



ACS Benefit Services, Inc. (ACS) Dental Administration

Provider Office Procedural Manual

**Group Name: Ajax Inc.
Group Numbers: 999-01,
Plan Name: PPO 999 Ajax**

8025 North Point Blvd
Suite 100
Winston-Salem, NC 27106

www.ACS-Dental.com
866-480-6623 Fax: 336-759-0968

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This Office Procedure Manual is designed to assist providers who render services to the Employees and their Dependents covered under the Dental Plan Sponsored by:

Ajax Inc.

Group Numbers: 999-01

Plan Name: PPO 999 Ajax

**ACS Benefit Services, Inc.
Addresses and Contact Information**

Provider Certification	Customer Service Call Center
8025 North Point Blvd, Suite 100	8025 North Point Blvd
Winston-Salem, NC 27106	Winston-Salem, NC 27106
Phone: 336-759-2013 x 1263	Phone: 866-480-6623
FAX: 336-759-0968	
E-Mail: ProviderWebServices@acsbenefitservices.com	Dental Claims (Paper)
	ACS Dental Claims Unit
Provider Web Services available at:	PO Box 2050
www.ACS-Dental.com	Winston-Salem, NC 27106-2050
	Dental Claims (Electronic)
	Emdeon Payer Number: 61474

Important note: ACS is pleased to provide enhanced services to providers via our web site: <http://www.ACS-Dental.com>

The following services are available:

i) Standard Services:

- (1) Subscriber / Eligibility Check
- (2) Claim Submission
- (3) Pre-Treatment / Authorization Submission
- (4) Review Pre-Treatment / Authorization Service Requirements: If x-rays, treatment plans are required these requirements will be noted.
- (5) Upload required documents: e.g. x-ray images, Perio-charting, Ortho Contracts, etc.
- (6) Check Claim Status
- (7) Check Pre-Treatment / Authorization Status
- (8) Download Detail Plan descriptions: Office Reference Manuals (ORM).
- (9) Review Member Service History

ii) Advanced Services:

- (1) Load Members for easy Claim Entry.
- (2) Create personalized fee schedules to avoid rekeying Submitted Amounts for routine Services

If you have questions on submitting claims or accessing the website, please contact our Provider Web Services desk at 366-759-2013 ext 1263 **FAX:** 336-759-0968 or via e-mail at: ProviderWebServices@acsbenefitservices.com

1) Patient Eligibility Verification Procedures

b) Plan Eligibility: All eligible employees and their eligible dependents (Members) who are timely enrolled in the Plan are eligible for benefits, as specified, under the Plan.

c) Member Identification Card

Dental Plan Subscribers receive identification cards from the Plan. Providers are responsible for verifying that Members are eligible at the time services are rendered and for determining if the Members have other dental insurance or coverage.

A sample of the Dental ID Card for this plan is located in Section 7, Sample Id Card.

ACS recommends that each dental office make a photocopy of the Member's identification card each time treatment is provided. It is important to note that the dental plan identification card is not dated. An identification card, in itself, does not guarantee that a person is currently enrolled in the dental plan.

Disclaimer: Information about benefits and eligibility given by our voice system or by a Customer Service Representative or in this document is received from other sources and is accurate at the time it is given. Coverage and payment decisions will be made according to the written Plan Document and current eligibility information when a claim is received as of the date services are rendered. Eligibility responses provided by the voice system or a CSR or this document do not guarantee coverage or payment.

2) Methods of verifying Eligibility

a) Provider Web Services (PWS) Access: Providers may access the system through the "Provider" section of ACS' website at: www.ACS-Dental.com. This service is provided at no charge and is available 24 hours a day, 7 days a week without having to wait for an available Service Representative.

b) Provider IVR Access: Providers may also access member eligibility through the ACS Interactive Voice Response (IVR) phone line at: 866-480-6623.

Please Note that due to possible eligibility status changes, the information provided by the system does not guarantee payment. If you are having difficulty accessing either the IVR or website, please contact the Providers Relations Department. They will assist you in utilizing either system.

3) Claim Submission Procedures (claim filing options)

ACS processes dental claims for dental plans on behalf of Blue Cross Blue Shield of North Carolina for the Dental Blue, Dental Blue Individual and Dental Blue Select dental plans. ACS also administers dental plans sponsored by employers. ACS receives dental claims in three possible formats. These formats include: **Web Claim Submission** utilizing the ACS Internet Website; **Electronic (EDI)** submissions via the Emdeon clearing house, under three payer IDs; and **Paper Claims**.

a) Web Claim Submission:

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

Submitting dental claims using the ACS Internet Web Site will provide you with the fastest and most efficient processing. This service is free, and it will reduce your mailing costs. This submission method also will provide a methodology for submitting x-rays as well as other treatment notes that you would normally mail to us. To submit claims via the website, log on to <http://www.acs-dental.com>. Once you have entered the website, click on the link labeled "Providers." You then will be able to log on using your password and ID. First time users will have to register prior to logging on.

b) Emdeon Clearing House:

Dental Providers are encouraged to submit their claims via Emdeon. Please be aware that claims are received by ACS through three separate Emdeon payer numbers to identify our business lines. Submitting claims to an incorrect payer ID number will delay the timely processing of your submissions. To ensure you are using the correct Payer ID please refer to the information displayed on the first page under Contact Information. Always refer to the subscriber's dental ID card to properly identify the correct plan and the correct Emdeon Payer ID number.

Emdeon Payer Id	Customer
61474	Blue Cross Blue Shield of North Carolina, Dental Blue Select
72468	ACS Benefit Services, Inc. Self Insured Plan
61473	Blue Cross Blue Shield of North Carolina, Dental Blue and Dental Blue for Individuals
61474	ACS Benefit Services, Inc. Self Insured Plan. New business

c) Paper Claims: Claims must be submitted on ADA approved claim forms or other form approved in advance by the ACS Dental Administration Unit. Claim forms other than the current ADA approved claim form or claim forms we have previously approved for you will delay the timely processing and payment of your submission. You may download current pre-addressed approved ADA forms from: ACS-Dental.com.

i) Required Identifying Information:

Subscriber name, Subscriber ID number, Patient Name and date of birth must be listed on all claims submitted. If the Subscriber ID 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. In support of HIPAA compliance ACS discourages the use of the subscriber's Social Security Number (SSN) as a method of identifying Subscribers. The Subscriber ID is located on the Subscriber's Dental ID Card. The use of "Nick Names" can provide an opportunity for a submitted claim to be delayed or returned to you if we cannot locate the member.

ii) The Provider and Office location information:

Rendering and Billing Office 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, Tax Identification Number for both the Rendering Provider and the Billing Entity.

iii) Claim Service Lines:

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 the Office Reference Manual (ORM) downloaded from the web site to define all services associated with a given Subscriber's plan. List all quadrants, tooth numbers and surfaces for dental codes that necessitate identification (extractions, root canals, amalgams and resin fillings). Failure to provide tooth and surface identification codes can result in the delay or denial of claim payment.

iv) Documentation, Treatment Plans, Charting and X-Rays:

Please send only copies of x-rays or readable images. X-Rays will not be returned unless they are accompanied by a postage paid envelope.

v) Postage:

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

4) Provider Certification:

a) Tax ID Number (TIN) Validation: ACS participates in the IRS TIN Matching Service. You can find a description of this service at <http://www.irs.gov/taxpros/article/0,,id=109646,00.html> . ACS utilizes this service to validate IRS Forms W-9 submitted by providers. The Tax Name and TIN, either an Employer Identification Number (EIN) or Social Security Number (SSN), submitted on the IRS Form W-9 must match the IRS records. When this information does not match, payment will be delayed until a valid IRS Form W-9 can be received by us. You may download an approved IRS Form W-9 from our web site. These forms may be mailed or faxed to us.

b) NPI: On May 23, 2008, the end of the NPI Contingency Period, ACS began to require the Rendering and Billing NPI Numbers on all Dental Claims submitted for processing via the Emdeon clearing house. Please provide your NPI to facilitate the quick processing of your dental claim submissions.

c) Web Services Registration:

For assistance in registration for Web Services, providers may email or fax a Request for Logon Credentials to the Provider Help desk. All requests should be accompanied by an IRS Form W-9. The Logon Credentials will be returned to you in the same manner as requested, email or FAX.

Provider Help Desk: 336-759-2013 ext 1263; FAX: 336-759-0968; Email: ProviderWebServices@acsbenefitServices.com.

5) **DenteMax Network Certification:** ACS provides for some clients access to the DenteMax Provider Network. DenteMax Providers are maintained within our source system via a periodic download from DenteMax. Providers participating in the DenteMax and providing services for ACS Clients can identify the Subscriber’s participation by reviewing the Subscriber’s Dental ID

Card. These Dental ID Cards will have the DenteMax Logo  printed on the front for the ID Card.

6) **Receipt and Audit of Claims:**

In order to ensure timely, accurate remittances to each participating provider, ACS performs an audit of all claims upon receipt. This audit validates member eligibility, procedure codes and provider identifying information. Each provider receives an “explanation of benefit” report with their remittance. This report includes patient information and an allowable fee by date of services for each service rendered and represented on the remittance.

7) **Sample Dental Id Card:** The DenteMax logo appears when the Company plan utilizes the DenteMax Network, otherwise that space is blank.

Company Name & Logo



Dental Plan

Subscriber Name
JOHN DOE
Subscriber ID
A00000000

DenteMax Provider
Network
Find a Network Provider
www.dentemax.com
800-752-1547

Group Number : 150
Division Number : 01
Benefit Plan : PPO 150 BB&T
Plan Effective Date : 01/01/2006
Effective Date of Coverage : 10/19/2007
Verify coverage : 1-855-480-6623

Web Services:
www.acs-dental.com
Subscribers/Members:
Eligibility, claims status, forms
and other information.
Providers: Eligibility, claims
status, electronic claim submission.

Schedule of Dental Benefits for Ajax Inc. Plan Name: PPO 999 Ajax

Dental Benefits

Benefit Year Deductible - Individual	\$25
Benefit Year Deductible - Family	\$75
Maximum Benefit per Benefit Year for Type A, B and C Services Only	\$1,000

Not Subject to Deductibles

Type A (Preventive) - Plan Copayment Rate	100%
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Subject to Deductibles

Type B (Basic Service) - Plan Copayment Rate	80%
Type C (Major Service) - Plan Copayment Rate	50%
Type D (Orthodontics) - Plan Copayment Rate	50%
Maximum Lifetime Benefits for Orthodontics Only	\$1,000
Orthodontics for Dependent Children:	Yes
Orthodontics for Employee and Spouse:	Yes

Coordination of Benefits (COB) for Dental means 100%. Coordination of benefits for dependent children is based on the birthday rule.

Preventive Services - 100%

-Oral Examination during office hours	Limited to two per year
-Prophylaxis	Limited to two per year
-Bitewing series	Limited to twice per year
-Topical application of fluoride	Limited to two per year
-Topical application of sealants	Limited to children under age 15
-Entire X-ray series, 14 or more films	Limited to one series every three years

Basic Services - 80%

-Emergency office visits (after normal office hours)	-Emergency palliative treatment
-Specialist consultation	-Single X-ray films
-Biopsy and examination of oral tissue	-Microscopic examination
-Restorations	-Amalgams, composites and fillings
-Extractions	-Removal of cyst or tumor
-Alveoplasty	-Alveolectomy
-Soft tissue suture	-General anesthesia
-Gingival curettage	-Gingivectomy
-Gingivoplasty	-Pulp capping, pulpotomy
-Osseous surgery	-Apicoectomy
-Root canals, excluding final restoration	-Incision and drainage of abscess
-Denture repairs	-Space maintainer
-Post-operative visits	
-Maxillary sinusotomy for removal of tooth fragment or foreign body	
-Periodontic examinations and treatment	

Major Services - 50%

- Crowns, covered only if teeth cannot be restored
- Inlays and Onlays with a filling material or if the tooth is an abutment
- Pontics (artificial teeth)
- Fixed or removable bridge, per unit including pontics
- Dentures

Orthodontic Services - 50%

Benefits are available for covered orthodontic services if treatment begins after the covered dependent satisfies the applicable waiting period. Covered orthodontic expenses begin with the initial charge for the placement of the appliance and will be paid after insertion. After submitting the paid receipt for placement, the remaining benefits

SCHEDULE OF DENTAL BENEFITS

for monthly adjustments will be paid to the participant each month upon submission of additional monthly receipts. Upon termination, orthodontic benefits will cease.

CDT Code Detail

SERVICE LIMITATIONS BY CODE				
Code	Ages	Specialty Group	Limitation	Counting Rule
D0120	0 to 999	All Specialties	2 every 1 Accum Year(s)	Per Patient
D1351	0 to 999	All Specialties	1 every 1 Lifetime(s)	Per Patient
D2510	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2520	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2530	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2542	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2543	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2544	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2610	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2620	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2630	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2642	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2643	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2644	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2650	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2651	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2652	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2662	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2663	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2664	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2710	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2712	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2720	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2721	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2722	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2740	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2750	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2751	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2752	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2780	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2781	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2782	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2783	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2790	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2791	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2792	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2794	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2930	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
SERVICE LIMITATIONS BY CODE				

SCHEDULE OF DENTAL BENEFITS

Code	Ages	Specialty Group	Limitation	Counting Rule
D2931	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2933	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2934	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2950	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2952	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2953	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2954	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2957	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2971	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D2975	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D4910	0 to 999	All Specialties	1 every 3 Month(s)	Per Patient
D5110	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5120	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5130	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5140	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5211	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5212	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5213	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5214	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5225	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5226	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5281	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5860	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5861	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5862	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D5867	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6205	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6210	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6211	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6212	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6214	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6240	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6241	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6242	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6245	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6250	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6251	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6252	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6545	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6548	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6600	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6601	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6602	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6603	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
SERVICE LIMITATIONS BY CODE				

SCHEDULE OF DENTAL BENEFITS

Code	Ages	Specialty Group	Limitation	Counting Rule
D6604	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6605	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6606	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6607	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6608	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6609	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6610	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6611	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6612	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6613	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6614	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6615	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6624	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6634	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6710	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6720	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6721	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6722	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6740	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6750	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6751	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6752	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6780	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6781	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6782	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6783	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6790	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6791	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6792	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6794	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6920	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6950	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6970	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6972	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6973	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6975	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6976	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6977	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D6985	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient
D9120	0 to 999	All Specialties	1 every 5 Year(s)	Per Patient

SCHEDULE OF DENTAL BENEFITS

SERVICE LIMITATIONS BY CODE SET				
Code Set	Specialty Group	Ages	Limitation	Counting Rule
0210,0330	All Specialties	0 to 999	1 every 3 Year(s)	Per Patient
1110, 1120, 1201, 1205	All Specialties	0 to 999	2 every 1 Accum Year(s)	Per Patient
1201, 1203, 1204, 1205, 1206	All Specialties	0 to 999	2 every 1 Accum Year(s)	Per Patient
270, 272, 273, 274, 277-BITEWINGS	All Specialties	0 to 999	2 every 1 Accum Year(s)	Per Patient
4341, 4342 perio scaling and root planing	All Specialties	0 to 999	2 every 1 Accum Year(s)	Per Patient
4910-Periodontal Maintenance	All Specialties	0 to 999	4 every 1 Accum Year(s)	Per Patient
5211, 5213, 5225, 5281-UPD	All Specialties	0 to 999	1 every 5 Year(s)	Per Patient
5212, 5214, 5226, 5281-LPD	All Specialties	0 to 999	1 every 5 Year(s)	Per Patient
D5110, D5130-U Dentures	All Specialties	0 to 999	1 every 5 Year(s)	Per Patient
D5120, D5140 - L Dentures	All Specialties	0 to 999	1 every 5 Year(s)	Per Patient

WAITING PERIODS			
Code Set	Std Days	Late Days	Apply Credit
Stainless Steel Crowns	180	0	True
TYPE C-BB&T	180	0	True
TYPE D-ORTHO-DBS, DB, ACS	365	0	True

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D0290	skull and facial bone film	0 to 999	-All-	
D0310	sialography	0 to 999	-All-	
D0320	TMJ arthrogram	0 to 999	-All-	
D0321	other TMJ films, by report	0 to 999	-All-	
D0340	cephalometric film	0 to 999	-All-	D8660
D0360	cone beam ct - craniofacial data capture	0 to 999	-All-	
D0362	cone beam - two dimensional image reconstruction using existing data	0 to 999	-All-	
D0363	cone beam - three dimensional image reconstruction using existing data	0 to 999	-All-	
D1320	tobacco counseling	0 to 999	-All-	
D1330	oral hygiene instructions	0 to 999	-All-	
D1351	sealant - per tooth	15 to 999	-All-	
D2799	provisional crown	0 to 999	-All-	
D2960	labial veneer (laminate)-chair	0 to 999	-All-	
D2961	labial veneer (resin laminate)	0 to 999	-All-	
D2962	labial veneer (porc laminate)	0 to 999	-All-	
D2970	temporary crown (fracture)	0 to 999	-All-	
D2970	temporary crown (fractured tooth)	0 to 999	-All-	
D3110	pulp cap - direct	0 to 999	-All-	
D3460	endodontic endosseous implant	0 to 999	-All-	
D3470	intentional reimplantation	0 to 999	-All-	
D3910	surg proc isolation of tooth	0 to 999	-All-	
D3960	bleaching of discolored tooth	0 to 999	-All-	
D4320	provision splint-intracoronal	0 to 999	-All-	
D4321	provision splint-extracoronal	0 to 999	-All-	
D4920	unscheduled dressing change	0 to 999	-All-	
D4999	unspecified periodontal proc	0 to 999	-All-	
D5810	interim comp denture-maxillary	0 to 999	-All-	
D5811	interim comp dent, mandibular	0 to 999	-All-	
D5820	interim part dent, maxillary	0 to 999	-All-	
D5821	interim part dent-mandibular	0 to 999	-All-	
D5875	mod of removable prosthesis after surgery	0 to 999	-All-	
D5899	unspec removable prosth proc, by report	0 to 999	-All-	
D5911	facial moulage (sectional)	0 to 999	-All-	
D5912	facial moulage (complete)	0 to 999	-All-	
D5913	nasal prosthesis	0 to 999	-All-	
D5914	auricular prosthesis	0 to 999	-All-	
D5915	orbital prosthesis	0 to 999	-All-	
D5916	ocular prosthesis	0 to 999	-All-	
D5919	facial prosthesis	0 to 999	-All-	
D5922	nasal septal prosthesis	0 to 999	-All-	
D5923	ocular prosthesis, interim	0 to 999	-All-	
D5924	cranial prosthesis	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D5925	facial augment implant prosthesis	0 to 999	-All-	
D5926	nasal prosthesis, replacement	0 to 999	-All-	
D5927	auricular prosthesis, replace	0 to 999	-All-	
D5928	orbital prosthesis, replace	0 to 999	-All-	
D5929	facial prosthesis, replacement	0 to 999	-All-	
D5931	obturator prosthesis, surgical	0 to 999	-All-	
D5932	obturator prosthesis, define	0 to 999	-All-	
D5933	obturator prosthesis, modify	0 to 999	-All-	
D5934	mandibular resect prosthesis	0 to 999	-All-	
D5935	mandib resection prosthesis	0 to 999	-All-	
D5936	obturator prosthesis, interim	0 to 999	-All-	
D5937	trismus appliance (not TMD)	0 to 999	-All-	
D5951	feeding aid	0 to 999	-All-	
D5952	speech aid prosthesis, ped	0 to 999	-All-	
D5953	speech aid prosthesis, adult	0 to 999	-All-	
D5954	palatal augment prosthesis	0 to 999	-All-	
D5955	palatal lift prosthesis, define	0 to 999	-All-	
D5958	palatal lift prosthesis, inter	0 to 999	-All-	
D5959	palatal lift prosthesis, mod	0 to 999	-All-	
D5960	speech aid prosthesis, mod	0 to 999	-All-	
D5982	surgical stent	0 to 999	-All-	
D5983	radiation carrier	0 to 999	-All-	
D5984	radiation shield	0 to 999	-All-	
D5985	radiation cone locator	0 to 999	-All-	
D5986	fluoride gel carrier	0 to 999	-All-	
D5987	commissure splint	0 to 999	-All-	
D5988	surgical splint	0 to 999	-All-	
D5999	maxillofacial prosthesis	0 to 999	-All-	
D6010	endosteal implant	0 to 999	-All-	
D6012	surgical placement interim implant body trans prosthesis: endosteal implant	0 to 999	-All-	
D6020	abutment endosteal implant	0 to 999	-All-	
D6040	surg place: endosteal implnt	0 to 999	-All-	
D6050	surg place-transosteal implant	0 to 999	-All-	
D6053	implant/abutment supp denture - complete	0 to 999	-All-	
D6054	implant/abutment supp denture - partial	0 to 999	-All-	
D6055	dental implant connecting bar	0 to 999	-All-	
D6056	prefab abutment	0 to 999	-All-	
D6057	custom abutment	0 to 999	-All-	
D6058	abutment supp porc/ceramic crown	0 to 999	-All-	
D6059	abutment supp porc/high noble metal crown	0 to 999	-All-	
D6060	abutment supp porc/base metal crown	0 to 999	-All-	
D6061	abutment supp porc/noble metal crown	0 to 999	-All-	
D6062	abutment supp high noble metal crown	0 to 999	-All-	
D6063	abutment supp base metal crown	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D6064	abutment supp noble metal crown	0 to 999	-All-	
D6065	implant supp porc/ceramic crown	0 to 999	-All-	
D6066	implant supp porcelain/metal crown	0 to 999	-All-	
D6067	implant supp metal crown	0 to 999	-All-	
D6068	abutment supp retainer	0 to 999	-All-	
D6069	abutment supp retainer	0 to 999	-All-	
D6070	abutment supp retainer	0 to 999	-All-	
D6071	abutment supp retainer	0 to 999	-All-	
D6072	abutment supp retainer	0 to 999	-All-	
D6073	abutment supp retainer	0 to 999	-All-	
D6074	abutment supp retainer	0 to 999	-All-	
D6075	abutment supp retainer	0 to 999	-All-	
D6076	abutment supp retainer	0 to 999	-All-	
D6077	implant supported retainer	0 to 999	-All-	
D6078	implant/abutment supp fixed denture -comp edentulous arch	0 to 999	-All-	
D6079	implant/abutment supp fixed denture -part edentulous arch	0 to 999	-All-	
D6080	implant maintenance proc	0 to 999	-All-	
D6090	repair implant prosthesis	0 to 999	-All-	
D6091	replacement of semi-precision implant/abutment supptd prosthesis, per attachment	0 to 999	-All-	
D6092	recement emplant/abutment supported crown	0 to 999	-All-	
D6093	recement emplant/abutment supported fixed partial denture	0 to 999	-All-	
D6094	abutment supported crown - titanium	0 to 999	-All-	
D6095	repair implant abutment	0 to 999	-All-	
D6100	implant removal, by report	0 to 999	-All-	
D6190	radiographic/surgical implant index, by report	0 to 999	-All-	
D6194	abutment supported retainer crown for FPD - titanium	0 to 999	-All-	
D6199	unspecified implant procedure	0 to 999	-All-	
D6253	provisional pontic	0 to 999	-All-	
D6793	provisional retainer crown	0 to 999	-All-	
D7260	oroantral fistula closure	0 to 999	-All-	
D7261	closure of sinus perforation	0 to 999	-All-	
D7270	tooth reimplantation-accident	0 to 999	-All-	
D7272	tooth transplantation	0 to 999	-All-	
D7282	mobilization of tooth	0 to 999	-All-	
D7290	surgical reposition of teeth	0 to 999	-All-	
D7292	surgical placement: temp anchorage device [screw retained plate] surg flap	0 to 999	-All-	
D7293	surgical placement: temporary anchorage device requiring surgical flap	0 to 999	-All-	
D7294	surgical placement: temporary anchorage device without surgical flap	0 to 999	-All-	
D7530	removal of foreign body	0 to 999	-All-	
D7540	removal of foreign bodies	0 to 999	-All-	
D7610	maxilla - open reduction	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D7620	maxilla - closed reduction	0 to 999	-All-	
D7630	mandible-open reduction	0 to 999	-All-	
D7640	mandible - closed reduction	0 to 999	-All-	
D7650	malar/zygomatic arch-open red	0 to 999	-All-	
D7660	malar/zygomatic arch-closed	0 to 999	-All-	
D7670	alveolus stabilization teeth	0 to 999	-All-	
D7671	alveolus - open reduction	0 to 999	-All-	
D7680	facial bones - complex reduce	0 to 999	-All-	
D7710	maxilla - open reduction	0 to 999	-All-	
D7720	maxilla - closed reduction	0 to 999	-All-	
D7730	mandible - open reduction	0 to 999	-All-	
D7740	mandible - closed reduction	0 to 999	-All-	
D7750	malar/ zygomatic arch-open	0 to 999	-All-	
D7760	malar/zygomatic arch-closed	0 to 999	-All-	
D7770	alveolus-stabilization teeth	0 to 999	-All-	
D7771	alveolus - closed reduction, stabilization	0 to 999	-All-	
D7780	facial bones - complex reduce	0 to 999	-All-	
D7810	open reduction of dislocation	0 to 999	-All-	
D7820	closed reduction dislocation	0 to 999	-All-	
D7830	manipulation under anesthesia	0 to 999	-All-	
D7840	condylectomy	0 to 999	-All-	
D7850	surgical discectomy	0 to 999	-All-	
D7852	disc repair	0 to 999	-All-	
D7854	synovectomy	0 to 999	-All-	
D7856	myotomy	0 to 999	-All-	
D7858	joint reconstruction	0 to 999	-All-	
D7860	arthrotomy	0 to 999	-All-	
D7865	arthroplasty	0 to 999	-All-	
D7870	arthrocentesis	0 to 999	-All-	
D7871	non-arthroscopic lysis and lavage	0 to 999	-All-	
D7872	arthroscopy - diagnosis	0 to 999	-All-	
D7873	arthroscopy-surg: lavage/lysis	0 to 999	-All-	
D7874	arthroscopy-surgical	0 to 999	-All-	
D7875	arthroscopy-surg synovectomy	0 to 999	-All-	
D7876	arthroscopy-surgery discectomy	0 to 999	-All-	
D7877	arthroscopy-surg debridement	0 to 999	-All-	
D7880	occlusal orthotic device	0 to 999	-All-	
D7899	unspecified TMD therapy	0 to 999	-All-	
D7920	skin graft	0 to 999	-All-	
D7940	osteoplasty-orthognathic defrm	0 to 999	-All-	
D7941	osteotomy - ramus, closed	0 to 999	-All-	
D7943	osteotomy-ramus, w bone graft	0 to 999	-All-	
D7944	osteotomy per sextant or quad	0 to 999	-All-	
D7945	osteotomy - body of mandible	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D7946	LeFort I (maxilla - total)	0 to 999	-All-	
D7947	LeFort I (maxilla - segmented)	0 to 999	-All-	
D7948	LeFort II or LeFort III	0 to 999	-All-	
D7949	LeFort II or LeFort III	0 to 999	-All-	
D7950	graft of mandible/facial bones	0 to 999	-All-	
D7951	sinus augmentation with bone or bone substitutes	0 to 999	-All-	
D7955	repair maxillofacial tissue	0 to 999	-All-	
D7972	surg reduction of fibrous tuberosity	0 to 999	-All-	
D7980	sialolithotomy	0 to 999	-All-	
D7981	excision of salivary gland	0 to 999	-All-	
D7982	sialodochoplasty	0 to 999	-All-	
D7983	closure of salivary fistula	0 to 999	-All-	
D7990	emergency tracheotomy	0 to 999	-All-	
D7991	coronoidectomy	0 to 999	-All-	
D7995	synthetic graft-mandible/fac	0 to 999	-All-	
D7996	implant-mandible	0 to 999	-All-	
D7997	appliance removal, incl removal of archbar	0 to 999	-All-	
D7998	intraoral placement of a fixation device not in conjunction with a fracture	0 to 999	-All-	
D8010	limited ortho treat primary	19 to 999	-All-	
D8020	limited ortho treat transition	19 to 999	-All-	
D8030	limited ortho treat adolescent	19 to 999	-All-	
D8040	limited ortho treat adult	19 to 999	-All-	
D8050	intercep ortho prime dentition	19 to 999	-All-	
D8060	interceptive orthodontic treat - transitional	19 to 999	-All-	
D8070	comp ortho treat transitional	19 to 999	-All-	
D8080	comp ortho treat adolescent	19 to 999	-All-	
D8090	comp ortho treat-adult	19 to 999	-All-	
D8210	removable appliance therapy	0 to 999	-All-	
D8220	fixed appliance therapy	0 to 999	-All-	
D8660	pre-orthodontic treat visit	19 to 999	-All-	
D8670	periodic ortho exam/contracted	19 to 999	-All-	
D8680	ortho retention (remove app)	19 to 999	-All-	
D8690	ortho treatment(contract fee)	19 to 999	-All-	
D8691	repair of orthodontic appliance	19 to 999	-All-	
D8692	replacement of lost or broken retainer	0 to 999	-All-	
D8693	rebonding or recementing; and/or repair, as required, of fixed retainers	0 to 999	-All-	
D8999	unspecified orthodontic proc	19 to 999	-All-	
D9210	local anesthesia non-surgical	0 to 999	-All-	
D9211	regional block anesthesia	0 to 999	-All-	
D9212	trigeminal div blk anesthesia	0 to 999	-All-	
D9215	local anesthesia	0 to 999	-All-	
D9410	house call	0 to 999	-All-	
D9420	hospital call	0 to 999	-All-	

SCHEDULE OF DENTAL BENEFITS

COVERAGE EXCLUSIONS				
Code	Description	Ages	Sub	Alt Ben Code
D9450	case presentation, treatment plan	0 to 999	-All-	
D9610	therapeutic drug injection	0 to 999	-All-	
D9612	therapeutic parenteral drugs, two or more administrations, different medications	0 to 999	-All-	
D9630	other drugs and/or medicaments	0 to 999	-All-	
D9910	apply desensitizing medicament	0 to 999	-All-	
D9911	app of desens resin for cerv &/or root surf, per tooth	0 to 999	-All-	
D9920	behavior management, by report	0 to 999	-All-	
D9940	occlusal guard, by report	0 to 999	-All-	
D9941	fabricate athletic mouthguard	0 to 999	-All-	
D9942	repair and/or reline of occlusal guard	0 to 999	-All-	
D9950	occlusion analysis-mount case	0 to 999	-All-	
D9951	occlusal adjustment - limited	0 to 999	-All-	
D9952	occlusal adjustment - complete	0 to 999	-All-	
D9970	enamel microabrasion	0 to 999	-All-	
D9971	odontoplasty 1-2 teeth; incl removal of enamel proj	0 to 999	-All-	
D9972	external bleaching - per arch	0 to 999	-All-	
D9973	external bleaching - per tooth	0 to 999	-All-	
D9974	internal bleaching - per tooth	0 to 999	-All-	