
DENTAL BENEFITS ADDENDUM



IMPERIAL HEALTH PLAN
OF CALIFORNIA

IMPERIAL HEALTH PLAN OF CALIFORNIA (HMO) (HMO SNP)

Group Number: 22392-00007, 00008, 00009

Effective Date: January 1, 2026

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal. Benefits, features or devices vary by plan and area limitations and exclusions apply. Benefits vary by plan and area limitations and exclusion apply. This information is not a complete description of benefits. Call 1-800-838-8271 (TTY: 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. Out-of-network/non-contracted providers are under no obligation to treat Imperial Health Plan (HMO) (HMO SNP) members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Imperial does not exclude anyone or treat them unfairly because of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-838-8271 (TTY: 711) or speak to your provider.

Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género. Imperial no excluye a ninguna persona ni la trata injustamente por motivo de raza, color, origen nacional, edad, discapacidad o género. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles, sin costo alguno, las ayudas y servicios auxiliares apropiados para proporcionar la información en formatos accesibles. Llame al 1-800-838-8271 (TTY: 711) o hable con su proveedor.

Administered by:



Delta Dental of California

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INTRODUCTION

We are pleased to welcome you to the dental plan for **Imperial Health Plan**. Your plan is administered by Delta Dental of California (“Delta Dental”). Our goal is to provide you with high quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

Using This Benefits Addendum

This Dental Benefit Addendum (“Plan”), which includes Attachment A, Deductibles, Maximums and Plan Benefit Levels, Attachment B, Services, Limitations and Exclusions and Attachment C, Dental Procedure Codes and Descriptions, discloses the terms and conditions of your coverage and is designed to help you make the most of your dental plan. Please read this booklet completely and carefully. “We,” “us” and “our” always refer to Delta Dental.

The benefit explanations contained in this Plan booklet are subject to all provisions of the Contract on file with Imperial Health (“Contractholder”) and do not modify the terms and conditions of the Contract in any way, nor shall you accrue any rights because of any statement in or omission from this booklet.

Notice: *This booklet is a summary of your dental plan and its accuracy should be verified before receiving treatment. This information is not a guarantee of covered Benefits, services or payments.*

Contact Us

For more information please visit (www1.deltadentalins.com/imperialhealthplan.html) or call Delta Dental’s Customer Service Center at (888)-643-3239 (TTY 711) from 8:00 am EST to 8 pm PST. A Customer Service Representative can answer questions you may have about obtaining dental care, help you locate a Delta Dental Participating Provider, explain Benefits, check the status of a claim, and assist you in filing a claim.

You can access Delta Dental’s automated information line at (888)-643-3239 during regular business hours to obtain information about Member’s eligibility and Benefits, or claim status, or to speak to a Customer Service Representative for assistance. If you prefer to write Delta Dental with your question(s), please mail your inquiry to the following address:

Delta Dental of California
P.O. Box 997330
Sacramento, CA 95899-7330

DEFINITIONS

Delta Dental Participating Medicare Provider (Participating Provider) -- means a person licensed to practice dentistry when and where performed who has entered into a contract with Delta Dental agreeing to participate in this Medicare Advantage Plan and provide covered services to Members.

Delta Dental PPO Providers (Participating PPO Provider) -- means a person licensed to practice dentistry when and where performed who has entered into a contract with Delta Dental. Members residing in the zip codes of 90005, 90006 and 90010 only may obtain services from Participating PPO Providers.

Delta Dental Premier Providers (Participating Premier Provider) -- means a person licensed to practice dentistry when and where performed who has entered into a contract with Delta Dental. Members residing in the zip codes of 90005, 90006 and 90010 only may obtain services from Participating Premier Providers.

Non-Participating Medicare Provider (Non-Participating Provider) -- a dentist who has not entered into an agreement with Delta Dental to be a Participating Provider under this Medicare Advantage Plan.

CONDITIONS UNDER WHICH BENEFITS ARE PROVIDED

The Plan will pay benefits for the dental services described in Attachment B. The Plan will pay benefits only for covered services. The Plan covers several categories of dental services when a Participating Provider provides them and when they are necessary and within the standards of generally accepted dental practice standards. Claims shall be processed in accordance with Delta Dental's standard processing policies. The processing policies may be revised from time to time; therefore, Delta Dental shall use the processing policies that are in effect at the time the claim is processed. Delta Dental may use dentists (dental consultants) to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices and to determine if treatment has a favorable prognosis. Limitations and Exclusions will be applied for the period during which you are a member of the Plan.

If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the benefit payable under the Plan. Even if the dentist bills separately for the primary procedure and each of its component parts, the total Benefit payable for all related charges will be limited to the maximum benefit payable for the primary procedure.

If you reside in the zip codes of 90005, 90006 and 90010 and receive dental services from a Non-Participating Provider, services will not be covered.

Pre-Treatment Estimate

Pre-Treatment Estimate requests are not required; however, your Participating Provider may file a claim form with Delta Dental before beginning treatment, showing the services to be provided to you. Delta Dental will estimate the amount of benefits payable under the Plan for the listed services. By asking your dentist for a pre-treatment estimate from Delta Dental before you agree to receive any prescribed treatment, you will have an estimate up front of what the Plan will pay and the difference you will need

to pay. The benefits will be processed according to the terms of the Plan when the treatment is actually performed. Pre-treatment estimates are valid for 365 days unless other services are received after the date of the pre-treatment estimate, or until an earlier occurrence of any one of the following events:

- the date the Plan terminates;
- the date benefits under the Plan are amended if the services in the pre-treatment estimate are part of the amendment;
- the date your coverage ends; or
- the date the participating provider's agreement with Delta Dental ends.

A pre-treatment estimate does not guarantee payment. It is an estimate of the amount the Plan will pay if you are enrolled and meet all the requirements of the Plan program at the time the treatment you have planned is completed. It may not take into account any deductibles, so please remember to figure in your deductible if necessary.

SELECTING YOUR PROVIDER

Free Choice of Dentist Within Network

We recognize that many factors affect the choice of dentist and therefore support your right to freely choose your treating dentist within your network. This assures that you have full access to the dental treatment you need from the dental office of your choice. You may see any Participating Provider for your covered treatment. In addition, you can see different Participating Providers within your network.

A Participating Provider is a Delta Dental provider who has agreed to provide covered services under this Medicare Advantage Plan. In order to receive benefits under this Plan, the dental care you receive must be covered services. The Plan does not pay benefits for dental care that are not covered services. We highly recommend you verify that the dentist is a Participating Provider in this Medicare Advantage Plan before each appointment. Review the section titled "How Claims Are Paid" for an explanation of payment procedures to understand the method of payments applicable to your Participating Provider selection.

Locating a Delta Dental Participating Provider

There are three ways in which you can locate a Participating Provider near you:

- You may access information through Imperial Health Plan website at www.ImperialHealthplan.com;
- You may do provider searches on the home page of Imperial Health Plan's microsite at <https://www1.deltadentalins.com/medicare/imperialhealthplan.html>; or
- You may also call Delta Dental's Customer Service Center toll-free at (888)-643-3239 and a representative will assist you. Delta Dental can provide you with information regarding a Delta Dental participating provider's specialty and office location.

HOW CLAIMS ARE PAID

Residents in the zip codes of 90005, 90006 and 90010 who seek dental services have the option of receiving services from Participating PPO Providers or Participating Premier Providers in addition to Participating Medicare Providers.

Payment for Services — Participating Provider

Selecting a Participating Provider allows the member to obtain benefits for covered services performed for you. Payment to a Participating Provider is calculated based on the maximum plan allowance. Participating Providers agree to accept Delta Dental's maximum plan allowance as payment in full for covered services which means you will only be responsible for any applicable cost sharing for the covered service.

The portion of the maximum plan allowance payable by the Plan is limited to the applicable plan benefit level shown in Attachment A. The Plan's payment is sent directly to the Participating Provider who submitted the claim. Delta Dental will advise you of any charges not payable by the Plan for which you are responsible. These cost sharing charges are generally your share of the maximum plan allowance (coinsurance), as well as any deductibles, charges where the maximum amount has been exceeded, and/or charges for non-covered services.

Payment for Services – Non-Participating Provider

Except in the case of an emergency where a Participating Provider is not available to provide you with care you need, the Plan does not pay any benefits for dental services (regardless of whether they are covered services) if the services are provided by a Non-Participating Provider. You will be solely responsible for any dental care provided by a Non-Participating Provider.

Delta Dental contracts with licensed dentists who participate in other dental plans offered by Delta Dental. Not all of these dentists agree or contract with Delta Dental to be a Participating Provider in this Plan. We therefore highly recommend that you verify that the dentist you select is a Participating Provider in this dental Plan before each appointment. The dentist may be under contract for another Delta Dental benefits plan but not necessarily this Plan for Imperial Health Plan beneficiaries.

ATTACHMENT A

Deductibles, Maximums and Plan Benefit Levels

Contractholder: Imperial Health Plan

Group Number: 22392-00007, 00008, 00009

Effective Date: January 1, 2026

Dental Service Category	Delta Dental Participating Medicare Providers/Delta Dental Participating PPO & Premier Providers	Non-Participating Medicare Providers
Annual Deductible Per Member	None	Not Covered
Diagnostic and Preventive Annual Maximum	\$500 per Member per Calendar Year	Not Covered
Basic and Major Annual Maximum	Per Member per Calendar Year H5496-005 - \$3,000 H5496-012 - \$4,000 H5492-016 - \$1,500	Not Covered

Plan Benefit Levels			
Delta Dental will pay or otherwise discharge the Plan Benefit Levels according to the Maximum Plan Allowance for the following services:			
Dental Service Category	Delta Dental Participating Medicare Providers [†]	Delta Dental Participating PPO & Premier Providers [†]	Non-Participating Medicare Providers
Diagnostic and Preventive Services	100%	100%	Not Covered
Basic Services	100%	100%	Not Covered
Major Services	100%	100%	Not Covered

[†] Reimbursement is based on Delta Dental Participating Medicare Provider Contracted Fees for all Participating Medicare Providers and Delta Dental Participating PPO & Premier Provider Contracted Fees for all Participating PPO & Premier Providers. To locate Delta Dental Participating Medicare Providers, you may search <https://www1.deltadentalins.com/medicare/imperialhealthplan.html>.

Residents in the zip codes of 90005, 90006 and 90010 who seek dental services have the option of receiving services from Participating PPO Providers or Participating Premier Providers in addition to Participating Medicare Providers.

ATTACHMENT B

Services, Limitations and Exclusions

Contractholder: Imperial Health Plan

Group Number: 22392-00007, 00008, 00009

Effective Date: January 1, 2026

Description of Dental Services

Delta Dental will pay or otherwise discharge the Plan Benefit Level shown in Attachment A for the following services:

- **Diagnostic and Preventive Services**

- (1) **Diagnostic:** procedures to aid the Provider in determining required dental treatment, oral examinations, bitewing x-rays, intraoral series and panoramic film.
- (2) **Preventive:** cleaning (including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, which is considered to be a Diagnostic and Preventive Benefit, and periodontal maintenance, which is considered to be a Basic Benefit for payment purposes), topical application of fluoride solutions.
- (3) **Specialist Consultations:** opinion or advice requested by a general dentist.

- **Basic Services**

- (1) **Oral Surgery:** extractions and other surgical procedures (including pre- and post-operative care).
- (2) **General Anesthesia or IV Sedation:** when administered by a Provider for covered Oral Surgery or selected endodontic and periodontal surgical procedures.
- (3) **Endodontics:** treatment of diseases and injuries of the tooth pulp.
- (4) **Periodontics:** treatment of gums and bones supporting teeth.
- (5) **Palliative:** emergency treatment to relieve pain.
- (6) **Restorative:** amalgam and resin-based composite restorations (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay).
- (7) **Denture Repairs:** repair to partial or complete dentures, including rebase procedures and relining.

- **Major Services**

- (1) **Crowns:** treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam or resin-based composites.

- (2) Prosthodontics: procedures for construction of fixed bridges, partial or complete dentures and the repair of fixed bridges.

Limitations

- (1) Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called “Optional Services”. Optional Services also include the use of specialized techniques instead of standard procedures.

Examples of Optional Services:

- a) a crown where a filling would restore the tooth;
- b) porcelain, resin or similar materials for crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a porcelain fused to high noble metal crown); or
- c) an overdenture instead of denture.

If a Member receives Optional Services, an Alternate Benefit will be allowed, which means the Plan will pay Benefits on the lower cost of the alternate service or standard practice instead of on the higher cost of the Optional Service. The Member will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the alternate service or standard procedure.

- (2) Exam and cleaning limitations:
- a) Delta Dental will pay for oral examinations (except after-hours exams and exams for observation) no more than two (2) every Calendar Year.
 - b) Delta Dental will pay for one (1) comprehensive oral evaluation or comprehensive periodontal evaluation per provider or location every three (3) Calendar Years.
 - c) Delta Dental will pay for prophylaxis (routine cleanings) including scaling in presence of generalized moderate or severe gingival inflammation-full mouth, periodontal maintenance cleanings or any combination thereof no more than two (2) in a Calendar Year.
 - d) A full mouth debridement is allowed once every two (2) Calendar Years.
 - e) Periodontal maintenance and full mouth debridement are covered as a Basic Benefit, and prophylaxis (routine cleanings) are covered as a Diagnostic and Preventive Benefit.
- (3) X-ray limitations:
- a) Delta Dental will limit the total reimbursable amount to the Provider’s Accepted Fee for a comprehensive intraoral series when the fees for any combination of intraoral images in a single treatment series meet or exceed the Accepted Fee for a comprehensive intraoral series.
 - b) When a panoramic image is submitted with supplemental image(s), and the fees for the supplemental images are less than the Accepted Fee for a comprehensive intraoral series, Delta Dental will provide payment for the supplemental images and for the panoramic image.
 - c) When a panoramic image is submitted with supplemental image(s), and the fees for the supplemental images exceed the Accepted Fee for the comprehensive intraoral series, Delta Dental will limit the total reimbursable amount to the Provider’s Accepted Fee

- for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the Member.
- d) If a panoramic image is taken in conjunction with an intraoral comprehensive series, Delta Dental will limit reimbursement to the Provider's Accepted Fee for the comprehensive intraoral series, and the fee for the panoramic image will be the responsibility of the Member.
 - e) A Member may have either a comprehensive intraoral series or a panoramic image once every two (2) Calendar Years.
 - f) A Member may have either two (2) periapical images and one (1) set of bitewing images in a Calendar Year. Bitewings of any type are disallowed within six (6) months of a full mouth series unless warranted by special circumstances.
- (4) Topical application of fluoride solutions is limited to twice in a Calendar Year.
 - (5) Pulp vitality tests are allowed once every two (2) Calendar Years when definitive treatment is not performed.
 - (6) Specialist Consultations are limited to once per lifetime per Provider.
 - (7) Neither Delta Dental nor the Member is responsible for the replacement of an amalgam or resin-based composite restorations (fillings) within two (2) Calendar Years of treatment if the service is provided by the same Provider/Provider office.
 - (8) Protective restorations (sedative fillings) are allowed once per tooth per lifetime when definitive treatment is not performed on the same date of service.
 - (9) The removal of an indirect restoration is a part of a subsequent restorative procedure.
 - (10) Root canal therapy is limited to once in a lifetime per tooth. Retreatment of root canal therapy by the same Provider/Provider office within two (2) Calendar Years is considered part of the original procedure.
 - (11) Root canal therapy/retreatments are limited to no more than two (2) in a Calendar Year.
 - (12) Retreatment of apical surgery by the same Provider/Provider office within two (2) Calendar Years is considered part of the original procedure.
 - (13) Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.
 - (14) Periodontal limitations:
 - a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once every two (2) Calendar Years.
 - b) Periodontal surgery in the same quadrant is limited to once every three (3) Calendar Years and includes any surgical re-entry or scaling and root planing.
 - c) Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted

- in conjunction with extractions, periradicular surgery, ridge augmentation or implants. Guided tissue regenerations and/or bone grafts are not benefited in conjunction with soft tissue grafts in the same surgical area.
- d) Periodontal surgery is subject to a 30 day wait following periodontal scaling and root planing in the same quadrant.
 - e) Cleanings (prophylaxis and periodontal maintenance) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
- (15) Oral Surgery services that are covered under the dental plan are covered once per tooth in a lifetime. The exception to this is the removal of cysts and lesions, and incision and drainage procedures, which are covered once in the same day.
- (16) Extractions are limited to no more than three (3) every Calendar Years.
- (17) When done in conjunction with the removal of an impacted tooth, complete bony, with unusual surgical complications, nerve dissection is part of that extraction procedure. Otherwise, nerve dissection is not a benefit.
- (18) General Anesthesia and intravenous moderate (conscious) sedation are a Benefit only when provided by a dentist in conjunction with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures or when necessary, due to concurrent medical conditions. Benefits are limited to one type of anesthesia per day.
- (19) Local anesthesia and regional/or trigeminal block anesthesia are not separately payable procedures.
- (20) Crowns are covered once per tooth in a five (5) Calendar Year period, except when Delta Dental determines the existing Crown is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.
- (21) Crowns are limited to no more than two (2) in a Calendar Year.
- (22) Core buildup, including any pins, are covered once per tooth in a five (5) Calendar Year period.
- (23) Post and core services are covered once per tooth in a five (5) Calendar Year period.
- (24) Crown repairs are covered once per tooth every two (2) Calendar Year period, and are not covered within two (2) Calendar Years of initial placement.
- (25) Denture repairs are covered once per Calendar Year, and not covered within six (6) months of initial placement.

- (26) Prosthodontic appliances that were provided under any Delta Dental program will be replaced only after five (5) Calendar Years have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.
- (27) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.
- (28) Delta Dental limits payment for dentures to a standard partial or complete denture (Member Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means. Payment includes routine post delivery care, including any adjustments and relines for the first six (6) months after placement.
 - a) Denture rebase is limited to one (1) per arch in a (two) 2 Calendar Year period and includes any relining and adjustments for six (6) months following placement.
 - b) Dentures, removable partial dentures and relines include adjustments for six (6) months following insertion. After the initial six (6) months of an adjustment or reline, adjustments are limited to two (2) per arch in a Calendar Year and relining is limited to two (2) per arch in a Calendar Year.
 - c) Immediate dentures and immediate removable partial dentures include reline and adjustments for three (3) months following insertion. After the initial three (3) months of adjustments or relines, adjustments are limited to two (2) per arch in a Calendar Year and relining is limited to two (2) per arch in a Calendar Year.
 - d) Tissue conditioning is limited to one (1) per arch in a Calendar Year. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
 - e) Recementation of fixed partial dentures is limited to once every two (2) Calendar Years.

Exclusions

Delta Dental does not pay Benefits for:

- (1) Services not included on the Dental Procedure Codes and Descriptions.
- (2) Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- (3) Cosmetic surgery or procedures for purely cosmetic reasons.
- (4) Maxillofacial prosthetics.
- (5) Provisional and/or temporary restorations. Provisional and/or temporary restorations are not separately payable procedures and are included in the fee for completed service.

- (6) Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth).
- (7) Treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, abrasion, or abfraction or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting.
- (8) Any Single Procedure provided prior to the date the Member became eligible for services under this plan.
- (9) Prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
- (10) Charges for anesthesia, other than General Anesthesia and IV Sedation.
- (11) Extra oral grafting, (the use of autogenous grafts taken from other, non oral, parts of the body of the Member). This language is not meant to exclude non-autogenous grafts obtained from tissue banks or other manufacturers.
- (12) Interim implants and endodontic endosseous implants.
- (13) Indirectly fabricated resin-based Inlays/Onlays.
- (14) Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.
- (15) Treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.
- (16) Charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, tobacco counseling.
- (17) Dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
- (18) Procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.

- (19) Any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract is not a covered Benefit. Any tax will be the responsibility of the Member.
- (20) Deductibles, amounts over plan maximums and/or any service not covered under the dental plan.
- (21) Services covered under the dental plan, which exceed Benefit limitations, or are not in accordance with processing policies in effect at the time the claim is processed.
- (22) Services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws).
- (23) Services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues.
- (24) Services or supplies for sealants, space maintainers.
- (25) Missed and/or cancelled appointments.
- (26) Services or supplies for nitrous oxide.
- (27) Antigen or antibody testing.
- (28) Counseling for the control and prevention of adverse oral, behavioral, and systematic health effects associated with high-risk substance use.
- (29) Implant supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- (30) Actions taken to schedule and assure compliance with patient appointments are inclusive with office operations and are not a separately payable service.
- (31) The fees for care coordination are considered inclusive in overall patient management and are not a separately payable service.
- (32) Dental case management motivational interviewing and patient education to improve oral health literacy.
- (33) Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin, and cementum.
- (34) Extra-oral - 2D projection radiographic image and extra-oral posterior dental radiographic image.
- (35) Diabetes testing.
- (36) Corticotomy (specialized oral surgery procedure associated with orthodontics).

- (37) The fee for teledentistry services are considered inclusive in overall patient management and are not a separately payable service.
- (38) Administration of neuromodulators is not a benefit of the plan.
- (39) Administration of dermal fillers is not a benefit of the plan.
- (40) Photobiomodulation therapy.
- (41) Duplication of a prosthetic device or appliance.

ATTACHMENT C
DENTAL PROCEDURE CODES AND DESCRIPTIONS

*Payment is subject to Annual Maximums, Limitations and Exclusions outlined in Attachments A and B. To locate Delta Dental Participating Medicare Providers you may search <https://www1.deltadentalins.com/medicare/imperialhealthplan.html>.

Applicable for residents who reside in the zip codes of 90005, 90006, 90010 only.

CODE	DESCRIPTION	COINSURANCE LEVEL	DELTA DENTAL PARTICIPATING PPO & PREMIER PROVIDERS MEDICARE PPO PROVIDERS	NON-PARTICIPATING MEDICARE PROVIDERS
D0120	Periodic oral evaluation-established patient	Diagnostic	100%*	Not Covered
D0140	Limited oral evaluation-problem focused	Diagnostic	100%*	Not Covered
D0150	Comprehensive oral evaluation	Diagnostic	100%*	Not Covered
D0160	Detailed and extensive oral evaluation - problem focused, by report	Diagnostic	100%*	Not Covered
D0170	Re-evaluation - limited problem focused (established patient, not post-operative visit)	Diagnostic	100%*	Not Covered
D0171	Re-evaluation - post operative office visit	Diagnostic	100%*	Not Covered
D0180	Comprehensive periodontal evaluation	Diagnostic	100%*	Not Covered
D0210	Intraoral - complete series of radiographic images	Diagnostic	100%*	Not Covered
D0220	Intraoral - periapical first radiographic image	Diagnostic	100%*	Not Covered
D0230	Intraoral - periapical each additional radiographic image	Diagnostic	100%*	Not Covered
D0240	Intraoral, occlusal radiographic image	Diagnostic	100%*	Not Covered

D0270	Bitewing - single radiographic image	Diagnostic	100%*	Not Covered
D0272	Bitewings - two radiographic images	Diagnostic	100%*	Not Covered
D0273	Bitewings - three radiographic images	Diagnostic	100%*	Not Covered
D0274	Bitewings - four radiographic images	Diagnostic	100%*	Not Covered
D0277	Vertical bitewings - 7 to 8 radiographic images	Diagnostic	100%*	Not Covered
D0330	Panoramic radiographic image	Diagnostic	100%*	Not Covered
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	Diagnostic	100%*	Not Covered
D0460	Pulp vitality tests	Diagnostic	100%*	Not Covered
D0470	Diagnostic casts	Diagnostic	100%*	Not Covered
D1110	Prophylaxis - adult	Preventive	100%*	Not Covered
D1206	Topical application of fluoride varnish	Preventive	100%*	Not Covered
D1208	Topical application of fluoride	Preventive	100%*	Not Covered
D2150	Amalgam - two surfaces, primary or permanent	Basic	100%*	Not Covered
D2160	Amalgam - three surfaces, primary or permanent	Basic	100%*	Not Covered
D2161	Amalgam - four or more surfaces, primary or permanent	Basic	100%*	Not Covered
D2330	Resin-based composite - one surface, anterior	Basic	100%*	Not Covered
D2331	Resin-based composite - two surfaces, anterior	Basic	100%*	Not Covered
D2332	Resin-based composite - three surfaces, anterior	Basic	100%*	Not Covered

D2335	Resin-based composite - four or more surfaces (anterior)	Basic	100%*	Not Covered
D2390	Resin-based composite crown, anterior	Basic	100%*	Not Covered
D2391	Resin-based composite - one surface, posterior	Basic	100%*	Not Covered
D2392	Resin-based composite - two surfaces, posterior	Basic	100%*	Not Covered
D2393	Resin-based composite - three surfaces, posterior	Basic	100%*	Not Covered
D2394	Resin-based composite - four or more surfaces, posterior	Basic	100%*	Not Covered
D2710	Crown - resin-based composite (indirect)	Major	100%*	Not Covered
D2712	Crown - 3/4 resin-based composite (indirect)	Major	100%*	Not Covered
D2720	Crown - resin with high noble metal	Major	100%*	Not Covered
D2721	Crown - resin with predominantly base metal	Major	100%*	Not Covered
D2722	Crown - resin with noble metal	Major	100%*	Not Covered
D2740	Crown - porcelain/ceramic substrate	Major	100%*	Not Covered
D2750	Crown - porcelain fused to high noble metal	Major	100%*	Not Covered
D2751	Crown - porcelain fused to predominantly base metal	Major	100%*	Not Covered
D2752	Crown - porcelain fused to noble metal	Major	100%*	Not Covered
D2780	Crown - 3/4 cast high noble metal	Major	100%*	Not Covered

D2781	Crown - 3/4 cast predominantly base metal	Major	100%*	Not Covered
D2782	Crown - 3/4 cast noble metal	Major	100%*	Not Covered
D2783	Crown - 3/4 porcelain/ceramic	Major	100%*	Not Covered
D2790	Crown - full cast high noble metal	Major	100%*	Not Covered
D2791	Crown - full cast predominantly base metal	Major	100%*	Not Covered
D2792	Crown - full cast noble metal	Major	100%*	Not Covered
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	Basic	100%*	Not Covered
D2915	Re-cement cast or prefabricated post and core	Basic	100%*	Not Covered
D2920	Re-cement crown	Basic	100%*	Not Covered
D2940	Placement of interim direct restoration	Basic	100%*	Not Covered
D2950	Core buildup, including any pins when required	Major	100%*	Not Covered
D2951	Pin retention - per tooth, in addition to restoration	Basic	100%*	Not Covered
D2952	Post and core in addition to crown, indirectly fabricated	Major	100%*	Not Covered
D2953	Each additional indirectly fabricated post - same tooth	Major	100%*	Not Covered
D2954	Prefabricated post and core in addition to crown	Major	100%*	Not Covered
D2955	Post removal	Major	100%*	Not Covered
D2957	Each additional prefabricated post, same tooth	Major	100%*	Not Covered

D2971	Additional procedure to customize new crown, existing partial, denture frame	Basic	100%*	Not Covered
D2976	Band stabilization - per tooth	Basic	100%*	Not Covered
D2980	Crown repair necessitated by restorative material failure	Major	100%*	Not Covered
D3110	Pulp cap - direct (excluding final restoration)	Basic	100%*	Not Covered
D3120	Pulp cap - indirect (excluding final restoration)	Basic	100%*	Not Covered
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	Basic	100%*	Not Covered
D3221	Pulpal debridement, primary and permanent teeth	Basic	100%*	Not Covered
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	Basic	100%*	Not Covered
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	Basic	100%*	Not Covered
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Basic	100%*	Not Covered
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	Basic	100%*	Not Covered
D3330	Endodontic therapy, molar (excluding final restoration)	Basic	100%*	Not Covered

D3331	Treatment of root canal obstruction, non-surgical access	Basic	100%*	Not Covered
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	Basic	100%*	Not Covered
D3333	Internal root repair of perforation defects	Basic	100%*	Not Covered
D3346	Retreatment of previous root canal therapy - anterior	Basic	100%*	Not Covered
D3347	Retreatment of previous root canal therapy - bicuspid	Basic	100%*	Not Covered
D3348	Retreatment of previous root canal therapy - molar	Basic	100%*	Not Covered
D3351	Apexification/recalcification, initial visit	Basic	100%*	Not Covered
D3352	Apexification/recalcification, interim medication replacement	Basic	100%*	Not Covered
D3353	Apexification/recalcification, final visit	Basic	100%*	Not Covered
D3410	Apicoectomy - anterior	Basic	100%*	Not Covered
D3421	Apicoectomy - premolar (first root)	Basic	100%*	Not Covered
D3425	Apicoectomy - molar (first root)	Basic	100%*	Not Covered
D3426	Apicoectomy - (each additional root)	Basic	100%*	Not Covered
D3430	Retrograde filling - per root	Basic	100%*	Not Covered
D3450	Root amputation - per root	Basic	100%*	Not Covered
D3910	Surgical procedure for isolation of tooth with rubber dam	Basic	100%*	Not Covered
D3920	Hemisection, not including root canal therapy	Basic	100%*	Not Covered

D3950	Canal preparation and fitting of preformed dowel or post	Basic	100%*	Not Covered
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	100%*	Not Covered
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	100%*	Not Covered
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Basic	100%*	Not Covered
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	100%*	Not Covered
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	100%*	Not Covered
D4245	Apically positioned flap	Basic	100%*	Not Covered
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	100%*	Not Covered
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	100%*	Not Covered
D4270	Pedicle soft tissue graft procedure	Basic	100%*	Not Covered

D4273	Autogenous connective tissue graft procedure, first tooth	Basic	100%*	Not Covered
D4274	Mesial/distal wedge procedure, single tooth	Basic	100%*	Not Covered
D4275	Non-autogenous connective tissue graft, first tooth	Basic	100%*	Not Covered
D4277	Free soft tissue graft, first tooth	Basic	100%*	Not Covered
D4278	Free soft tissue graft, each additional tooth	Basic	100%*	Not Covered
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	Basic	100%*	Not Covered
D4285	Non-Autogenous connective tissue graft procedure, each additional tooth, per site	Basic	100%*	Not Covered
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Basic	100%*	Not Covered
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	Basic	100%*	Not Covered
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Preventive	100%*	Not Covered
D4355	Full mouth debridement to enable a comprehensive evaluation and diagnosis on subsequent visit	Basic	100%*	Not Covered
D4910	Periodontal maintenance	Basic	100%*	Not Covered
D5110	Complete denture - maxillary	Major	100%*	Not Covered
D5120	Complete denture - mandibular	Major	100%*	Not Covered

D5130	Immediate denture - maxillary	Major	100%*	Not Covered
D5140	Immediate denture - mandibular	Major	100%*	Not Covered
D5211	Maxillary partial denture - resin base (including conventional clasps, rests and teeth)	Major	100%*	Not Covered
D5212	Mandibular partial denture - resin base (including conventional clasps, rests and teeth)	Major	100%*	Not Covered
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	100%*	Not Covered
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	100%*	Not Covered
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	Major	100%*	Not Covered
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	Major	100%*	Not Covered
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	100%*	Not Covered

D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	Major	100%*	Not Covered
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	Major	100%	Not Covered
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	Major	100%*	Not Covered
D5410	Adjust complete denture - maxillary	Major	100%*	Not Covered
D5411	Adjust complete denture - mandibular	Major	100%*	Not Covered
D5421	Adjust partial denture - maxillary	Major	100%*	Not Covered
D5422	Adjust partial denture - mandibular	Major	100%*	Not Covered
D5511	Repair broken complete denture base, mandibular	Basic	100%*	Not Covered
D5512	Repair broken complete denture base, maxillary	Basic	100%*	Not Covered
D5520	Replace missing or broken teeth - complete denture - per tooth	Basic	100%*	Not Covered
D5611	Repair resin partial denture base, mandibular	Basic	100%*	Not Covered
D5612	Repair resin partial denture base, maxillary	Basic	100%*	Not Covered
D5621	Repair cast partial framework, mandibular	Basic	100%*	Not Covered
D5622	Repair cast partial framework, maxillary	Basic	100%*	Not Covered
D5630	Repair or replace broken clasp - per tooth	Basic	100%*	Not Covered

D5640	Replace missing or broken teeth - partial denture - per tooth	Basic	100%*	Not Covered
D5650	Add tooth to existing partial denture - per tooth	Basic	100%*	Not Covered
D5660	Add clasp to existing partial denture - per tooth	Basic	100%*	Not Covered
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	Basic	100%*	Not Covered
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	Basic	100%*	Not Covered
D5710	Rebase complete maxillary denture	Basic	100%*	Not Covered
D5711	Rebase complete mandibular denture	Basic	100%*	Not Covered
D5720	Rebase maxillary partial denture	Basic	100%*	Not Covered
D5721	Rebase mandibular partial denture	Basic	100%*	Not Covered
D5730	Reline complete maxillary denture (direct)	Basic	100%*	Not Covered
D5731	Reline complete mandibular denture (direct)	Basic	100%*	Not Covered
D5740	Reline maxillary partial denture (direct)	Basic	100%*	Not Covered
D5741	Reline mandibular partial denture (direct)	Basic	100%*	Not Covered
D5750	Reline complete maxillary denture (indirect)	Basic	100%*	Not Covered
D5751	Reline complete mandibular denture (indirect)	Basic	100%*	Not Covered
D5760	Reline maxillary partial denture (indirect)	Basic	100%*	Not Covered

D5761	Reline mandibular partial denture (indirect)	Basic	100%*	Not Covered
D5820	Interim partial denture (including retentive/clasping materials, rest, and teeth), maxillary	Major	100%*	Not Covered
D5821	Interim partial denture (including retentive/clasping materials, rest, and teeth), mandibular	Major	100%*	Not Covered
D5850	Tissue conditioning, maxillary	Major	100%*	Not Covered
D5851	Tissue conditioning, mandibular	Major	100%*	Not Covered
D6210	Pontic - cast high noble metal	Major	100%*	Not Covered
D6211	Pontic - cast predominantly base metal	Major	100%*	Not Covered
D6212	Pontic - cast noble metal	Major	100%*	Not Covered
D6240	Pontic - porcelain fused to high noble metal	Major	100%*	Not Covered
D6241	Pontic - porcelain fused to predominantly base metal	Major	100%*	Not Covered
D6242	Pontic - porcelain fused to noble metal	Major	100%*	Not Covered
D6245	Pontic - porcelain/ceramic	Major	100%*	Not Covered
D6250	Pontic - resin with high noble metal	Major	100%*	Not Covered
D6251	Pontic - resin with predominantly base metal	Major	100%*	Not Covered
D6252	Pontic - resin with noble metal	Major	100%*	Not Covered
D6545	Retainer, cast metal for resin bonded fixed prosthesis	Major	100%*	Not Covered

D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	Major	100%*	Not Covered
D6549	Resin retainer, for resin bonded fixed prosthesis	Major	100%*	Not Covered
D6720	Retainer crown - resin with high noble metal	Major	100%*	Not Covered
D6721	Retainer crown - resin with predominantly base metal	Major	100%*	Not Covered
D6722	Retainer crown - resin with noble metal	Major	100%*	Not Covered
D6740	Retainer crown - porcelain/ceramic	Major	100%*	Not Covered
D6750	Crown - porcelain fused to high noble metal	Major	100%*	Not Covered
D6751	Retainer crown - porcelain fused to predominantly base metal	Major	100%*	Not Covered
D6752	Retainer crown - porcelain fused to noble metal	Major	100%*	Not Covered
D6780	Retainer crown - 3/4 cast high noble metal	Major	100%*	Not Covered
D6781	Retainer crown - 3/4 cast predominantly base metal	Major	100%*	Not Covered
D6782	Retainer crown - 3/4 cast noble metal	Major	100%*	Not Covered
D6783	Retainer crown - 3/4 porcelain/ceramic	Major	100%*	Not Covered
D6790	Retainer crown - full cast high noble metal	Major	100%*	Not Covered
D6791	Retainer crown - full cast predominantly base metal	Major	100%*	Not Covered
D6792	Retainer crown - full cast noble metal	Major	100%*	Not Covered
D6930	Recement fixed partial denture	Major	100%*	Not Covered

D6980	Fixed partial denture repair necessitated by restorative material failure	Major	100%*	Not Covered
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Basic	100%*	Not Covered
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.	Basic	100%*	Not Covered
D7220	Removal of impacted tooth - soft tissue	Basic	100%*	Not Covered
D7230	Removal of impacted tooth - partially bony	Basic	100%*	Not Covered
D7240	Removal of impacted tooth - completely bony	Basic	100%*	Not Covered
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Basic	100%*	Not Covered
D7261	Primary closure of a sinus perforation	Basic	100%*	Not Covered
D7250	Removal of residual tooth roots (cutting procedure)	Basic	100%*	Not Covered
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Basic	100%*	Not Covered
D7280	Exposure of an unerupted tooth	Orthodontic	100%*	Not Covered
D7283	Placement, device to facilitate eruption, impaction	Orthodontic	100%*	Not Covered
D7284	Excisional biopsy of minor salivary glands	Basic	100%*	Not Covered

D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	Basic	100%*	Not Covered
D7286	Biopsy of oral tissue - soft	Basic	100%*	Not Covered
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Basic	100%*	Not Covered
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Basic	100%*	Not Covered
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Basic	100%*	Not Covered
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Basic	100%*	Not Covered
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	Basic	100%*	Not Covered
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Basic	100%*	Not Covered
D7410	Excision of benign lesion, up to 1.25 cm	Basic	100%*	Not Covered
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Basic	100%*	Not Covered

D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Basic	100%*	Not Covered
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	Basic	100%*	Not Covered
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	Basic	100%*	Not Covered
D7471	Removal of lateral exostosis (maxilla or mandible)	Basic	100%*	Not Covered
D7472	Removal of torus palatinus	Basic	100%*	Not Covered
D7473	Removal of torus mandibularis	Basic	100%*	Not Covered
D7485	Reduction of osseous tuberosity	Basic	100%*	Not Covered
D7510	Incision and drainage of abscess - intraoral soft tissue	Basic	100%*	Not Covered
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	Basic	100%*	Not Covered
D7520	Incision & drainage of abscess, extraoral soft tissue	Basic	100%*	Not Covered
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	Basic	100%*	Not Covered
D7530	Remove foreign body, mucosa, skin, tissue	Basic	100%*	Not Covered
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Basic	100%*	Not Covered
D7961	Buccal/labial frenectomy (frenulectomy)	Basic	100%*	Not Covered
D7962	Lingual frenectomy (frenulectomy)	Basic	100%*	Not Covered

D7963	Frenuloplasty	Basic	100%*	Not Covered
D7970	Excision of hyperplastic tissue - per arch	Basic	100%*	Not Covered
D7971	Excision of pericoronal gingiva	Basic	100%*	Not Covered
D7972	Surgical reduction of fibrous tuberosity	Basic	100%*	Not Covered
D9110	Palliative (emergency) treatment of dental pain - minor procedure	Basic	100%*	Not Covered
D9120	Fixed partial denture sectioning	Basic	100%*	Not Covered
D9210	Local anesthesia not in conjunction, operative or surgical procedures	Basic	100%*	Not Covered
D9211	Regional block anesthesia	Basic	100%*	Not Covered
D9212	Trigeminal division block anesthesia	Basic	100%*	Not Covered
D9215	Local anesthesia in conjunction with operative or surgical procedures	Basic	100%*	Not Covered
D9219	Evaluation for deep sedation or general anesthesia	Basic	100%*	Not Covered
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	Basic	100%*	Not Covered
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof	Basic	100%*	Not Covered
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof	Basic	100%	Not Covered

D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	Basic	100%	Not Covered
D9230	Administration of nitrous oxide	Basic	100%*	Not Covered
D9239	Administration of moderate sedation – intravenous - first 15 minute increment, or any portion thereof	Basic	100%*	Not Covered
D9243	Administration of moderate sedation – intravenous each subsequent 15 minute increment, or any portion thereof	Basic	100%*	Not Covered
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Diagnostic & Preventive	100%*	Not Covered
D9311	Consultation with medical health care professional	Diagnostic & Preventive	100%*	Not Covered
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Diagnostic & Preventive	100%*	Not Covered
D9440	Office visit - after regularly scheduled hours	Diagnostic & Preventive	100%*	Not Covered
D9936	Cleaning and inspection of occlusal guard - per appliance	TMJ	100%*	Not Covered
D9944	Occlusal guard, hard appliance, full arch	TMJ	100%*	Not Covered
D9945	Occlusal guard, soft appliance, full arch	TMJ	100%*	Not Covered
D9951	Occlusal adjustment - limited	TMJ	100%*	Not Covered

D9952	Occlusal adjustment - complete	TMJ	100%*	Not Covered
D9991	Dental case management – addressing appointment compliance barriers.	General Services	100%*	Not Covered
D9992	Dental case management – care coordination	General Services	100%*	Not Covered
D9995	Teledentistry - synchronous; real-time encounter	General Services	100%*	Not Covered
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	General Services	100%*	Not Covered