



Direct Member Reimbursement

Out-of-Network Dental

Frequently Asked Questions

1. Q: How do I get reimbursed for my out-of-network dental?

A: You may request Imperial to pay you back by sending us a request in writing. Please send a reimbursement request in writing, along with your bill and documentation of any payment you have made. It's a good idea to make a copy of your bill and receipts for your records. You must submit your claim to us within 30 days of the date you received the service, item, or drug. Mail your request for payment together with any bills or paid receipts to us at this address:

Imperial Health Plan of California Claims Department

PO BOX 60075

Pasadena, CA 91116

2. Q: Where do I send my reimbursement documents?

A: Please mail to Imperial Health Plan of California Claims Department, P.O. BOX 60075, Pasadena, CA 91116

3. Q: How long does it take until I get reimbursed?

A: Once your documentation is received and reviewed, you can expect a reimbursement payment within 30 days by mail to your home address that we have on file.

4. **Q: If someone else pays for my dental services, do you reimburse that person, or do you reimburse me?**

A: The reimbursement can only be made directly to the member.

5. **Q: May I see any dentist, even if that dentist is not in the Imperial dental network?**

A: You may see any licensed dentist within the State of California

6. **Q: If I go to an out-of-network dentist, what fee schedule will be used?**

A: The out-of-network dentist should use the Usual and Customary Rates for that specific county.

7. **Q: Are my dental benefits different if I go to an out-of-network dentist?**

A: The dental benefit coverage and exclusions is the same for in network as it is for out-of-network, although the fee schedule that the dentist uses can be different. We can email you a Dental Evidence of Coverage that shows a list of covered services and limitations and exclusions. What is your email address?

8. **Q: Is there a deadline on when I can submit a dental reimbursement?**

A: You may submit a dental claim for reimbursement up to 30 days from the date of service.

9. **Q: May I pay my dental bill or choose my dental reimbursement in Crypto currency?**

A: No, dental payments and dental reimbursement must be in U.S. dollars.

10. **Q: What dental services are not covered?**

A: We can email you a Dental Evidence of Coverage that shows a list of covered services and limitations and exclusions. What is your email address?

11. Q: Up to how much can I get reimbursed?

A: For covered services, the annual maximum in the calendar year 2025 varies depending on which of the six Imperial plan benefit packages you joined:

Member benefits

Imperial Senior Value (HMO C-SNP)

PBP 005: Routine dental service per year.- \$500/Non-Routine Dental Services: Up to \$3,000

Imperial Traditional (HMO)

PBP 007: Routine dental service per year.- \$500/Non-Routine Dental Services: Up to \$3,000

Imperial Dual Plan (HMO D-SNP)

PBP 011: Routine dental service per year.- \$500/Non-Routine Dental Services: Up to \$1,500

Imperial Dynamic Plan (HMO)

PBP 012: Routine dental service per year.- \$500/Non-Routine Dental Services: Up to \$4,000

Imperial Giveback (HMO)

PBP 014: Routine dental service per year.- \$500/Non-Routine Dental Services: Up to \$2,000

Imperial Courage Plan (HMO)

PBP 016: Routine dental service per year.- \$500/Non-Routine Dental Services: Up to \$1,500

DENTAL PROCEDURE CODES AND DESCRIPTIONS

CODE	DESCRIPTION	COINSURANCE LEVEL
D0120	Periodic oral evaluation	Diagnostic
D0140	Limited oral evaluation	Diagnostic
D0150	Comprehensive oral evaluation	Diagnostic
D0160	Detailed and extensive oral evaluation	Diagnostic
D0170	Re-evaluation - limited problem focused	Diagnostic
D0171	Re-evaluation - post operative office visit	Diagnostic
D0180	Comprehensive periodontal evaluation	Diagnostic
D0210	Intraoral - complete series of radiographic images	Diagnostic
D0220	Intraoral - periapical first radiographic image	Diagnostic
D0230	Intraoral - periapical each additional radiographic image	Diagnostic
D0240	Intraoral, occlusal radiographic image	Diagnostic
D0270	Bitewing - single radiographic image	Diagnostic
D0272	Bitewings - two radiographic images	Diagnostic

D0273	Bitewings - three radiographic images	Diagnostic
D0274	Bitewings - four radiographic images	Diagnostic
D0277	Vertical bitewings - 7 to 8 radiographic images	Diagnostic
D0330	Panoramic radiographic image	Diagnostic
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	Diagnostic
D0460	Pulp vitality tests	Diagnostic
D0470	Diagnostic casts	Diagnostic
D1110	Prophylaxis - adult	Preventive
D1206	Topical application of fluoride varnish	Preventive
D1208	Topical application of fluoride - excluding varnish	Preventive
D2150	Amalgam - two surfaces, primary or permanent	Basic
D2160	Amalgam - three surfaces, primary or permanent	Basic
D2161	Amalgam - four or more surfaces, primary or permanent	Basic
D2330	Resin-based composite - one surface, anterior	Basic
D2331	Resin-based composite - two surfaces, anterior	Basic
D2332	Resin-based composite - three surfaces, anterior	Basic
D2335	Resin-based composite - four or more surfaces (anterior)	Basic

D2390	Resin-based composite crown, anterior	Basic
D2391	Resin-based composite - one surface, posterior	Basic
D2392	Resin-based composite - two surfaces, posterior	Basic
D2393	Resin-based composite - three surfaces, posterior	Basic
D2394	Resin-based composite - four or more surfaces, posterior	Basic
D2710	Crown - resin-based composite (indirect)	Major
D2712	Crown - 3/4 resin-based composite (indirect)	Major
D2720	Crown - resin with high noble metal	Major
D2721	Crown - resin with predominantly base metal	Major
D2722	Crown - resin with noble metal	Major
D2740	Crown - porcelain/ceramic substrate	Major
D2750	Crown - porcelain fused to high noble metal	Major
D2751	Crown - porcelain fused to predominantly base metal	Major
D2752	Crown - porcelain fused to noble metal	Major
D2780	Crown - 3/4 cast high noble metal	Major
D2781	Crown - 3/4 cast predominantly base metal	Major

D2782	Crown - 3/4 cast noble metal	Major
D2783	Crown - 3/4 porcelain/ceramic	Major
D2790	Crown - full cast high noble metal	Major
D2791	Crown - full cast predominantly base metal	Major
D2792	Crown - full cast noble metal	Major
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	Basic
D2915	Re-cement cast or prefabricated post and core	Basic
D2920	Re-cement crown	Basic
D2940	Placement of interim direct restoration	Basic
D2950	Core buildup, including any pins when required	Major
D2951	Pin retention - per tooth, in addition to restoration	Basic
D2952	Post and core in addition to crown, indirectly fabricated	Major
D2953	Each additional indirectly fabricated post - same tooth	Major
D2954	Prefabricated post and core in addition to crown	Major
D2955	Post removal	Major
D2957	Each additional prefabricated post, same tooth	Major

D2971	Additional procedure to customize new crown, existing partial, denture frame	Basic
D2976	Band stabilization – per tooth	Basic
D2980	Crown repair necessitated by restorative material failure	Major
D3110	Pulp cap - direct (excluding final restoration)	Basic
D3120	Pulp cap - indirect (excluding final restoration)	Basic
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	Basic
D3221	Pulpal debridement, primary and permanent teeth	Basic
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	Basic
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)	Basic
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Basic
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	Basic
D3330	Endodontic therapy, molar (excluding final restoration)	Basic

D3331	Treatment of root canal obstruction, non-surgical access	Basic
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	Basic
D3333	Internal root repair of perforation defects	Basic
D3346	Retreatment of previous root canal therapy - anterior	Basic
D3347	Retreatment of previous root canal therapy - bicuspid	Basic
D3348	Retreatment of previous root canal therapy - molar	Basic
D3351	Apexification/recalcification, initial visit	Basic
D3352	Apexification/recalcification, interim medication replacement	Basic
D3353	Apexification/recalcification, final visit	Basic
D3410	Apicoectomy - anterior	Basic
D3421	Apicoectomy - premolar (first root)	Basic
D3425	Apicoectomy - molar (first root)	Basic
D3426	Apicoectomy - (each additional root)	Basic
D3430	Retrograde filling - per root	Basic
D3450	Root amputation - per root	Basic
D3910	Surgical procedure for isolation of tooth with rubber dam	Basic
D3920	Hemisection, not including root canal therapy	Basic

D3950	Canal preparation and fitting of preformed dowel or post	Basic
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Basic
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic
D4245	Apically positioned flap	Basic
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic
D4270	Pedicle soft tissue graft procedure	Basic

D4273	Autogenous connective tissue graft procedure, first tooth	Basic
D4274	Mesial/distal wedge procedure, single tooth	Basic
D4275	Non-autogenous connective tissue graft, first tooth	Basic
D4277	Free soft tissue graft, first tooth	Basic
D4278	Free soft tissue graft, each additional tooth	Basic
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	Basic
D4285	Non- Autogenous connective tissue graft procedure, each additional tooth, per site	Basic
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Basic
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	Basic
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Preventive
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on subsequent visit	Basic
D4910	Periodontal maintenance	Basic
D5110	Complete denture - maxillary	Major
D5120	Complete denture - mandibular	Major

D5130	Immediate denture - maxillary	Major
D5140	Immediate denture - mandibular	Major
D5211	Maxillary partial denture - resin base (including conventional clasps, rests and teeth)	Major
D5212	Mandibular partial denture - resin base (including conventional clasps, rests and teeth)	Major
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Major
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	Major
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major

D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	Major
D5410	Adjust complete denture - maxillary	Major
D5411	Adjust complete denture - mandibular	Major
D5421	Adjust partial denture - maxillary	Major
D5422	Adjust partial denture - mandibular	Major
D5511	Repair broken complete denture base, mandibular	Basic
D5512	Repair broken complete denture base, maxillary	Basic
D5520	Replace missing or broken teeth - complete denture - per tooth	Basic
D5611	Repair resin partial denture base, mandibular	Basic
D5612	Repair resin partial denture base, maxillary	Basic
D5621	Repair cast partial framework, mandibular	Basic
D5622	Repair cast partial framework, maxillary	Basic
D5630	Repair or replace broken clasp - per tooth	Basic
D5640	Replace missing or broken teeth - partial denture - per tooth	Basic

D5650	Add tooth to existing partial denture - per tooth	Basic
D5660	Add clasp to existing partial denture - per tooth	Basic
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	Basic
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	Basic
D5710	Rebase complete maxillary denture	Basic
D5711	Rebase complete mandibular denture	Basic
D5720	Rebase maxillary partial denture	Basic
D5721	Rebase mandibular partial denture	Basic
D5730	Reline complete maxillary denture (direct)	Basic
D5731	Reline complete mandibular denture (direct)	Basic
D5740	Reline maxillary partial denture (direct)	Basic
D5741	Reline mandibular partial denture (direct)	Basic
D5750	Reline complete maxillary denture (indirect)	Basic
D5751	Reline complete mandibular denture (indirect)	Basic
D5760	Reline maxillary partial denture (indirect)	Basic
D5761	Reline mandibular partial denture (indirect)	Basic

D5820	Interim partial denture (including retentive/clasping materials, rest, and teeth), maxillary	Major
D5821	Interim partial denture (including retentive/clasping materials, rest, and teeth), mandibular	Major
D5850	Tissue conditioning, maxillary	Major
D5851	Tissue conditioning, mandibular	Major
D6210	Pontic - cast high noble metal	Major
D6211	Pontic - cast predominantly base metal	Major
D6212	Pontic - cast noble metal	Major
D6240	Pontic - porcelain fused to high noble metal	Major
D6241	Pontic - porcelain fused to predominantly base metal	Major
D6242	Pontic - porcelain fused to noble metal	Major
D6245	Pontic - porcelain/ceramic	Major
D6250	Pontic - resin with high noble metal	Major
D6251	Pontic - resin with predominantly base metal	Major
D6252	Pontic - resin with noble metal	Major
D6545	Retainer, cast metal for resin bonded fixed prosthesis	Major
D6548	Retorcelain, porcelain/ceramic, resin bonded fixed prosthesis	Major

D6549	Resin retainer, for resin bonded fixed prosthesis	Major
D6720	Retainer crown - resin with high noble metal	Major
D6721	Retainer crown - resin with predominantly base metal	Major
D6722	Retainer crown - resin with noble metal	Major
D6740	Retainer crown - porcelain/ceramic	Major
D6750	Crown - porcelain fused to high noble metal	Major
D6751	Retainer crown - porcelain fused to predominantly base metal	Major
D6752	Retainer crown - porcelain fused to noble metal	Major
D6780	Retainer crown - 3/4 cast high noble metal	Major
D6781	Retainer crown - 3/4 cast predominantly base metal	Major
D6782	Retainer crown - 3/4 cast noble metal	Major
D6783	Retainer crown - 3/4 porcelain/ceramic	Major
D6790	Retainer crown - full cast high noble metal	Major
D6791	Retainer crown - full cast predominantly base metal	Major
D6792	Retainer crown - full cast noble metal	Major
D6930	Recement fixed partial denture	Major

D6980	Fixed partial denture repair necessitated by restorative material failure	Major
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Basic
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	Basic
D7220	Removal of impacted tooth - soft tissue	Basic
D7230	Removal of impacted tooth - partially bony	Basic
D7240	Removal of impacted tooth - completely bony	Basic
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Basic
D7261	Primary closure of a sinus perforation	Basic
D7250	Removal of residual tooth roots (cutting procedure)	Basic
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Basic
D7280	Exposure of an unerupted tooth	Orthodontic
D7283	Placement, device to facilitate eruption, impaction	Orthodontic
D7284	Excisional biopsy of minor salivary glands	Basic

D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	Basic
D7286	Biopsy of oral tissue - soft	Basic
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Basic
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Basic
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Basic
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Basic
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	Basic
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Basic
D7410	Excision of benign lesion, up to 1.25 cm	Basic
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Basic

D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Basic
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	Basic
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	Basic
D7471	Removal of lateral exostosis (maxilla or mandible)	Basic
D7472	Removal of torus palatinus	Basic
D7473	Removal of torus mandibularis	Basic
D7485	Reduction of osseous tuberosity	Basic
D7510	Incision and drainage of abscess - intraoral soft tissue	Basic
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	Basic
D7520	Incision & drainage of abscess, extraoral soft tissue	Basic
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	Basic
D7530	Remove foreign body, mucosa, skin, tissue	Basic
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Basic
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Basic

D7961	Buccal/labial frenectomy (frenulectomy)	Basic
D7962	Lingual frenectomy (frenulectomy)	Basic
D7963	Frenuloplasty	Basic
D7970	Excision of hyperplastic tissue - per arch	Basic
D7971	Excision of pericoronal gingiva	Basic
D7972	Surgical reduction of fibrous tuberosity	Basic
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Basic
D9120	Fixed partial denture sectioning	Basic
D9210	Local anesthesia not in conjunction, operative or surgical procedures	Basic
D9211	Regional block anesthesia	Basic
D9212	Trigeminal division block anesthesia	Basic
D9215	Local anesthesia in conjunction with operative or surgical procedures	Basic
D9219	Evaluation for deep sedation or general anesthesia	Basic
D9222	Deep sedation/general anesthesia - first 15 minutes	Basic
D9223	Deep sedation/general anesthesia - each 15 minute increment	Basic
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	Basic

D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	Basic
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	Basic
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Diagnostic & Preventive
D9311	Consultation with medical health care professional	Diagnostic & Preventive
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Diagnostic & Preventive
D9440	Office visit - after regularly scheduled hours	Diagnostic & Preventive
D9944	Occlusal guard, hard appliance, full arch	TMJ
D9945	Occlusal guard, soft appliance, full arch	TMJ
D9951	Occlusal adjustment - limited	TMJ
D9952	Occlusal adjustment - complete	TMJ
D9991	Dental case management – addressing appointment compliance barriers.	General Services
D9992	Dental case management – care coordination	General Services
D9995	Teledentistry - synchronous; real-time encounter	General Services
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	General Services