefit.

Reimbursement includes local anesthesia and post-operative care.

Claims for all oral surgical procedures except simple, non-surgical extractions or for procedure code D7210 must include a pre-operative radiograph to be considered for reimbursement.

Simple and surgical extractions are covered. Local anesthesia and routine post-operative care are included in the fees and will not be reimbursed separately.

“Erupted surgical extractions” are defined as extractions requiring elevation of a mucoperiosteal flap and removal of bone, and/or section of the tooth and closure.

Tuberosity reductions are not payable in conjunction with extractions or alveolectomy in the same quadrant.

For oral surgery performed as part of emergency care, the requirement for prior authorization is waived. Service will still be subject to retrospective review. Emergency care is defined as treatment of pain, infection, swelling, uncontrolled bleeding, or traumatic injury.

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7140	extraction - erupted tooth or exposed root (elevation and/or forceps removal)	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	No		
D7210	surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	No	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7220	removal of impacted tooth - soft tissue	21 and older	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7230	removal of impacted tooth - partially bony	21 and older	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7240	removal of impacted tooth - completely bony	21 and older	Teeth 1 through 32, 51 through 82 (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7250	surgical removal of residual tooth roots (cutting procedure)	21 and older	Teeth 1 through 32, 51 through 82 (SN), A through T, AS through TS (SN)	Yes	Prophylatic removal of asymptomatic tooth or tooth free from pathology is not a covered benefit.	Pre-operative radiographs.
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		Yes		Copy of pathology report with claim.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		Yes		Copy of pathology report with claim.
D7460	removal of benign non-odontogenic cyst or tumor - lesion diameter up to 1.25 cm	21 and older		Yes		Copy of pathology report with claim.
D7461	removal of benign non-odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	21 and older		Yes		Copy of pathology report with claim.
D7510	incision and drainage of abscess - intraoral soft tissue	21 and older		Yes	Either D7510 or D7511 on date of service.	Pre-operative radiographs and narrative with claim.
D7511	incision and drainage - intraoral - complicated	21 and older		Yes	Includes drainage of multiple fascial spaces. Either D7510 or D7511 on date of service.	Pre-operative radiographs and narrative with claim.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7610	maxilla - open reduction (teeth immobilized, if present)	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7620	maxilla - closed reduction (teeth immobilized, if present)	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7630	mandible - open reduction (teeth immobilized, if present)	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7640	mandible - closed reduction (teeth immobilized, if present)	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7710	maxilla - open reduction	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Oral Surgery						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D7720	maxilla - closed reduction	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7730	mandible - open reduction	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7740	mandible - closed reduction	21 and older		Yes		Pre-operative radiographs and accident narrative details with claim.
D7810	open reduction of dislocation	21 and older		Yes		Narrative of medical necessity with claim.
D7820	closed reduction of dislocation	21 and older		Yes		Narrative of medical necessity with claim.

Adjunctive general services include general anesthesia, intravenous sedation, nitrous oxide analgesia, consultations and various drugs and medicaments, and emergency services provided for relief of dental pain.

Procedure code D9110 – palliative treatment is to be used to bill for minor palliative procedures when the only other procedure code billed for is a diagnostic radiograph. If any other services (filling, endodontics, oral surgery etc.) are billed for on the same day, the palliative treatment code will be denied.

Intravenous sedation and general anesthesia will only be a covered service for participating dentists that hold current certification and licensure per state and federal guidelines.

Requests for intravenous sedation and general anesthesia will be reviewed on a case by case basis. A case will be covered for Participants with physical or mental health problems of such severity that treatment can not be reasonably attempted without the use of intravenous sedation or general anesthesia. Intravenous sedation or general anesthesia may be allowed when a surgical procedure is being rendered. Claims for intravenous sedation and general anesthesia must include a narrative of medical necessity. Acceptable conditions include:

* Toxicity to local anesthesia supported by documentation;
* Severe mental retardation;
* Severe physical disability;
* Uncontrolled management problem;
* Extensive or complicated surgical procedures;
* Failure of local anesthesia;
* Documented medical complications; and
* Acute infection that would preclude the efficacy of local anesthesia.

For cases requiring intravenous sedation or general anesthesia, Providers must document the following in the Participant's chart for appropriate psychosomatic disorders: diagnosis, description of past evidence of situational anxiety or uncontrolledbehaviors, and in the case of referral due to uncontrolled behavior, the name of the referring dentist or provider group. Apprehension alone is not typically considered medically necessary. Doral or the IDPA may elect to perform chart audits on these services. Services not documented as required may be denied for payment. The procedures will only be reimbursed for once per day regardless of the length of time it takes to complete the procedure.

General anesthesia, intravenous sedation, and nitrous oxide are only covered in conjunction with a covered dental procedure. Payment for any one of these services precludes payment for the remaining procedure codes. Payment for general anesthesia or intravenous sedation includes any other drugs administered on the same day.

Reimbursement for local anesthesia is included in the fee for the procedures.

Procedure code D9230 – nitrous oxide, is a covered service for Participants who are mentally or physically challenged, or otherwise present with special management needs.

Only claims for nitrous oxide with documented medical necessity will be considered for payment. Medical necessity for the use of nitrous oxide would be broadly defined as some condition specific to the particular treatment situation that would preclude the performance of necessary dental treatment, with the use of a local anesthetic alone. Situations for nitrous oxide will be reviewed for coverage on a case by case basis.

Procedure code D9310 – consultation, will only be reimbursed to a dentist other than the one providing definitive treatment. A consultation includes an examination and evaluation of the patient, and a written report from the consultant to the treating dentist. When billing for a consultation, a copy of the written report must be attached. When the consulting dentist also performs services reimbursement to that dentist will be limited to the actual services performed. There will not be a separate reimbursement for a consultation.

Procedure code D9999 is to be utilized to submit a request for reimbursement for a dental service not otherwise described herein. Request should include a description of the service, medical necessity, a proposed fee and any pertinent radiographs.

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9110	palliative (emergency) treatment of dental pain - minor procedure	21 and older		No	Not covered wth D0140 on same date of service.	
D9220	deep sedation/general anesthesia - first 30 minutes	21 and older		Yes		Narrative of medical necessity. All inclusive fee - Not limited to first 30 minutes.
D9230	analgesia, anxiolysis, inhalation of nitrous oxide	21 and older		Yes		Narrative of medical necessity.
D9241	intravenous conscious sedation/analgesia - first 30 minutes	21 and older		Yes		Narrative of medical necessity. All inclusive fee - Not limited to first 30 minutes.

Attachment S: Benefits Covered - ADULTS - AGE 21 AND OVER

Adjunctive General						
Code	Description	Age Limitation	Teeth Covered	Authorization Required	Benefit Limitations	Documentation Required
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	21 and older		No		Narrative of medical necessity shall be maintained in patient records.
D9610	therapeutic drug injection, by report	21 and older		Yes		Narrative of medical necessity. Name of drug and amount administered.
D9630	other drugs and/or medicaments, by report	21 and older		Yes		Narrative of medical necessity. Name of drug and amount administered.
D9999	unspecified adjunctive procedure, by report	21 and older		Yes		Description of service and narrative of medical necessity.