



U.S. Department of Veterans Affairs
Veterans Health Administration

Veterans Affairs Dental Insurance Program (VADIP) Plan Benefits Booklet

For eligible Veterans and CHAMPVA beneficiaries

Enhanced



Comprehensive



Prime

Delta Dental's Veterans Affairs Dental Insurance Program (VADIP) Plan Contact Information and Resource

About Your Groups

Group Name:

Enhanced Plan

Comprehensive Plan

Prime Plan

Group Number:

5000-0004 (NY, PR and VI)
5001-0004 (All other states & territories)

5000-0005 (NY, PR and VI)
5001-0005 (All other states & territories)

5000-0006 (NY, PR and VI)
5001-0006 (All other states & territories)

VADIP Online

- Find a Delta Dental VADIP PPO in-network dentist (DPO in Texas) deltadentalins.com/vadip
- View premium rates
- Enroll in VADIP
- View benefits details, check claims status
- Get paperless Explanation of Benefits statements and print them as necessary
- Download forms, view VADIP materials
- Get dental health and wellness information
- Print an enrollment card
- Send your questions electronically

VADIP by Mail

General Inquiries:

Delta Dental of California
Federal Government Programs
PO Box 537007
Sacramento, CA 95853-7007

Appeals and Grievances:

Delta Dental of California
Federal Government Programs
PO Box 537015
Sacramento, 95853-7015

VADIP by Phone

Customer Service:

8:00 a.m. - 8:00 p.m. EST
855-460-3302
866-847-1264 TTY/TDD
M - F (excluding holidays)

VADIP Claims Submission

Delta Dental of California
Federal Government Programs
PO Box 537007
Sacramento, CA 95853-7007

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Delta Dental's Veterans Affairs Dental Insurance Program (VADIP)

Delta Dental of California and its affiliates are proud to partner with the U.S. government to offer a national voluntary dental insurance program for eligible Veterans Affairs (VA) beneficiaries. Veterans Affairs Dental Insurance Program (VADIP) is offered by Delta Dental through the Department of Veterans Affairs and is administered by the Federal Government Programs division, located in Sacramento, California.

VADIP offers cost-effective dental coverage with three plan options designed to meet the various needs of VA beneficiaries: Enhanced Plan, Comprehensive Plan and Prime Plan. The information contained in this benefits booklet applies to all three VADIP plans, except where otherwise specified under the policies and regulations, effective January 1, 2022.

Eligibility

Eligible VADIP beneficiaries include:

- Any Veteran enrolled in VA healthcare
- Any individual enrolled in VA's Civilian Health and Medical Program (CHAMPVA)
Dependents who do not qualify as a CHAMPVA beneficiary are not eligible.

For VADIP eligibility questions, visit the Veterans Affairs website at www.va.gov/healthbenefits/ or call 877-222-VETS (8387).

VADIP Service Area

Dental coverage under Delta Dental's VADIP is offered nationwide to enrollees, with benefits based on primary residence. Enrollees in VADIP are eligible for covered benefits within the service area that includes the 50 United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands. There is no overseas coverage under Delta Dental's VADIP.

Selecting Your Dentist

Participating VADIP Network Dentists

Delta Dental's VADIP offers you a wide selection of dentists from which to choose for your dental care. The expansive nationwide network of Delta Dental dentists allows you to experience optimum cost savings while getting the highest quality of dental care and the most value from your VADIP enrollment.

Participating VADIP network dentists' fees are established by Delta Dental. VADIP network dentists have agreed to accept these fees, which are typically lower than those charged by out-of-network dentists. When your covered services are provided by a VADIP network dentist, you are responsible only for your cost share amount as well as any applicable deductible and amount over the annual maximum benefit.

Because fees charged by participating VADIP network dentists are lower, your cost shares are proportionately lower, meaning less money will come out of your pocket for your dental care. Your annual maximum amount will not be met as quickly as it would if you saw an out-of-network dentist, so you will likely have additional money to apply toward other services.

As well as agreeing to accept lower fees for VADIP covered services, participating VADIP network dentists have agreed to provide other services that will save you time, money and paperwork, adding even further value to your VADIP enrollment. For instance, network dentists will:

- Complete and submit your claim forms (including all required documentation)
- Accept payment directly from Delta Dental
- Adhere to Delta Dental's national processing and quality-of-care standards

Locating a Participating Network Dentist

You can easily locate a participating VADIP network dentist in your area using the Dentist Search located on our website at deltadentalins.com/vadip. The online dentist directory contains the names, addresses, telephone numbers and gender of all VADIP participating network dentists, as well as whether or not their dental office is accepting new patients. Each search generates a list of up to 60 randomly selected dentists, allows you to specify the distance you are willing to travel and provides a map showing directions to the dentist's office.

Out-of-Network Dentists

Dentists who do not belong to the Delta Dental network are considered out-of-network dentists for VADIP. Out-of-network dentists include other Delta Dental dentists as well as non-Delta Dental dentists.

If you go to an out-of-network dentist, Delta Dental will pay a lower percentage for the same covered services than if you see a participating in-network dentist, and you will be responsible for any difference up to the submitted/approved amount. The fees that out-of-network dentists charge could potentially be higher than the fees that participating VADIP network dentists agree to accept and will be applied to your annual maximum, which also affects your overall out-of-pocket costs.

Terms of Enrollment

Enrollment Commitment

Enrollment in VADIP is voluntary. Each new VADIP enrollee must commit to remain enrolled for an initial 12-month period. There are no provisions for voluntary disenrollment during the initial 12-month enrollment period except as described under “Voluntary Termination Criteria.” After the initial 12-month period, you can continue your enrollment on a month-to-month basis as long as you remain eligible for coverage.

Coverage Effective Date

Your VADIP plan coverage will begin on the first day of the month following the receipt and acceptance of your enrollment application, collection of the one-month premium prepayment and electronic funds or recurring credit card authorization (RCC) transfer set-up. You can verify your VADIP coverage effective date online by logging on to the Member Portal available on our website at deltadentalins.com/vadip.

Enrollment Grace Period

There is a grace period of 30 days from your coverage effective date during which you may rescind your VADIP enrollment agreement without any further obligation, provided you have not used any program services during that time. If you do not exercise your option to rescind within the 30-day grace period, you must remain enrolled in the program for the duration of the initial 12-month period without further opportunity for voluntary disenrollment. For more on the VADIP enrollment grace period, see “Voluntary Termination Criteria” below.

Enrollment Upgrade

Within the initial 12 months of your enrollment, you may change plans. You may move from the Enhanced plan to the Comprehensive plan, or from the Enhanced plan to the Prime plan, or from the Comprehensive plan to the Prime plan; however, you may NOT move from the Prime plan to the Comprehensive plan, or from the Prime plan to the Enhanced plan, or from the Comprehensive plan to the Enhanced plan.

If you choose to move up from the Enhanced or Comprehensive plans, the 12-month enrollment period starts again. Additionally, any of your maximum allowance that you used under your initial plan will follow to your new plan; for example, if you used \$100 of your annual maximum while enrolled in the Enhanced plan and you decide to move up to the Comprehensive plan during the 12-month period, \$100 would be deducted from the annual maximum allowed under the Comprehensive plan.

Enrollment Continuation and Termination

After you have satisfied your initial enrollment commitment, you may remain enrolled in VADIP on a month-to-month basis. If you elect to terminate your enrollment in VADIP at the end of your initial 12-month enrollment commitment, your request to disenroll must be received no less than 30 days prior to the first day of the thirteenth month.

You may request to disenroll at any time during your month-to-month enrollment period. Your request to disenroll must be received no less than 30 days prior to the first day of the month of termination.

Enrollment Lockout

Enrollees who fail to complete their initial enrollment commitment are subject to a 12-month lockout period before they are eligible to re-enroll in VADIP. Enrollees who disenroll from VADIP after completing the initial 12-month enrollment obligations may re-enroll at any time but will be subject to the same initial 12-month enrollment commitment and any applicable waiting periods as a new VADIP enrollee.

Involuntary Termination

Delta Dental may terminate a VADIP enrollment involuntarily at any time for failure to make premium payments. Prior to disenrollment, Delta Dental will provide written notice to the VADIP enrollee to allow time to make premium payments.

Voluntary Termination Criteria

Enrollees in VADIP may request voluntary disenrollment and will not be required to continue payment of any premiums under the following circumstances:

- a. For any reason within 30 calendar days following the enrollee's coverage effective date if there has been no use of VADIP benefits under the enrollment.
- b. If the enrollee relocates to an area that is outside the jurisdiction of VADIP and that prevents the use of the benefits under VADIP.
- c. If the enrollee asserts that he or she is prevented by a serious medical condition from being able to obtain benefits under VADIP or that he or she would suffer severe financial hardship by continuing in VADIP.
- d. For any reason during the month-to-month coverage period, after the initial 12-month enrollment period has been satisfied.

Requests for Enrollment Termination

All disenrollment requests must be submitted to Delta Dental in writing. You may submit your written request to disenroll by mail or by using the online Customer Service Inquiry Form available at deltadentalins.com/vadip. Requests for disenrollment due to financial hardship or serious medical condition must include written documentation, including an explanation around the circumstances leading up to the condition or hardship. To be considered valid, it must have originated after the date the enrollee's VADIP coverage began and explain why such circumstances will prevent the enrollee from maintaining his/her VADIP benefits. Note that a 12-month lock-out period from re-enrolling in VADIP may apply to any of the above circumstances.

Enrollment Inquiries

Answers to many of your enrollment questions can be found on our website at deltadentalins.com/vadip. On the website, you can access the convenient online Member Portal to verify the status of your enrollment as well as complete an online Customer Service Inquiry Form for a more detailed response to your specific inquiry.

Premium Payments

Premium Rates

Delta Dental has designed VADIP to provide enrollees with complete dental benefits at an affordable cost. Monthly premium amounts will vary depending on where the enrollee lives and the number of CHAMPVA beneficiaries he/she chooses to enroll. Premium rates are subject to change annually. To find the current premium rate for your region, please visit the online Rate Calculator at deltadentalins.com/vadip.

Premium Payments by EFT or RCC

Enrollees in VADIP are required to pay their premiums monthly via electronic funds transfer (EFT) or recurring credit card authorization (RCC). ***You must establish an ongoing EFT payment through your bank or RCC in order to be enrolled.*** Premium payment transactions through EFT or RCC that are not honored by the enrollee's financial institution are considered past due. Enrollees whose VADIP premium payments become past due may have their VADIP coverage terminated by Delta Dental when premium payment accounts are not brought current. Dental claims will not be paid for time periods during which premiums remain past due. Enrollees whose VADIP coverage is terminated for non-payment of premiums prior to completion of their initial enrollment obligation will not be eligible for re-enrollment for 12 months. They will also have to complete a new 12-month enrollment obligation and any applicable waiting period.

VADIP Enhanced Plan

Summary of Coverage

The following chart depicts coverage offered to you under Delta Dental's VADIP Enhanced plan. When treatment is provided by a VADIP network dentist, your cost shares will be substantially lower. Your total out-of-pocket costs will increase when your care is provided by an out-of-network dentist. Check the Dentist Directory at deltadentalins.com/vadip to find a VADIP network dentist near you.

Benefits available upon enrollment

Benefits	ENHANCED	
	In-Network	Out-of-Network
Diagnostic and Preventive ¹ Routine cleanings, x-rays, oral exams, sealants	100%	80%
Basic Restorative Fillings (silver)	50%	30%
Simple Extractions ^{2,3}	50%	30%
General Services	NAB	NAB

Additional benefits available after 12 months of enrollment

Benefits	ENHANCED	
	In-Network	Out-of-Network
Major Restorative ² Crowns	NAB	NAB
Endodontics ² Root canals	50%	30%
Periodontics ² Treatment fo gums	50%	30%
Prosthodontics ^{2,4} Bridges, dentures, implants	NAB	NAB

Deductibles and maximums

Benefits	ENHANCED	
	In-Network	Out-of-Network
Deductible	\$50	\$50
Annual Maximum	\$1,000	\$1,000

NAB = Not a Benefit

¹ The deductible is waived for diagnostic and preventive services under the Enhanced plan.

² The waiting period is 12 months for endodontics and periodontics under the Enhanced plan.

³ Simple extractions (procedure codes D7111 and D7140) are the only oral surgery services covered under the Enhanced plan.

⁴ Per the missing tooth clause, services or treatment for the provision of an initial prosthodontic appliance (i.e., fixed bridge restoration, implants, removable partial or complete denture, etc.) when it replaces natural teeth extracted or missing, including congenital defects, prior to the effective date of coverage are not eligible for coverage.

Covered Services

Orthodontics (Braces) are not a covered benefit.

Diagnostic Services

- D0120 Periodic oral evaluation - established patient
- D0140 Limited oral evaluation - problem-focused
- D0145 Oral evaluation for patient under three years of age and counseling with primary caregiver
- D0150 Comprehensive oral evaluation - new or established patient
- D0160 Detailed and extensive oral evaluation - problem-focused

D0180	Comprehensive periodontal evaluation - new or established patient
D0210	Intraoral - complete series of radiographic images
D0220	Intraoral - periapical first radiographic image
D0230	Intraoral - periapical each additional radiographic image
D0240	Intraoral - occlusal radiographic image
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector
D0251	Extra-oral posterior dental radiographic image
D0270	Bitewing - single radiographic image
D0272	Bitewings - two radiographic images
D0273	Bitewings - three radiographic images
D0274	Bitewings - four radiographic images
D0277	Vertical bitewings - seven to eight radiographic images
D0701	Panoramic radiographic image - image capture only
D0705	Extra-oral posterior dental radiographic image - image capture only
D0706	Intraoral - occlusal radiographic image - image capture only
D0707	Intraoral - periapical radiographic image - image capture only
D0708	Intraoral - bitewing radiographic image - image capture only
D0709	Intraoral - complete series of radiographic images - image capture only

Policy Limitations for Diagnostic Services

1. Two oral evaluations (D0120, D0150 and D0180) are covered in a calendar year period. A comprehensive periodontal evaluation will be considered integral if provided on the same date of service by the same dentist as any other oral evaluation.
2. Only one comprehensive evaluation (D0150) will be allowed in a calendar year period.
3. Only one limited oral evaluation, problem-focused (D0140) will be allowed per patient per dentist in a 12 month period. A limited oral evaluation will be considered integral when provided on the same date of service by the same dentist as any other oral evaluation.
4. Re-evaluations are considered integral to the originally performed procedures.
5. Payment for more than one of any category of full-mouth radiographs within a 48-month period is the patient's responsibility. If a full-mouth series (complete series) is denied because of the 48-month limitation, it cannot be reprocessed and paid as bitewings and/or additional films.
6. A panoramic radiograph taken with any other radiographic image is considered a full-mouth series and is paid as such, and is subject to the same benefit limitation. Payment for panoramic radiographs is limited to one within a 48-month period.

Preventive Services

D1110	Prophylaxis - adult
D1120	Prophylaxis - child through age 13
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride - excluding varnish
D1351	Sealant - per tooth
D1510	Space maintainer - fixed, unilateral - per quadrant
D1516	Space maintainer - fixed-bilateral-maxillary
D1517	Space maintainer - fixed-bilateral-mandibular
D1520	Space maintainer - removable, unilateral - per quadrant
D1526	Space maintainer - removable - bilateral - maxillary
D1527	Space maintainer - removable - bilateral - mandibular
D1551	Re-cement or re-bond bilateral space maintainer - maxillary
D1552	Re-cement or re-bond bilateral space maintainer - mandibular
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant

Policy Limitations for Preventive Services

1. Two routine prophylaxes are covered in a calendar year period.
2. Routine prophylaxes are considered integral when performed by the same dentist on the same day as scaling and root planing, periodontal surgery and periodontal maintenance procedures.
3. Routine prophylaxes are considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomies or gingivoplasties, gingival flap procedures, mucogingival surgery or osseous surgery.
4. Routine prophylaxis includes associated scaling and polishing procedures. There are no provisions for any additional allowance based on degree of difficulty.
5. Periodontal scaling in the presence of gingival inflammation is considered to be a routine prophylaxis and paid as such. Participating dentists may not bill the patient for any difference in fees.
6. Two topical fluoride applications are covered in a calendar year period.
7. Procedure D4346 is included in the time limitation of an adult prophylaxis.
8. Space maintainers are only covered for dependent children under the age of 19.
9. Sealants are covered on permanent molars through age 18. The teeth must be caries-free with no previous restorations on the mesial, distal or occlusal surfaces. One sealant per tooth is covered in a three-year period.
10. Sealants for teeth other than permanent molars are not covered.
11. Sealants provided on the same date of service and on the same tooth as a restoration of the occlusal surface are considered integral procedures.
12. Distal shoe space maintainer is a benefit to guide the eruption of the first permanent molar.

Basic Restorative Services

D2140	Amalgam - one surface, primary or permanent
D2150	Amalgam - two surfaces, primary or permanent
D2160	Amalgam - three surfaces, primary or permanent
D2161	Amalgam - four or more surfaces, primary or permanent
D2330	Resin-based composite - one surface, anterior
D2331	Resin-based composite - two surfaces, anterior
D2332	Resin-based composite - three surfaces, anterior
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2393	Resin-based composite - three surfaces, posterior
D2394	Resin-based composite - four or more surfaces, posterior
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2920	Re-cement or re-bond crown
D2930	Prefabricated stainless steel crown - primary tooth
D2931	Prefabricated stainless steel crown - permanent tooth
D2951	Pin retention - per tooth, in addition to restoration

Policy Limitations for Basic Restorative Services

1. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.
2. Sedative restorations are not a covered benefit.
3. Pin retention is covered only when reported in conjunction with an eligible restoration.
4. An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin buildup (D2950).
5. Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of determining benefits.
6. Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 24 months of the original restoration are considered integral procedures and a separate fee is not chargeable to the member by a participating dentist. However, payment may be allowed if the repair or replacement is due to fracture of the tooth or the restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is placed following root canal therapy.

7. Restorations are not covered when performed after the placement of any type of crown on the same tooth and by the same dentist.
8. The payment for restorations includes all related services to include, but not limited to, etching, bases, liners, dentinal adhesives, local anesthesia, polishing, caries removal, preparation of gingival tissue, occlusal/contact adjustments and detection agents.
9. Prefabricated stainless steel crowns (D2930, D2931) are covered only on primary teeth, permanent teeth through age 14, or when placed as a result of accidental injury. They are limited to one per patient, per tooth, per lifetime.
10. The charge for a crown should include all charges for work related to its placement to include, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits and cementations of both temporary and permanent crowns.
11. Crowns are payable only when necessary due to decay or tooth fracture. However, if the tooth can be adequately restored with amalgam or composite (resin) filling material, payment will be made for that service. This payment can be applied toward the cost of the crown.
12. Recementation of prefabricated and cast crowns, onlays and inlays is eligible once per six month period. Recementation provided within 12 months of placement by the same dentist is considered integral.
13. Payment for a resin restoration will be made when a laboratory fabricated porcelain or resin veneer is used to restore any teeth due to tooth fracture or caries.

Endodontic Services

- | | |
|-------|---|
| D3110 | Pulp cap - direct (excluding final restoration) |
| D3120 | Pulp cap - indirect (excluding final restoration) |
| D3220 | Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament |
| D3221 | Pulpal debridement, primary and permanent teeth |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development |
| D3230 | Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) |
| D3240 | Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) |
| D3346 | Retreatment of previous root canal therapy - anterior |
| D3347 | Retreatment of previous root canal therapy - premolar |
| D3348 | Retreatment of previous root canal therapy - molar |
| D3351 | Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) |
| D3352 | Apexification/recalcification - interim medication replacement |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) |
| D3410 | Apicoectomy - anterior |
| D3421 | Apicoectomy - premolar (first root) |
| D3425 | Apicoectomy - molar (first root) |
| D3426 | Apicoectomy (each additional root) |
| D3430 | Retrograde filling - per root |
| D3450 | Root amputation - per root |
| D3471 | Surgical repair of root resorption - anterior |
| D3472 | Surgical repair of root resorption - premolar |
| D3473 | Surgical repair of root resorption - molar |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption - molar |
| D3920 | Hemisection (including any root removal), not including root canal therapy |
| D3921 | Decoronation or submergence of an erupted tooth |

Policy Limitations for Endodontic Services

1. Pulpotomies are considered integral when performed by the same dentist within a 45-day period prior to the completion of root canal therapy.
2. A pulpotomy is covered when performed as a final endodontic procedure and is payable on primary teeth only. Pulpotomies performed on permanent teeth are considered integral to root canal therapy and are not reimbursable unless specific rationale is provided and root canal therapy is not and will not be provided on the same tooth.
3. Pulpal therapy (resorbable filling) is limited to primary teeth only. It is a benefit for primary incisor teeth for members up to age 6 and for primary molars and cuspids to age 11 and is limited to once per tooth per lifetime. Payment for the pulpal therapy will be offset by the allowance for a pulpotomy provided within 45 days preceding pulpal therapy on the same tooth by the same dentist.
4. Treatment of a root canal obstruction is considered an integral procedure.
5. Incomplete endodontic therapy is not a covered benefit when due to the patient discontinuing treatment.
6. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
7. Placement of a final restoration following endodontic therapy is a separate procedure, payable based on plan coverage.

Periodontic Services

- D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth-bounded spaces per quadrant
- D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth-bounded spaces per quadrant
- D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
- D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth-bounded spaces per quadrant
- D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth-bounded spaces per quadrant
- D4249 Clinical crown lengthening - hard tissue
- D4260 Osseous surgery (including elevation of a full thickness flap entry and closure) - four or more contiguous teeth or tooth-bounded spaces per quadrant
- D4261 Osseous surgery (including elevation of a full thickness flap entry and closure) - one to three contiguous teeth or tooth-bounded spaces per quadrant
- D4268 Surgical revision procedure, per tooth
- D4270 Pedicle soft tissue graft procedure
- D4273 Autogenous subepithelial connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position
- D4275 Non-autogenous connective soft tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft
- D4276 Combined connective tissue and pedicle graft
- D4277 Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft
- D4278 Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site
- D4283 Autogenous connective graft tissue procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
- D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
- D4341 Periodontal scaling and root planing - four or more teeth per quadrant
- D4342 Periodontal scaling and root planing - one to three teeth per quadrant
- D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation
- D4355 Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit
- D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
- D4910 Periodontal maintenance

Policy Limitations for Periodontal Services

1. Up to two tissue grafts are payable per quadrant per visit. Additional tissue grafts performed in a quadrant are not covered benefits.
2. Gingivectomy or gingivoplasty, gingival flap procedure, guided tissue regeneration, soft tissue grafts, bone replacement grafts and osseous surgery provided within 36 months of the same surgical periodontal procedure, in the same area of the mouth are not covered.
3. Gingivectomy or gingivoplasty performed in conjunction with the placement of crowns, onlays, crown buildups, posts and cores or basic restorations are considered integral to the restoration.
4. Gingival flap procedure is considered integral when provided on the same date of service by the same dentist in the same area of the mouth as periodontal surgical procedures, endodontic procedures and oral surgery procedures.
5. Subepithelial connective tissue grafts and combined connective tissue and double pedicle grafts are payable at the level of free soft tissue grafts. The difference between the allowance for the soft tissue graft and the dentist's charge is the patient's responsibility.
6. A single site for reporting osseous grafts consists of one contiguous area, regardless of the number of teeth (e.g., crater) or surfaces involved. Another site on the same tooth is considered integral to the first site reported. Non-contiguous areas involving different teeth may be reported as additional sites.
7. Osseous surgery is not covered when provided within 36 months of osseous surgery in the same area of the mouth.
8. Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dentist, and in the same area of the mouth, will be processed as crown lengthening.
9. One crown lengthening per tooth, per lifetime, is covered.
10. Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing or periodontal surgical procedures, in the same area of the mouth, is not covered.
11. A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomy or gingivoplasty, gingival flap procedure or osseous surgery.
12. A combination of up to four D4910 (periodontal maintenance procedures) or D4346 (scaling in the presence of generalized moderate or severe gingival inflammation) or D1110 (adult prophylaxis) may be paid within a calendar year. Note: Adult prophylaxis, including D4346, is limited to two in a calendar year (refer to Preventive Services section).
13. Periodontal maintenance is only covered when performed following active periodontal treatment.
14. An oral evaluation reported in addition to periodontal maintenance will be processed as a separate procedure subject to the policy and limitations applicable to oral evaluations.
15. Payment for multiple periodontal surgical procedures (except soft tissue grafts, osseous grafts and guided tissue regeneration) provided in the same area of the mouth during the same course of treatment is based on the fee for the greater surgical procedure. The lesser procedure is considered integral and its allowance is included in the allowance for the greater procedure.
16. Surgical revision procedure (D4268) is considered integral to all other periodontal procedures.
17. Full mouth debridement to enable comprehensive evaluation and diagnosis (code D4355) is covered once per lifetime.
18. Localized delivery of antimicrobial agents via a controlled release vehicle is not a covered benefit when provided in conjunction with scaling and root planing.

Oral Surgery Services

- D7111 Extraction, coronal remnants - Primary tooth
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

Policy Limitations for Oral Surgery Services

1. Routine postoperative care such as suture removal is considered integral to the fee for the oral surgery services.

Exclusions

Except as specifically provided, the following services, supplies or charges are not covered:

1. Any dental service or treatment not specifically listed as a covered service.
2. Those not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, Delta Dental will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.
3. Services or treatment provided by a member of your immediate family or a member of the immediate family of your spouse.
4. Those submitted by a dentist which is for the same services performed on the same date for the same member by another dentist.
5. Those which are experimental or investigative (deemed unproven).
6. Those which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not the member claims the benefits or compensation.
7. Those which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law.
8. Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
9. Those for which the member would have no obligation to pay in the absence of this or any similar coverage.
10. Those not meeting accepted standards of dental practice.
11. Those which are for unusual procedures and techniques and may not be considered generally accepted practices by the American Dental Association.
12. Laser Assisted New Attachment Procedure (LANAP), considered investigational in nature as determined by generally accepted dental practice standards.
13. Those performed by a dentist who is compensated by a facility for similar covered services performed for members.
14. Those resulting from the patient's failure to comply with professionally prescribed treatment.
15. Telephone consultations.
16. Any charges for failure to keep a scheduled appointment.
17. Duplicate and temporary devices, appliances and services.
18. Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJD).
19. Plaque control programs, oral hygiene instruction and dietary instructions.
20. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation and restoration for misalignment of teeth.
21. Gold foil restorations.
22. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
23. Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.
24. Services or treatment provided as a result of intentionally self-inflicted injury or illness.
25. Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation or participating in a riot, rebellion or insurrection.
26. Office infection control charges.
27. Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient).
28. Adjunctive dental services as defined by applicable federal regulations.
29. Charges for copies of members' records, charts or x-rays, or any costs associated with forwarding/mailling copies of members' records, charts or x-rays.
30. Nitrous oxide.
31. Oral sedation.
32. State or territorial taxes on dental services performed.

VADIP Comprehensive Plan

Summary of Coverage

The following chart depicts coverage offered to you under Delta Dental's VADIP Comprehensive plan. When treatment is provided by a VADIP network dentist, your cost shares will be substantially lower. Your total out-of-pocket costs will increase when your care is provided by an out-of-network dentist. Check the Dentist Directory at deltadentalins.com/vadip to find a VADIP network dentist near you.

Benefits available upon enrollment

Benefits	COMPREHENSIVE	
	In-Network	Out-of-Network
Diagnostic and Preventive ¹ Routine cleanings, x-rays, oral exams, sealants	100%	80%
Basic Restorative Fillings (silver)	60%	40%
Simple Extractions ^{2,3}	50%	30%
General Services	50%	30%

Additional benefits available after 12 months of enrollment

Benefits	COMPREHENSIVE	
	In-Network	Out-of-Network
Major Restorative ² Crowns	50%	30%
Endodontics ² Root canals	50%	30%
Periodontics ² Treatment for gums	50%	30%
Prosthodontics ^{2,4} Bridges, dentures, implants	50%	30%

Deductibles and maximums

Benefits	COMPREHENSIVE	
	In-Network	Out-of-Network
Deductible	\$0	\$50
Annual Maximum	\$1,500	\$1,500

NAB = Not a Benefit

¹ Under the Comprehensive plan, the deductible is waived for diagnostic and preventive services provided out-of-network, and there is no deductible for any services provided in-network.

² The waiting period is 12 months for major restorative, endodontics, periodontics, oral surgery³, and prosthodontics under the Comprehensive plan.

³ Simple extractions (procedure codes D7111 and D7140) are the only oral surgery services covered in the first 12 months under the Comprehensive plan.

⁴ Per the missing tooth clause, services or treatment for the provision of an initial prosthodontic appliance (i.e., fixed bridge restoration, implants, removable partial or complete denture, etc.) when it replaces natural teeth extracted or missing, including congenital defects, prior to the effective date of coverage are not eligible for coverage.

Covered Services

Orthodontics (Braces) are not a covered benefit.

Diagnostic Services

D0120 Periodic oral evaluation - established patient

D0140 Limited oral evaluation - problem-focused

D0145 Oral evaluation for patient under three years of age and counseling with primary caregiver

D0150 Comprehensive oral evaluation - new or established patient

D0160	Detailed and extensive oral evaluation, problem-focused, by report
D0180	Comprehensive periodontal evaluation - new or established patient
D0210	Intraoral - complete series of radiographic images
D0220	Intraoral - periapical first radiographic image
D0230	Intraoral - periapical each additional radiographic image
D0240	Intraoral - occlusal radiographic image
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector
D0251	Extra-oral posterior dental radiographic image
D0270	Bitewing - single radiographic image
D0272	Bitewings - two radiographic images
D0273	Bitewings - three radiographic images
D0274	Bitewings - four radiographic images
D0277	Vertical bitewings - seven to eight radiographic images
D0330	Panoramic radiographic image
D0701	Panoramic radiographic image - image capture only
D0705	Extra-oral posterior dental radiographic image - image capture only
D0706	Intraoral - occlusal radiographic image - image capture only
D0707	Intraoral - periapical radiographic image - image capture only
D0708	Intraoral - bitewing radiographic image - image capture only
D0709	Intraoral - complete series of radiographic images - image capture only

Policy Limitations for Diagnostic Services

1. Two oral evaluations (D0120, D0150 and D0180) are covered in a calendar year period. A comprehensive periodontal evaluation will be considered integral if provided on the same date of service by the same dentist as any other oral evaluation.
2. Only one comprehensive evaluation (D0150) will be allowed in a calendar year period.
3. Only one limited oral evaluation, problem-focused (D0140) will be allowed per patient per dentist in a 12 month period. A limited oral evaluation will be considered integral when provided on the same date of service by the same dentist as any other oral evaluation.
4. Re-evaluations are considered integral to the originally performed procedures.
5. Payment for more than one of any category of full-mouth radiographs within a 48-month period is the patient's responsibility. If a full-mouth series (complete series) is denied because of the 48-month limitation, it cannot be reprocessed and paid as bitewings and/or additional films.
6. A panoramic radiograph taken with any other radiographic image is considered a full-mouth series and is paid as such, and is subject to the same benefit limitation. Payment for panoramic radiographs is limited to one within a 48-month period.

Preventive Services

D1110	Prophylaxis - adult
D1120	Prophylaxis - child through age 13
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride - excluding varnish
D1351	Sealant - per tooth
D1510	Space maintainer - fixed, unilateral - per quadrant
D1516	Space maintainer - fixed - bilateral - maxillary
D1517	Space maintainer - fixed - bilateral - mandibular
D1520	Space maintainer - removable, unilateral - per quadrant
D1526	Space maintainer - removable - bilateral - maxillary
D1527	Space maintainer - removable - bilateral - mandibular
D1551	Re-cement or re-bond bilateral space maintainer - maxillary
D1552	Re-cement or re-bond bilateral space maintainer - mandibular
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant

Policy Limitations for Preventive Services

1. Two routine prophylaxes are covered in a calendar year period.
2. Routine prophylaxes are considered integral when performed by the same dentist on the same day as scaling and root planing, periodontal surgery and periodontal maintenance procedures.
3. Routine prophylaxes are considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomies or gingivoplasties, gingival flap procedures, mucogingival surgery or osseous surgery.
4. Routine prophylaxis includes associated scaling and polishing procedures. There are no provisions for any additional allowance based on degree of difficulty.
5. Periodontal scaling in the presence of gingival inflammation is considered to be a routine prophylaxis and paid as such. Participating dentists may not bill the patient for any difference in fees.
6. Two topical fluoride applications are covered in a calendar year period.
7. Procedure D4346 is included in the time limitation of an adult prophylaxis.
8. Space maintainers are only covered for dependent children under the age of 19.
9. Sealants are covered on permanent molars through age 18. The teeth must be caries-free with no previous restorations on the mesial, distal or occlusal surfaces. One sealant per tooth is covered in a three-year period.
10. Sealants for teeth other than permanent molars are not covered.
11. Sealants provided on the same date of service and on the same tooth as a restoration of the occlusal surface are considered integral procedures.
12. Distal shoe space maintainer is a benefit to guide the eruption of the first permanent molar.

Basic Restorative Services

D2140	Amalgam - one surface, primary or permanent
D2150	Amalgam - two surfaces, primary or permanent
D2160	Amalgam - three surfaces, primary or permanent
D2161	Amalgam - four or more surfaces, primary or permanent
D2330	Resin-based composite - one surface, anterior
D2331	Resin-based composite - two surfaces, anterior
D2332	Resin-based composite - three surfaces, anterior
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2393	Resin-based composite - three surfaces, posterior
D2394	Resin-based composite - four or more surfaces, posterior
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2920	Re-cement or re-bond crown
D2930	Prefabricated stainless steel crown - primary tooth
D2931	Prefabricated stainless steel crown - permanent tooth
D2951	Pin retention - per tooth, in addition to restoration

Major Restorative Services

D2510	Inlay - metallic - one surface
D2520	Inlay - metallic - two surfaces
D2530	Inlay - metallic - three or more surfaces
D2542	Onlay - metallic - two surfaces
D2543	Onlay - metallic - three surfaces
D2544	Onlay - metallic - four or more surfaces
D2740	Crown - porcelain/ceramic
D2750	Crown - porcelain fused to high noble metal
D2751	Crown - porcelain fused to predominantly base metal
D2752	Crown - porcelain fused to noble metal
D2753	Crown - porcelain fused to titanium or titanium alloy
D2780	Crown - 3/4 cast high noble metal

D2781	Crown - 3/4 cast predominantly base metal
D2782	Crown - 3/4 cast noble metal
D2783	Crown - 3/4 porcelain/ceramic
D2790	Crown - full cast high noble metal
D2791	Crown - full cast predominantly base metal
D2792	Crown - full cast noble metal
D2794	Crown - titanium/titanium alloy
D2950	Core buildup, including any pins when required
D2954	Prefabricated post and core in addition to crown
D2980	Crown repair necessitated by restorative material failure
D2981	Inlay repair necessitated by restorative material failure
D2982	Onlay repair necessitated by restorative material failure
D2983	Veneer repair necessitated by restorative material failure

Policy Limitations for Restorative Services

1. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.
2. Sedative restorations are not a covered benefit.
3. Pin retention is covered only when reported in conjunction with an eligible restoration.
4. An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin buildup (D2950).
5. Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of determining benefits.
6. Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 24 months of the original restoration are considered integral procedures, and a separate fee is not chargeable to the member by a participating dentist. However, payment may be allowed if the repair or replacement is due to fracture of the tooth or the restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is placed following root canal therapy.
7. Restorations are not covered when performed after the placement of any type of crown or onlay, on the same tooth and by the same dentist.
8. The payment for restorations includes all related services to include, but not limited to, etching, bases, liners, dentinal adhesives, local anesthesia, polishing, caries removal, preparation of gingival tissue, occlusal/contact adjustments and detection agents.
9. Prefabricated stainless steel crowns (D2930, D2931) are covered only on primary teeth, permanent teeth through age 14 or when placed as a result of accidental injury. They are limited to one per patient, per tooth, per lifetime.
10. The charge for a crown or onlay should include all charges for work related to its placement to include, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits and cementations of both temporary and permanent crowns.
11. Onlays, permanent single crown restorations and posts and cores for members 12 years of age or younger are excluded from coverage, unless specific rationale is provided indicating the reason for such treatment (e.g., fracture, endodontic therapy, etc.).
12. Core buildups (D2950) can be considered for benefits only when there is insufficient retention for a crown. A buildup should not be reported when the procedure only involves a filler used to eliminate undercuts, box forms or concave irregularities in the preparation.
13. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. The patient is responsible for the difference between the dentist's charge for the cast post and core and the amount paid for the prefabricated post and core.
14. Replacement of crowns, onlays, buildups and posts and cores is covered only if the existing crown, onlay, buildup or post and core was inserted at least five years prior to the replacement. Satisfactory evidence must show that the existing crown, onlay, buildup or post and core is not and cannot be made serviceable. The five year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.
15. Onlays, crowns and posts and cores are payable only when necessary due to decay or tooth fracture. However, if the tooth can be adequately restored with amalgam or composite (resin) filling material,

payment will be made for that service. This payment can be applied toward the cost of the onlay, crown or post and core.

16. Crowns, inlays, onlays, buildups or posts and cores, begun prior to the effective date of coverage or cemented after the cancellation date of coverage, are not eligible for payment.
17. Recementation of prefabricated and cast crowns, bridges, onlays, inlays and posts is eligible once per six month period. Recementation provided within 12 months of placement by the same dentist is considered integral.
18. When performed as an independent procedure, the placement of a post is not a covered benefit. Posts are only eligible when provided as part of a buildup for a crown or implant and are considered integral to the buildup or implant.
19. Payment for a resin restoration will be made when a laboratory fabricated porcelain or resin veneer is used to restore any teeth due to tooth fracture or caries.

Endodontic Services

- D3110 Pulp cap - direct (excluding final restoration)
- D3120 Pulp cap - indirect (excluding final restoration)
- D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
- D3221 Pulpal debridement, primary and permanent teeth
- D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
- D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
- D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
- D3310 Endodontic therapy, anterior tooth (excluding final restoration)
- D3320 Endodontic therapy, premolar tooth (excluding final restoration)
- D3330 Endodontic therapy, molar tooth (excluding final restoration)
- D3346 Retreatment of previous root canal therapy - anterior
- D3347 Retreatment of previous root canal therapy - premolar
- D3348 Retreatment of previous root canal therapy - molar
- D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 Apexification/recalcification - interim medication replacement
- D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
- D3410 Apicoectomy - anterior
- D3421 Apicoectomy - premolar (first root)
- D3425 Apicoectomy - molar (first root)
- D3426 Apicoectomy (each additional root)
- D3430 Retrograde filling - per root
- D3450 Root amputation - per root
- D3471 Surgical repair of root resorption - anterior
- D3472 Surgical repair of root resorption - premolar
- D3473 Surgical repair of root resorption - molar
- D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior
- D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar
- D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar
- D3920 Hemisection (including any root removal), not including root canal therapy
- D3921 Decoronation or submergence of an erupted tooth

Policy Limitations for Endodontic Services

1. Pulpotomies are considered integral when performed by the same dentist within a 45-day period prior to the completion of root canal therapy.
2. A pulpotomy is covered when performed as a final endodontic procedure and is payable on primary teeth only. Pulpotomies performed on permanent teeth are considered integral to root canal therapy and are not reimbursable unless specific rationale is provided and root canal therapy is not and will not be provided on the same tooth.

3. Pulpal therapy (resorbable filling) is limited to primary teeth only. It is a benefit for primary incisor teeth for members up to age six and for primary molars and cuspids to age 11 and is limited to once per tooth per lifetime. Payment for the pulpal therapy will be offset by the allowance for a pulpotomy provided within 45 days preceding pulpal therapy on the same tooth by the same dentist.
4. Treatment of a root canal obstruction is considered an integral procedure.
5. Incomplete endodontic therapy is not a covered benefit when due to the patient discontinuing treatment.
6. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.
7. Placement of a final restoration following endodontic therapy is a separate procedure, payable based on plan coverage.

Periodontic Services

- | | |
|-------|---|
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth-bounded spaces per quadrant |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth-bounded spaces per quadrant |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth-bounded spaces per quadrant |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth-bounded spaces per quadrant |
| D4249 | Clinical crown lengthening - hard tissue |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth-bounded spaces per quadrant |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth-bounded spaces per quadrant |
| D4268 | Surgical revision procedure, per tooth |
| D4270 | Pedicle soft tissue graft procedure |
| D4273 | Autogenous subepithelial connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position |
| D4275 | Non-autogenous connective soft tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft |
| D4276 | Combined connective tissue and pedicle graft |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant |
| D4342 | Periodontal scaling and root planing - one to three teeth per quadrant |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation |
| D4355 | Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report |
| D4910 | Periodontal maintenance |

Policy Limitations for Periodontal Services

1. Up to two tissue grafts are payable per quadrant per visit. Additional tissue grafts performed in a quadrant are not covered benefits.
2. Gingivectomy or gingivoplasty, gingival flap procedure, guided tissue regeneration, soft tissue grafts, bone replacement grafts and osseous surgery provided within 36 months of the same surgical periodontal procedure, in the same area of the mouth are not covered.

3. Gingivectomy or gingivoplasty performed in conjunction with the placement of crowns, onlays, crown buildups, posts and cores or basic restorations are considered integral to the restoration.
4. Gingival flap procedure is considered integral when provided on the same date of service by the same dentist in the same area of the mouth as periodontal surgical procedures, endodontic procedures and oral surgery procedures.
5. Subepithelial connective tissue grafts and combined connective tissue and double pedicle grafts are payable at the level of free soft tissue grafts. The difference between the allowance for the soft tissue graft and the dentist's charge is the patient's responsibility.
6. A single site for reporting osseous grafts consists of one contiguous area, regardless of the number of teeth (e.g., crater) or surfaces involved. Another site on the same tooth is considered integral to the first site reported. Non-contiguous areas involving different teeth may be reported as additional sites.
7. Osseous surgery is not covered when provided within 36 months of osseous surgery in the same area of the mouth.
8. Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dentist, and in the same area of the mouth, will be processed as crown lengthening.
9. One crown lengthening per tooth, per lifetime, is covered.
10. Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing or periodontal surgical procedures, in the same area of the mouth is not covered.
11. A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomy or gingivoplasty, gingival flap procedure or osseous surgery.
12. A combination of up to four D4910 (periodontal maintenance procedures) or D4346 (scaling in the presence of generalized moderate or severe gingival inflammation) or D1110 (adult prophylaxis) may be paid within a calendar year. Note: Adult prophylaxis, including D4346, is limited to two in a calendar year (refer to Preventive Services section).
13. Periodontal maintenance is only covered when performed following active periodontal treatment.
14. An oral evaluation reported in addition to periodontal maintenance will be processed as a separate procedure subject to the policy and limitations applicable to oral evaluations.
15. Payment for multiple periodontal surgical procedures (except soft tissue grafts, osseous grafts, and guided tissue regeneration) provided in the same area of the mouth during the same course of treatment is based on the fee for the greater surgical procedure. The lesser procedure is considered integral and its allowance is included in the allowance for the greater procedure.
16. Surgical revision procedure (D4268) is considered integral to all other periodontal procedures.
17. Full mouth debridement to enable comprehensive evaluation and diagnosis (code D4355) is covered once per lifetime.
18. Localized delivery of antimicrobial agents via a controlled release vehicle is not a covered benefit when provided in conjunction with scaling and root planing.

Prosthodontic Services

- | | |
|-------|--|
| D5110 | Complete denture - maxillary |
| D5120 | Complete denture - mandibular |
| D5130 | Immediate denture - maxillary |
| D5140 | Immediate denture - mandibular |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) |
| D5213 | Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) |
| D5221 | Immediate maxillary partial denture - resin base (including any retentive/ clasping materials, rests and teeth) |
| D5222 | Immediate mandibular partial denture - resin base (including any retentive/ clasping materials, rests and teeth) |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/ clasping materials, rests and teeth) |

- D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/ clasping materials, rests and teeth)
- D5282 Removable unilateral partial denture - one piece cast metal (including clasps retentive/clasping materials, rests, and teeth), maxillary
- D5283 Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular
- D5286 Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant
- D5410 Adjust complete denture - maxillary
- D5411 Adjust complete denture - mandibular
- D5421 Adjust partial denture - maxillary
- D5422 Adjust partial denture - mandibular
- D5511 Repair broken complete denture base, mandibular
- D5512 Repair broken complete denture base, maxillary
- D5520 Replace missing or broken teeth - complete denture (each tooth)
- D5611 Repair resin partial denture base, mandibular
- D5612 Repair resin partial denture base, maxillary
- D5621 Repair cast partial framework, mandibular
- D5622 Repair cast partial framework, maxillary
- D5630 Repair or replace broken retentive clasping materials-per tooth
- D5640 Replace broken teeth - per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture - per tooth
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary)
- D5671 Replace all teeth and acrylic on cast metal framework (mandibular)
- D5710 Rebase complete maxillary denture
- D5711 Rebase complete mandibular denture
- D5720 Rebase maxillary partial denture
- D5721 Rebase mandibular partial denture
- D5725 Rebase hybrid prosthesis
- D5730 Reline complete maxillary denture (chairside)
- D5731 Reline complete mandibular denture (chairside)
- D5740 Reline maxillary partial denture (chairside)
- D5741 Reline mandibular partial denture (chairside)
- D5750 Reline complete maxillary denture (laboratory)
- D5751 Reline complete mandibular denture (laboratory)
- D5760 Reline maxillary partial denture (laboratory)
- D5761 Reline mandibular partial denture (laboratory)
- D5765 Soft liner for complete or partial removable denture-indirect
- D5850 Tissue conditioning, maxillary
- D5851 Tissue conditioning, mandibular
- D6010 Surgical placement of implant body: endosteal implant
- D6013 Surgical placement of mini implant
- D6055 Connecting bar - implant supported or abutment supported
- D6056 Prefabricated abutment - includes modification and placement
- D6057 Custom fabricated abutment - includes placement
- D6058 Abutment supported porcelain/ceramic crown
- D6059 Abutment supported porcelain fused to metal crown (high noble metal)
- D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
- D6061 Abutment supported porcelain fused to metal crown (noble metal)
- D6062 Abutment supported cast metal crown (high noble metal)
- D6063 Abutment supported cast metal crown (predominantly base metal)
- D6064 Abutment supported cast metal crown (noble metal)
- D6065 Implant supported porcelain/ceramic crown
- D6066 Implant supported porcelain fused to metal crown (high noble alloys)
- D6067 Implant supported metal crown (high noble alloys)
- D6068 Abutment supported retainer for porcelain/ceramic FPD
- D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)

D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072 Abutment supported retainer for cast metal FPD (high noble metal)
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074 Abutment supported retainer for cast metal FPD (noble metal)
D6075 Implant supported retainer for ceramic FPD
D6076 Implant supported retainer for porcelain fused to metal FPD (high noble alloys)
D6077 Implant supported retainer for metal FPD (high noble alloys)
D6080 Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments

D6082 Implant supported crown - porcelain fused to predominantly base alloys
D6083 Implant supported crown - porcelain fused to noble alloys
D6084 Implant supported crown - porcelain fused to titanium or titanium alloy
D6086 Implant supported crown - predominantly base alloys
D6087 Implant supported crown - noble alloys
D6088 Implant supported crown - titanium/titanium alloys
D6090 Repair implant supported prosthesis, by report
D6091 Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment

D6092 Re-cement or re-bond implant/abutment supported crown
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture
D6094 Abutment supported crown titanium or titanium alloys
D6095 Repair implant abutment, by report
D6096 Remove broken implant retaining screw
D6097 Abutment supported crown - porcelain fused to titanium or titanium alloys
D6098 Implant supported retainer for metal FPD - porcelain fused to predominantly base alloys
D6099 Implant supported retainer for metal FPD - porcelain fused to noble alloys
D6100 Surgical removal of implant body
D6110 Implant/abutment supported removable denture for edentulous arch - maxillary
D6111 Implant/abutment supported removable denture for edentulous arch - mandibular
D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary
D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular
D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary
D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular
D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary
D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular
D6120 Implant supported retainer - porcelain fused to titanium or titanium alloy
D6121 Implant supported retainer for metal FPD - predominantly base alloys
D6122 Implant supported retainer for metal FPD - noble alloys
D6123 Implant supported retainer for metal FPD- titanium or titanium alloy
D6194 Abutment supported retainer crown for FPD metal titanium or titanium alloys
D6195 Abutment supported retainer - porcelain fused to titanium or titanium alloy
D6210 Pontic - cast high noble metal
D6211 Pontic - cast predominantly base metal
D6212 Pontic - cast noble metal
D6214 Pontic - titanium or titanium alloys
D6240 Pontic - porcelain fused to high noble metal
D6241 Pontic - porcelain fused to predominantly base metal
D6242 Pontic - porcelain fused to noble metal
D6243 Pontic - porcelain fused to titanium or titanium alloys
D6245 Pontic - porcelain/ceramic
D6545 Retainer - cast metal for resin bonded fixed prosthesis
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6549 Resin retainer - for resin bonded fixed prosthesis
D6600 Retainer inlay - porcelain/ceramic, two surfaces
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces
D6604 Retainer inlay - cast predominantly base metal, two surfaces

D6605	Retainer inlay - cast predominantly base metal, three or more surfaces
D6608	Retainer onlay - porcelain/ceramic, two surfaces
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces
D6612	Retainer onlay - cast predominantly base metal, two surfaces
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces
D6740	Retainer crown - porcelain/ceramic
D6750	Retainer crown - porcelain fused to high noble metal
D6751	Retainer crown - porcelain fused to predominantly base metal
D6752	Retainer crown - porcelain fused to noble metal
D6753	Retainer crown - porcelain fused to titanium or titanium alloys
D6780	Retainer crown - 3/4 cast high noble metal
D6781	Retainer crown - 3/4 cast predominantly base metal
D6782	Retainer crown - 3/4 cast noble metal
D6783	Retainer crown - 3/4 porcelain/ceramic
D6784	Retainer crown - 3/4 titanium and titanium alloys
D6790	Retainer crown - full cast high noble metal
D6791	Retainer crown - full cast predominantly base metal
D6792	Retainer crown - full cast noble metal
D6794	Retainer crown - titanium or titanium alloys
D6930	Re-cement or re-bond fixed partial denture
D6980	Fixed partial denture repair necessitated by restorative material failure

Policy Limitations for Prosthodontic Services

1. Per the missing tooth clause, services or treatment for the provision of an initial prosthodontic appliance (i.e. fixed bridge restoration, implants, removable partial or complete denture, etc.) when it replaces natural teeth extracted or missing, including congenital defects, prior to the effective date of coverage are not eligible for coverage.
2. For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the cementation date. The completion date is the insertion date for removable prosthodontic appliances. For immediate dentures, however, the provider who fabricated the dentures may be reimbursed for the dentures after insertion if another provider, typically an oral surgeon, inserted the dentures.
3. The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures are included in the fee for these procedures. A separate fee is not chargeable to the member by a participating dentist.
4. Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.
5. Recementation of crowns, fixed partial dentures, inlays, onlays, or cast posts within six months of their placement by the same dentist is considered integral to the original procedure.
6. Adjustments provided within six months of the insertion of an initial or replacement denture or implant are integral to the denture or implant.
7. The relining or rebasing of a denture is considered integral when performed within six months following the insertion of that denture.
8. A reline/rebase is covered once in any 36 months.
9. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are not covered unless specific rationale is provided indicating the necessity for such treatment.
10. Payment for a denture or an overdenture made with precious metals is based on the allowance for a conventional denture. Specialized procedures performed in conjunction with an overdenture are not covered. Any additional cost is the member's responsibility.
11. A fixed partial denture and removable partial denture are not covered benefits in the same arch. Payment will be made for a removable partial denture to replace all missing teeth in the arch.
12. Precision attachments, personalization, precious metal bases, and other specialized techniques are not covered benefits.
13. Temporary fixed partial dentures are not a covered benefit and, when done in conjunction with permanent fixed partial dentures, are considered integral to the allowance for the fixed partial dentures.
14. Implants and related prosthetics may be covered and may be reimbursed as an alternative benefit as a three unit fixed partial denture.

15. Replacement of removable prostheses and fixed prostheses is covered only if the existing removable and/or fixed prostheses was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing removable and/or fixed prostheses cannot be made serviceable. Satisfactory evidence must show that the existing removable prostheses and/or fixed prostheses cannot be made serviceable. The five-year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.
16. Replacement of dentures that have been lost, stolen, or misplaced is not a covered service.
17. Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment.
18. Implant procedures, including applicable restorations and repairs, are a covered benefit once in five years

Oral Surgery Services

D7111	Extraction, coronal remnants - primary tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	Removal of impacted tooth - soft tissue
D7230	Removal of impacted tooth - partially bony
D7240	Removal of impacted tooth - completely bony
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	Removal of residual tooth roots (cutting procedure)
D7251	Coronectomy - intentional partial tooth removal
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280	Exposure of an unerupted tooth
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7471	Removal of lateral exostosis (maxilla or mandible)
D7510	Incision and drainage of abscess - intraoral soft tissue
D7910	Suture of recent small wounds up to 5 cm
D7971	Excision of pericoronal gingiva
D7999	Unspecified oral surgery procedure, by report

Policy Limitations for Oral Surgery Services

1. Simple incision and drainage reported with root canal therapy is considered integral to the root canal therapy.
2. Intraoral soft tissue incision and drainage is only covered when it is provided as the definitive treatment of an abscess. Routine follow up care is considered integral to the procedure.
3. Charges for related services such as necessary wires and splints, adjustments, and follow up visits are considered integral to the fee for reimplantation and/or stabilization.
4. Routine postoperative care such as suture removal is considered integral to the fee for the oral surgery services.
5. The removal of impacted teeth is paid based on the anatomical position as determined from a review of x-rays. If the degree of impaction is determined to be less than the reported degree, payment will be based on the allowance for the lesser level.
6. Removal of impacted third molars in patients under age 15 and over age 30 is not covered unless specific documentation is provided that substantiates the need for removal.

General Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure
D9222	Deep sedation/general anesthesia - first 15 minutes
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment

D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
D9440	Office visit - after regularly scheduled hours
D9610	Therapeutic parenteral drug, single administration
D9612	Therapeutic parenteral drugs, two or more administrations, different medications
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report
D9941	Fabrication of athletic mouth guard
D9944	Occlusal guard - hard appliance, full arch
D9945	Occlusal guard - soft appliance, full arch
D9946	Occlusal guard - hard appliance, partial arch
D9999	Unspecified adjunctive procedure, by report

Policy Limitations for General Services

1. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered surgical procedure(s) and when rendered by a dentist or other professional provider licensed and approved to provide anesthesia in the state where the service is rendered.
2. Deep sedation/general anesthesia and intravenous conscious sedation are covered only by report when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
3. In order for deep sedation/general anesthesia and intravenous conscious sedation to be covered, the procedure for which it was provided must be submitted and approved.
4. Deep sedation/general anesthesia and intravenous conscious sedation submitted without a report will be denied as a non-covered benefit.
5. For palliative (emergency) treatment to be covered; it must involve a problem or symptom that occurred suddenly and unexpectedly that requires immediate attention.
6. In order for palliative (emergency) treatment to be covered, the dentist must provide treatment to alleviate the member's problem. If the only service provided is to evaluate the patient and refer to another dentist and/or prescribe medication, it would be considered a limited oral evaluation - problem focused.
7. Consultations are covered only when provided by a dentist other than the practitioner providing the treatment.
8. Consultations reported for a non-covered benefit, such as temporomandibular joint dysfunction (TMJD), are not covered.
9. After hours visits are covered only when the dentist must return to the office after regularly scheduled hours to treat the patient in an emergency situation.
10. Therapeutic drug injections are only payable in unusual circumstances, which must be documented by report. They are not benefits if performed routinely or in conjunction with, or for the purposes of, general anesthesia, analgesia, sedation or premedication.
11. Preparations that can be used at home, such as fluoride gels, special mouth rinses (including antimicrobials), etc., are not covered benefits.
12. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular joint dysfunction (TMJD). Limited to one every five years and for patients 13 years of age and older.
13. Athletic mouth guards are limited to one in a 12 month period.

Exclusions

Except as specifically provided, the following services, supplies, or charges are not covered:

1. Any dental service or treatment not specifically listed as a covered service.
2. Those not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, Delta Dental will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.
3. Services or treatment provided by a member of your immediate family or a member of the immediate family of your spouse.
4. Those submitted by a dentist which is for the same services performed on the same date for the same member by another dentist.

5. Those which are experimental or investigative (deemed unproven).
6. Those which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not the member claims the benefits or compensation.
7. Those which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law.
8. Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
9. Those for which the member would have no obligation to pay in the absence of this or any similar coverage.
10. Those received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group.
11. Those performed prior to the member's effective coverage date.
12. Those incurred after the termination date of the member's coverage unless otherwise indicated.
13. Those which are not medically or dentally necessary, or which are not recommended or approved by the treating dentist. (Services determined to be unnecessary or which do not meet accepted standards of dental practice are not billable to the patient by a participating dentist unless the dentist notifies the patient of his/her liability prior to treatment and the patient chooses to receive the treatment. Participating dentists should document such notification in their records.)
14. Those not meeting accepted standards of dental practice.
15. Those which are for unusual procedures and techniques and may not be considered generally accepted practices by the American Dental Association.
16. Those performed by a dentist who is compensated by a facility for similar covered services performed for members.
17. Laser Assisted New Attachment Procedure (LANAP), considered investigational in nature as determined by generally accepted dental practice standards.
18. Those resulting from the patient's failure to comply with professionally prescribed treatment.
19. Telephone consultations.
20. Any charges for failure to keep a scheduled appointment.
21. Duplicate and temporary devices, appliances, and services.
22. Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJD).
23. Plaque control programs, oral hygiene instruction, and dietary instructions.
24. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
25. Gold foil restorations.
26. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
27. Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.
28. Services or treatment provided as a result of intentionally self-inflicted injury or illness.
29. Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection.
30. Office infection control charges.
31. Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient).
32. Adjunctive dental services as defined by applicable federal regulations.
33. Charges for copies of members' records, charts or x-rays, or any costs associated with forwarding/mailling copies of members' records, charts or x-rays.
34. Nitrous oxide.
35. Oral sedation.
36. State or territorial taxes on dental services performed.

VADIP Prime Plan

Summary of Coverage

The following chart depicts coverage offered to you under Delta Dental's VADIP Prime plan. When treatment is provided by a VADIP network dentist, your cost shares will be substantially lower. Your total out-of-pocket costs will increase when your care is provided by an out-of-network dentist. Check the Dentist Directory at deltadentalins.com/vadip to find a VADIP network dentist near you.

Benefits available upon enrollment

Benefits	PRIME	
	In-Network	Out-of-Network
Diagnostic and Preventive ¹ Routine cleanings, x-rays, oral exams, sealants	100%	90%
Basic Restorative Fillings (silver)	70%	60%
Simple Extractions ^{2,3}	50%	40%
General Services	50%	40%

Additional benefits available after 12 months of enrollment

Benefits	PRIME	
	In-Network	Out-of-Network
Major Restorative ² Crowns	70%	60%
Endodontics ² Root canals	50%	40%
Periodontics ² Treatment for gums	50%	40%
Prosthodontics ^{2,4} Bridges, dentures, implants	50%	40%

Deductibles and maximums

Benefits	PRIME	
	In-Network	Out-of-Network
Deductible	\$0	\$50
Annual Maximum	\$3,000	\$3,000

NAB = Not a Benefit

¹ Under the Prime plan, the deductible is waived for diagnostic and preventive services provided out-of-network, and there is no deductible for any services provided in-network.

² The waiting period is 12 months for major restorative, endodontics, periodontics, oral surgery³ and prosthodontics under the Prime plan.

³ Simple extractions (procedure codes D7111 and D7140) are the only oral surgery services covered in the first 12 months under the Prime plan.

⁴ Per the missing tooth clause, services or treatment for the provision of an initial prosthodontic appliance (i.e. fixed bridge restoration, implants, removable partial or complete denture, etc.) when it replaces natural teeth extracted or missing, including congenital defects, prior to the effective date of coverage are not eligible for coverage.

Covered Services

Orthodontics (Braces) are not a covered benefit.

Diagnostic Services

D0120 Periodic oral evaluation - established patient

D0140 Limited oral evaluation - problem-focused

D0145 Oral evaluation for patient under three years of age and counseling with primary caregiver

D0150	Comprehensive oral evaluation - new or established patient
D0160	Detailed and extensive oral evaluation, problem-focused, by report
D0180	Comprehensive periodontal evaluation - new or established patient
D0210	Intraoral - complete series of radiographic images
D0220	Intraoral - periapical first radiographic image
D0230	Intraoral - periapical each additional radiographic image
D0240	Intraoral - occlusal radiographic image
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector
D0251	Extra-oral posterior dental radiographic image
D0270	Bitewing - single radiographic image
D0272	Bitewings - two radiographic images
D0273	Bitewings - three radiographic images
D0274	Bitewings - four radiographic images
D0277	Vertical bitewings - seven to eight radiographic images
D0330	Panoramic radiographic image
D0701	Panoramic radiographic image - image capture only
D0705	Extra-oral posterior dental radiographic image - image capture only
D0706	Intraoral - occlusal radiographic image - image capture only
D0707	Intraoral - periapical radiographic image - image capture only
D0708	Intraoral - bitewing radiographic image - image capture only
D0709	Intraoral - complete series of radiographic images - image capture only

Policy Limitations for Diagnostic Services

1. Two oral evaluations (D0120, D0150 and D0180) are covered in a calendar year period. A comprehensive periodontal evaluation will be considered integral if provided on the same date of service by the same dentist as any other oral evaluation.
2. Only one comprehensive evaluation (D0150) will be allowed in a calendar year period.
3. Only one limited oral evaluation, problem-focused (D0140) will be allowed per patient per dentist in a 12 month period. A limited oral evaluation will be considered integral when provided on the same date of service by the same dentist as any other oral evaluation.
4. Re-evaluations are considered integral to the originally performed procedures.
5. Payment for more than one of any category of full-mouth radiographs within a 48-month period is the patient's responsibility. If a full-mouth series (complete series) is denied because of the 48-month limitation, it cannot be reprocessed and paid as bitewings and/or additional films.
6. A panoramic radiograph taken with any other radiographic image is considered a full-mouth series and is paid as such, and is subject to the same benefit limitation. Payment for panoramic radiographs is limited to one within a 48-month period.

Preventive Services

D1110	Prophylaxis - adult
D1120	Prophylaxis - child through age 13
D1206	Topical application of fluoride varnish
D1208	Topical application of fluoride - excluding varnish
D1351	Sealant - per tooth
D1510	Space maintainer - fixed, unilateral - per quadrant
D1516	Space maintainer - fixed - bilateral - maxillary
D1517	Space maintainer - fixed - bilateral - mandibular
D1520	Space maintainer - removable, unilateral - per quadrant
D1526	Space maintainer - removable - bilateral - maxillary
D1527	Space maintainer - removable - bilateral - mandibular
D1551	Re-cement or re-bond bilateral space maintainer - maxillary
D1552	Re-cement or re-bond bilateral space maintainer - mandibular
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant

Policy Limitations for Preventive Services

1. Two routine prophylaxes are covered in a calendar year period.
2. Routine prophylaxes are considered integral when performed by the same dentist on the same day as scaling and root planing, periodontal surgery and periodontal maintenance procedures.
3. Routine prophylaxes are considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomies or gingivoplasties, gingival flap procedures, mucogingival surgery or osseous surgery.
4. Two topical fluoride applications are covered in a calendar year period.
5. Procedure D4346 is included in the time limitation of an adult prophylaxis.
6. Space maintainers are only covered for dependent children under the age of 19.
7. Sealants are covered on permanent molars through age 18. The teeth must be caries-free with no previous restorations on the mesial, distal or occlusal surfaces. One sealant per tooth is covered in a three year period.
8. Sealants for teeth other than permanent molars are not covered.
9. Sealants provided on the same date of service and on the same tooth as a restoration of the occlusal surface are considered integral procedures.
10. Distal shoe space maintainer is a benefit to guide the eruption of the first permanent molar.

Basic Restorative Services

D2140	Amalgam - one surface, primary or permanent
D2150	Amalgam - two surfaces, primary or permanent
D2160	Amalgam - three surfaces, primary or permanent
D2161	Amalgam - four or more surfaces, primary or permanent
D2330	Resin-based composite - one surface, anterior
D2331	Resin-based composite - two surfaces, anterior
D2332	Resin-based composite - three surfaces, anterior
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2393	Resin-based composite - three surfaces, posterior
D2394	Resin-based composite - four or more surfaces, posterior
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2920	Re-cement or re-bond crown
D2930	Prefabricated stainless steel crown - primary tooth
D2931	Prefabricated stainless steel crown - permanent tooth
D2951	Pin retention - per tooth, in addition to restoration

Policy Limitations for Basic Restorative Services

1. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.
2. Sedative restorations are not a covered benefit.
3. Pin retention is covered only when reported in conjunction with an eligible restoration.
4. An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin buildup (D2950).
5. Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of determining benefits.
6. Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 24 months of the original restoration are considered integral procedures, and a separate fee is not chargeable to the enrollee by a participating dentist. However, payment may be allowed if the repair or replacement is due to fracture of the tooth or the restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is placed following root canal therapy.
7. Restorations are not covered when performed after the placement of any type of crown or onlay, on the same tooth and by the same dentist.

8. The payment for restorations includes all related services including, but not limited to, etching, bases, liners, dentinal adhesives, local anesthesia, polishing, caries removal, preparation of gingival tissue, occlusal/contact adjustments, and detection agents.
9. Prefabricated stainless steel crowns (D2930, D2931) are covered only on primary teeth, permanent teeth through age 14, or when placed as a result of accidental injury. They are limited to one per patient, per tooth, per lifetime.
10. The charge for a crown or onlay should include all charges for work related to its placement to include, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, and cementations of both temporary and permanent crowns.
11. Onlays, permanent single crown restorations, and posts and cores for enrollees 12 years of age or younger are excluded from coverage, unless specific rationale is provided indicating the reason for such treatment (e.g., fracture, endodontic therapy, etc.).
12. Core buildups (D2950) can be considered for benefits only when there is insufficient retention for a crown. A buildup should not be reported when the procedure only involves a filler used to eliminate undercuts, box forms or concave irregularities in the preparation.
13. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. The patient is responsible for the difference between the dentist's charge for the cast post and core and the amount paid for the prefabricated post and core.
14. Replacement of crowns, onlays, buildups, and posts and cores is covered only if the existing crown, onlay, buildup, or post and core was inserted at least five years prior to the replacement. Satisfactory evidence must show that the existing crown, onlay, buildup, or post and core is not and cannot be made serviceable. The five-year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.
15. Onlays, crowns, and posts and cores are payable only when necessary due to decay or tooth fracture. However, if the tooth can be adequately restored with amalgam or composite (resin) filling material, payment will be made for that service. This payment can be applied toward the cost of the onlay, crown, or post and core.
16. Crowns, inlays, onlays, buildups, or posts and cores, begun prior to the effective date of coverage or cemented after the cancellation date of coverage, are not eligible for payment.
17. Recementation of prefabricated and cast crowns, bridges, onlays, inlays, and posts, is eligible once per six month period. Recementation provided within 12 months of placement by the same dentist is considered integral.
18. When performed as an independent procedure, the placement of a post is not a covered benefit. Posts are only eligible when provided as part of a buildup for a crown or implant and are considered integral to the buildup or implant.
19. Payment for a resin restoration will be made when a laboratory fabricated porcelain or resin veneer is used to restore any teeth due to tooth fracture or caries.

Major Restorative Services

D2510	Inlay - metallic - one surface
D2520	Inlay - metallic - two surfaces
D2530	Inlay - metallic - three or more surfaces
D2542	Onlay - metallic - two surfaces
D2543	Onlay - metallic - three surfaces
D2544	Onlay - metallic - four or more surfaces
D2740	Crown - porcelain/ceramic
D2750	Crown - porcelain fused to high noble metal
D2751	Crown - porcelain fused to predominantly base metal
D2752	Crown - porcelain fused to noble metal
D2753	Crown - porcelain fused to titanium or titanium alloy
D2780	Crown - 3/4 cast high noble metal
D2781	Crown - 3/4 cast predominantly base metal
D2782	Crown - 3/4 cast noble metal
D2783	Crown - 3/4 porcelain/ceramic
D2790	Crown - full cast high noble metal

D2791	Crown - full cast predominantly base metal
D2792	Crown - full cast noble metal
D2794	Crown - titanium/titanium alloy
D2950	Core buildup, including any pins when required
D2954	Prefabricated post and core in addition to crown
D2980	Crown repair necessitated by restorative material failure
D2981	Inlay repair necessitated by restorative material failure
D2982	Onlay repair necessitated by restorative material failure
D2983	Veneer repair necessitated by restorative material failure

Policy Limitations for Restorative Services

1. Diagnostic casts (study models) taken in conjunction with restorative procedures are considered integral.
2. Sedative restorations are not a covered benefit.
3. Pin retention is covered only when reported in conjunction with an eligible restoration.
4. An amalgam or resin restoration reported with a pin (D2951), in addition to a crown, is considered to be a pin buildup (D2950).
5. Preventive resin restorations or other restorations that do not extend into the dentin are considered sealants for purposes of determining benefits.
6. Repair or replacement of restorations by the same dentist and involving the same tooth surfaces, performed within 24 months of the original restoration are considered integral procedures, and a separate fee is not chargeable to the member by a participating dentist. However, payment may be allowed if the repair or replacement is due to fracture of the tooth or the restoration involves the occlusal surface of a posterior tooth or the lingual surface of an anterior tooth and is placed following root canal therapy.
7. Restorations are not covered when performed after the placement of any type of crown or onlay, on the same tooth and by the same dentist.
8. The payment for restorations includes all related services to include, but not limited to, etching, bases, liners, dentinal adhesives, local anesthesia, polishing, caries removal, preparation of gingival tissue, occlusal/contact adjustments, and detection agents.
9. Prefabricated stainless steel crowns (D2930, D2931) are covered only on primary teeth, permanent teeth through age 14, or when placed as a result of accidental injury. They are limited to one per patient, per tooth, per lifetime.
10. The charge for a crown or onlay should include all charges for work related to its placement to include, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, and cementations of both temporary and permanent crowns.
11. Onlays, permanent single crown restorations, and posts and cores for members 12 years of age or younger are excluded from coverage, unless specific rationale is provided indicating the reason for such treatment (e.g., fracture, endodontic therapy, etc.).
12. Core buildups (D2950) can be considered for benefits only when there is insufficient retention for a crown. A buildup should not be reported when the procedure only involves a filler used to eliminate undercuts, box forms or concave irregularities in the preparation.
13. Cast posts and cores (D2952) are processed as an alternate benefit of a prefabricated post and core. The patient is responsible for the difference between the dentist's charge for the cast post and core and the amount paid for the prefabricated post and core.
14. Replacement of crowns, onlays, buildups, and posts and cores is covered only if the existing crown, onlay, buildup, or post and core was inserted at least five years prior to the replacement. Satisfactory evidence must show that the existing crown, onlay, buildup, or post and core is not and cannot be made serviceable. The five-year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.
15. Onlays, crowns, and posts and cores are payable only when necessary due to decay or tooth fracture. However, if the tooth can be adequately restored with amalgam or composite (resin) filling material, payment will be made for that service. This payment can be applied toward the cost of the onlay, crown, or post and core.
16. Crowns, inlays, onlays, buildups, or posts and cores, begun prior to the effective date of coverage or cemented after the cancellation date of coverage, are not eligible for payment.

17. Recementation of prefabricated and cast crowns, bridges, onlays, inlays, and posts is eligible once per six month period. Recementation provided within 12 months of placement by the same dentist is considered integral. When performed as an independent procedure, the placement of a post is not a covered benefit. Posts are only eligible when provided as part of a buildup for a crown or implant and are considered integral to the buildup or implant. Payment for a resin restoration will be made when a laboratory fabricated porcelain or resin veneer is used to restore any teeth due to tooth fracture or caries.

Endodontic Services

- D3110 Pulp cap - direct (excluding final restoration)
- D3120 Pulp cap - indirect (excluding final restoration)
- D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoceamental junction and application of medicament
- D3221 Pulpal debridement, primary and permanent teeth
- D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
- D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
- D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
- D3310 Endodontic therapy, anterior tooth (excluding final restoration)
- D3320 Endodontic therapy, premolar tooth (excluding final restoration)
- D3330 Endodontic therapy, molar tooth (excluding final restoration)
- D3346 Retreatment of previous root canal therapy - anterior
- D3347 Retreatment of previous root canal therapy - premolar
- D3348 Retreatment of previous root canal therapy - molar
- D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
- D3352 Apexification/recalcification - interim medication replacement
- D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)
- D3410 Apicoectomy - anterior
- D3421 Apicoectomy - premolar (first root)
- D3425 Apicoectomy - molar (first root)
- D3426 Apicoectomy (each additional root)
- D3430 Retrograde filling - per root
- D3450 Root amputation - per root
- D3471 Surgical repair of root resorption - anterior
- D3472 Surgical repair of root resorption - premolar
- D3473 Surgical repair of root resorption - molar
- D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior
- D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar
- D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - mola
- D3920 Hemisection (including any root removal), not including root canal therapy
- D3921 Decoronation or submergence of an erupted tooth

Policy Limitations for Endodontic Services

1. Pulpotomies are considered integral when performed by the same dentist within a 45-day period prior to the completion of root canal therapy.
2. A pulpotomy is covered when performed as a final endodontic procedure and is payable on primary teeth only. Pulpotomies performed on permanent teeth are considered integral to root canal therapy and are not reimbursable unless specific rationale is provided and root canal therapy is not and will not be provided on the same tooth.
3. Pulpal therapy (resorbable filling) is limited to primary teeth only. It is a benefit for primary incisor teeth for members up to age 6 and for primary molars and cuspids to age 11 and is limited to once per tooth per lifetime. Payment for the pulpal therapy will be offset by the allowance for a pulpotomy provided within 45 days preceding pulpal therapy on the same tooth by the same dentist.
4. Treatment of a root canal obstruction is considered an integral procedure.
5. Incomplete endodontic therapy is not a covered benefit when due to the patient discontinuing treatment.
6. For reporting and benefit purposes, the completion date for endodontic therapy is the date the tooth is sealed.

7. Placement of a final restoration following endodontic therapy is a separate procedure, payable based on plan coverage.

Periodontic Services

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth-bounded spaces per quadrant
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth-bounded spaces per quadrant
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth-bounded spaces per quadrant
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth-bounded spaces per quadrant
D4249	Clinical crown lengthening - hard tissue
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth-bounded spaces per quadrant
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth-bounded spaces per quadrant
D4268	Surgical revision procedure, per tooth
D4270	Pedicle soft tissue graft procedure
D4273	Autogenous subepithelial connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position
D4275	Non-autogenous connective soft tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
D4276	Combined connective tissue and pedicle graft
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4341	Periodontal scaling and root planing - four or more teeth per quadrant
D4342	Periodontal scaling and root planing - one to three teeth per quadrant
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
D4910	Periodontal maintenance

Policy Limitations for Periodontal Services

1. Up to two tissue grafts are payable per quadrant per visit. Additional tissue grafts performed in a quadrant are not covered benefits.
2. Gingivectomy or gingivoplasty, gingival flap procedure, guided tissue regeneration, soft tissue grafts, bone replacement grafts and osseous surgery provided within 36 months of the same surgical periodontal procedure, in the same area of the mouth are not covered.
3. Gingivectomy or gingivoplasty performed in conjunction with the placement of crowns, onlays, core buildups, posts and cores or basic restorations are considered integral to the restoration.
4. Gingival flap procedure is considered integral when provided on the same date of service by the same dentist in the same area of the mouth as periodontal surgical procedures, endodontic procedures and oral surgery procedures.
5. Subepithelial connective tissue grafts and combined connective tissue and double pedicle grafts are payable at the level of free soft tissue grafts. The difference between the allowance for the soft tissue graft and the dentist's charge is the patient's responsibility.

6. A single site for reporting osseous grafts consists of one contiguous area, regardless of the number of teeth (e.g., crater) or surfaces involved. Another site on the same tooth is considered integral to the first site reported. Non-contiguous areas involving different teeth may be reported as additional sites.
7. Osseous surgery is not covered when provided within 36 months of osseous surgery in the same area of the mouth.
8. Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dentist, and in the same area of the mouth, will be processed as crown lengthening.
9. One crown lengthening per tooth, per lifetime, is covered.
10. Periodontal scaling and root planing provided within 24 months of periodontal scaling and root planing or periodontal surgical procedures, in the same area of the mouth is not covered.
11. A routine prophylaxis is considered integral when performed in conjunction with or as a finishing procedure to periodontal scaling and root planing, periodontal maintenance, gingivectomy or gingivoplasty, gingival flap procedure or osseous surgery.
12. A combination of up to four D4910 (periodontal maintenance procedures) or D4346 (scaling in the presence of generalized moderate or severe gingival inflammation) or D1110 (adult prophylaxis) may be paid within a calendar year. Note: Adult prophylaxis, including D4346, is limited to two in a calendar year (refer to Preventive Services section).
13. Periodontal maintenance is only covered when performed following active periodontal treatment.
14. An oral evaluation reported in addition to periodontal maintenance will be processed as a separate procedure subject to the policy and limitations applicable to oral evaluations.
15. Payment for multiple periodontal surgical procedures (except soft tissue grafts, osseous grafts, and guided tissue regeneration) provided in the same area of the mouth during the same course of treatment is based on the fee for the greater surgical procedure. The lesser procedure is considered integral and its allowance is included in the allowance for the greater procedure.
16. Surgical revision procedure (D4268) is considered integral to all other periodontal procedures.
17. Full mouth debridement to enable comprehensive evaluation and diagnosis (code D4355) is covered once per lifetime.
18. Localized delivery of antimicrobial agents via a controlled release vehicle is not a covered benefit when provided in conjunction with scaling and root planing.

Prosthodontic Services

D5110	Complete denture - maxillary
D5120	Complete denture - mandibular
D5130	Immediate denture - maxillary
D5140	Immediate denture - mandibular
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5221	Immediate maxillary partial denture - resin base (including any retentive/ clasping materials, rests and teeth)
D5222	Immediate mandibular partial denture - resin base (including any retentive/ clasping materials, rests and teeth)
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/ clasping materials, rests and teeth)
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/ clasping materials, rests and teeth)
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary
D5283	Removable unilateral partial denture-one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular
D5286	Removable unilateral partial denture - one piece resin (including clasps and teeth) - per quadrant
D5410	Adjust complete denture - maxillary

D5411 Adjust complete denture - mandibular
D5421 Adjust partial denture - maxillary
D5422 Adjust partial denture - mandibular
D5511 Repair broken complete denture base, mandibular
D5512 Repair broken complete denture base, maxillary
D5520 Repair missing or broken teeth - complete denture (each tooth)
D5611 Repair resin partial denture base, mandibular
D5612 Repair resin partial denture base, maxillary
D5621 Repair cast partial framework, mandibular
D5622 Repair cast partial framework, maxillary
D5630 Repair or replace broken retentive clasping materials - per tooth
D5640 Replace broken teeth - per tooth
D5650 Add tooth to existing partial denture
D5660 Add clasp to existing partial denture - per tooth
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)
D5710 Rebase complete maxillary denture
D5711 Rebase complete mandibular denture
D5720 Rebase maxillary partial denture
D5721 Rebase mandibular partial denture
D5725 Rebase hybrid prosthesis
D5730 Reline complete maxillary denture (chairside)
D5731 Reline complete mandibular denture (chairside)
D5740 Reline maxillary partial denture (chairside)
D5741 Reline mandibular partial denture (chairside)
D5750 Reline complete maxillary denture (laboratory)
D5751 Reline complete mandibular denture (laboratory)
D5760 Reline maxillary partial denture (laboratory)
D5761 Reline mandibular partial denture (laboratory)
D5765 Soft liner for complete or partial removable denture-indirect
D5850 Tissue conditioning, maxillary
D5851 Tissue conditioning, mandibular
D6010 Surgical placement of implant body: endosteal implant
D6013 Surgical placement of mini implant
D6055 Connecting bar - implant supported or abutment supported
D6056 Prefabricated abutment - includes modification and placement
D6057 Custom fabricated abutment - includes placement
D6058 Abutment supported porcelain/ceramic crown
D6059 Abutment supported porcelain fused to metal crown (high noble metal)
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 Abutment supported porcelain fused to metal crown (noble metal)
D6062 Abutment supported cast metal crown (high noble metal)
D6063 Abutment supported cast metal crown (predominantly base metal)
D6064 Abutment supported cast metal crown (noble metal)
D6065 Implant supported porcelain/ceramic crown
D6066 Implant supported porcelain fused to metal crown (high noble alloys)
D6067 Implant supported metal crown (high noble alloys)
D6068 Abutment supported retainer for porcelain/ceramic FPD
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072 Abutment supported retainer for cast metal FPD (high noble metal)
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074 Abutment supported retainer for cast metal FPD (noble metal)
D6075 Implant supported retainer for ceramic FPD
D6076 Implant supported retainer for porcelain fused to metal FPD (high noble alloys)

D6077 Implant supported retainer for metal FPD (high noble alloys)

D6080 Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments

D6082 Implant supported crown - porcelain fused to predominantly base alloys

D6083 Implant supported crown - porcelain fused to noble alloys

D6084 Implant supported crown - porcelain fused to titanium or titanium alloy

D6086 Implant supported crown - predominantly base alloys

D6087 Implant supported crown - noble alloys

D6088 Implant supported crown - titanium/titanium alloys

D6090 Repair implant supported prosthesis, by report

D6091 Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment

D6092 Re-cement or re-bond implant/abutment supported crown

D6093 Re-cement or re-bond implant/abutment supported fixed partial denture

D6094 Abutment supported crown titanium or titanium alloys

D6095 Repair implant abutment, by report

D6096 Remove broken implant retaining screw

D6097 Abutment supported crown - porcelain fused to titanium or titanium alloys

D6098 Implant supported retainer for metal FPD - porcelain fused to predominantly base alloys

D6099 Implant supported retainer for metal FPD - porcelain fused to noble alloys

D6100 Surgical removal of implant body

D6110 Implant/abutment supported removable denture for edentulous arch - maxillary

D6111 Implant/abutment supported removable denture for edentulous arch - mandibular

D6112 Implant/abutment supported removable denture for partially edentulous arch - maxillary

D6113 Implant/abutment supported removable denture for partially edentulous arch - mandibular

D6114 Implant/abutment supported fixed denture for edentulous arch - maxillary

D6115 Implant/abutment supported fixed denture for edentulous arch - mandibular

D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary

D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular

D6120 Implant supported retainer - porcelain fused to titanium or titanium alloy

D6121 Implant supported retainer for metal FPD - predominantly base alloys

D6122 Implant supported retainer for metal FPD - noble alloys

D6123 Implant supported retainer for metal FPD- titanium or titanium alloy

D6194 Abutment supported retainer crown for FPD metal titanium or titanium alloys

D6195 Abutment supported retainer - porcelain fused to titanium or titanium alloy

D6210 Pontic - cast high noble metal

D6211 Pontic - cast predominantly base metal

D6212 Pontic - cast noble metal

D6214 Pontic - titanium or titanium alloys

D6240 Pontic - porcelain fused to high noble metal

D6241 Pontic - porcelain fused to predominantly base metal

D6242 Pontic - porcelain fused to noble metal

D6243 Pontic - porcelain fused to titanium or titanium alloys

D6245 Pontic - porcelain/ceramic

D6545 Retainer - cast metal for resin bonded fixed prosthesis

D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis

D6549 Resin retainer - for resin bonded fixed prosthesis

D6600 Retainer inlay - porcelain/ceramic, two surfaces

D6601 Retainer inlay - porcelain/ceramic, three or more surfaces

D6604 Retainer inlay - cast predominantly base metal, two surfaces

D6605 Retainer inlay - cast predominantly base metal, three or more surfaces

D6608 Retainer onlay - porcelain/ceramic, two surfaces

D6609 Retainer onlay - porcelain/ceramic, three or more surfaces

D6612 Retainer onlay - cast predominantly base metal, two surfaces

D6613 Retainer onlay - cast predominantly base metal, three or more surfaces

D6740 Retainer crown - porcelain/ceramic

D6750	Retainer crown - porcelain fused to high noble metal
D6751	Retainer crown - porcelain fused to predominantly base metal
D6752	Retainer crown - porcelain fused to noble metal
D6753	Retainer crown - porcelain fused to titanium or titanium alloys
D6780	Retainer crown - 3/4 cast high noble metal
D6781	Retainer crown - 3/4 cast predominantly base metal
D6782	Retainer crown - 3/4 cast noble metal
D6783	Retainer crown - 3/4 porcelain/ceramic
D6784	Retainer crown - 3/4 titanium and titanium alloys
D6790	Retainer crown - full cast high noble metal
D6791	Retainer crown - full cast predominantly base metal
D6792	Retainer crown - full cast noble metal
D6794	Retainer crown - titanium or titanium alloys
D6930	Re-cement or re-bond fixed partial denture
D6980	Fixed partial denture repair necessitated by restorative material failure

Policy Limitations for Prosthodontic Services

1. Per the missing tooth clause, services or treatment for the provision of an initial prosthodontic appliance (i.e. fixed bridge restoration, implants, removable partial or complete denture, etc.) when it replaces natural teeth extracted or missing, including congenital defects, prior to the effective date of coverage are not eligible for coverage.
2. For reporting and benefit purposes, the completion date for crowns and fixed partial dentures is the cementation date. The completion date is the insertion date for removable prosthodontic appliances. For immediate dentures, however, the provider who fabricated the dentures may be reimbursed for the dentures after insertion if another provider, typically an oral surgeon, inserted the dentures.
3. The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures are included in the fee for these procedures. A separate fee is not chargeable to the member by a participating dentist.
4. Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.
5. Recementation of crowns, fixed partial dentures, inlays, onlays, or cast posts within six months of their placement by the same dentist is considered integral to the original procedure.
6. Adjustments provided within six months of the insertion of an initial or replacement denture or implant are integral to the denture or implant.
7. The relining or rebasing of a denture is considered integral when performed within six months following the insertion of that denture.
8. A reline/rebase is covered once in any 36 months.
9. Fixed partial dentures, buildups, and posts and cores for members under 16 years of age are not covered unless specific rationale is provided indicating the necessity for such treatment.
10. Payment for a denture or an overdenture made with precious metals is based on the allowance for a conventional denture. Specialized procedures performed in conjunction with an overdenture are not covered. Any additional cost is the member's responsibility.
11. A fixed partial denture and removable partial denture are not covered benefits in the same arch.
12. Payment will be made for a removable partial denture to replace all missing teeth in the arch.
13. Precision attachments, personalization, precious metal bases, and other specialized techniques are not covered benefits.
14. Temporary fixed partial dentures are not a covered benefit and, when done in conjunction with permanent fixed partial dentures, are considered integral to the allowance for the fixed partial dentures.
15. Implants and related prosthetics may be covered and may be reimbursed as an alternative benefit as a three unit fixed partial denture.
16. Replacement of removable prostheses and fixed prostheses is covered only if the existing removable and/or fixed prostheses was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing removable and/or fixed prostheses cannot be made serviceable. Satisfactory

evidence must show that the existing removable prostheses and/or fixed prostheses cannot be made serviceable. The five-year service date is measured based on the actual date (day and month) of the initial service versus the first day of the initial service month.

17. Replacement of dentures that have been lost, stolen, or misplaced is not a covered service.
18. Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the cancellation date of coverage are not eligible for payment.
19. Implant procedures, including applicable restorations and repairs, are a covered benefit once in five years.

Oral Surgery Services

D7111	Extraction, coronal remnants - primary tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	Removal of impacted tooth - soft tissue
D7230	Removal of impacted tooth - partially bony
D7240	Removal of impacted tooth - completely bony
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications
D7250	Removal of residual tooth roots (cutting procedure)
D7251	Coronectomy - intentional partial tooth removal
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280	Exposure of an unerupted tooth
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7471	Removal of lateral exostosis (maxilla or mandible)
D7510	Incision and drainage of abscess - intraoral soft tissue
D7910	Suture of recent small wounds up to 5 cm
D7971	Excision of pericoronal gingiva
D7999	Unspecified oral surgery procedure, by report

Policy Limitations for Oral Surgery Services

1. Simple incision and drainage reported with root canal therapy is considered integral to the root canal therapy.
2. Intraoral soft tissue incision and drainage is only covered when it is provided as the definitive treatment of an abscess. Routine follow up care is considered integral to the procedure.
3. Charges for related services such as necessary wires and splints, adjustments, and follow up visits are considered integral to the fee for reimplantation and/or stabilization.
4. Routine postoperative care such as suture removal is considered integral to the fee for the oral surgery services.
5. The removal of impacted teeth is paid based on the anatomical position as determined from a review of x-rays. If the degree of impaction is determined to be less than the reported degree, payment will be based on the allowance for the lesser level.
6. Removal of impacted third molars in patients under age 15 and over age 30 is not covered unless specific documentation is provided that substantiates the need for removal.

General Services

D9110	Palliative (emergency) treatment of dental pain - minor procedure
D9222	Deep sedation/general anesthesia - first 15 minutes
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
D9440	Office visit - after regularly scheduled hours

D9610	Therapeutic parenteral drug, single administration
D9612	Therapeutic parenteral drugs, two or more administrations, different medications
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report
D9941	Fabrication of athletic mouth guard
D9944	Occlusal guard - hard appliance, full arch
D9945	Occlusal guard - soft appliance, full arch
D9946	Occlusal guard - hard appliance, partial arch
D9999	Unspecified adjunctive procedure, by report

Policy Limitations for General Services

1. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered surgical procedure(s) and when rendered by a dentist or other professional provider licensed and approved to provide anesthesia in the state where the service is rendered.
2. Deep sedation/general anesthesia and intravenous conscious sedation are covered only by report when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
3. In order for deep sedation/general anesthesia and intravenous conscious sedation to be covered, the procedure for which it was provided must be submitted and approved.
4. Deep sedation/general anesthesia and intravenous conscious sedation submitted without a report will be denied as a non-covered benefit.
5. For palliative (emergency) treatment to be covered; it must involve a problem or symptom that occurred suddenly and unexpectedly that requires immediate attention.
6. In order for palliative (emergency) treatment to be covered, the dentist must provide treatment to alleviate the member's problem. If the only service provided is to evaluate the patient and refer to another dentist and/or prescribe medication, it would be considered a limited oral evaluation - problem focused.
7. Consultations are covered only when provided by a dentist other than the practitioner providing the treatment.
8. Consultations reported for a non-covered benefit, such as temporomandibular joint dysfunction (TMJD), are not covered.
9. After hours visits are covered only when the dentist must return to the office after regularly scheduled hours to treat the patient in an emergency situation.
10. Therapeutic drug injections are only payable in unusual circumstances, which must be documented by report. They are not benefits if performed routinely or in conjunction with, or for the purposes of, general anesthesia, analgesia, sedation or premedication.
11. Preparations that can be used at home, such as fluoride gels, special mouth rinses (including antimicrobials), etc., are not covered benefits.
12. Occlusal guards are covered by report for patients 13 years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than temporomandibular joint dysfunction (TMJD). Limited to one every 5 years and for patients 13 years of age and older.
13. Athletic mouth guards are limited to one in a 12-month period.

Exclusions

Except as specifically provided, the following services, supplies, or charges are not covered:

1. Any dental service or treatment not specifically listed as a covered service.
2. Those not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, Delta Dental will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law.
3. Services or treatment provided by a member of your immediate family or a member of the immediate family of your spouse.
4. Those submitted by a dentist which is for the same services performed on the same date for the same member by another dentist.
5. Those which are experimental or investigative (deemed unproven).

6. Those which are for any illness or bodily injury which occurs in the course of employment if benefits or compensation is available, in whole or in part, under the provision of any legislation of any governmental unit. This exclusion applies whether or not the member claims the benefits or compensation.
7. Those which are later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law.
8. Those provided free of charge by any governmental unit, except where this exclusion is prohibited by law.
9. Those for which the member would have no obligation to pay in the absence of this or any similar coverage.
10. Those received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group.
11. Those performed prior to the member's effective coverage date.
12. Those incurred after the termination date of the member's coverage unless otherwise indicated.
13. Those which are not medically or dentally necessary, or which are not recommended or approved by the treating dentist. (Services determined to be unnecessary or which do not meet accepted standards of dental practice are not billable to the patient by a participating dentist unless the dentist notifies the patient of his/her liability prior to treatment and the patient chooses to receive the treatment. Participating dentists should document such notification in their records.)
14. Those not meeting accepted standards of dental practice.
15. Those which are for unusual procedures and techniques and may not be considered generally accepted practices by the American Dental Association.
16. Those performed by a dentist who is compensated by a facility for similar covered services performed for enrollees.
17. Laser Assisted New Attachment Procedure (LANAP), considered investigational in nature as determined by generally accepted dental practice standards.
18. Those resulting from the patient's failure to comply with professionally prescribed treatment.
19. Telephone consultations.
20. Any charges for failure to keep a scheduled appointment.
21. Duplicate and temporary devices, appliances, and services.
22. Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJD).
23. Plaque control programs, oral hygiene instruction, and dietary instructions.
24. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.
25. Gold foil restorations.
26. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle, if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
27. Treatment of services for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.
28. Services or treatment provided as a result of intentionally self-inflicted injury or illness.
29. Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection.
30. Office infection control charges.
31. Hospital costs or any additional fees that the dentist or hospital charges for treatment at the hospital (inpatient or outpatient).
32. Adjunctive dental services as defined by applicable federal regulations.
33. Charges for copies of members' records, charts or x-rays, or any costs associated with forwarding/ mailing copies of members' records, charts or x-rays.
34. Nitrous oxide.
35. Oral sedation.
36. State or territorial taxes on dental services performed.

Claims Submission and Payment

Claims Submission

Delta Dental's VADIP does not require that you use special claim forms. Participating VADIP network dentists will complete and submit your claims paperwork or transmit your claims electronically for you. Some out-of-network dentists may also provide this service however, they may charge a fee. If you are submitting your own claim, forms are available on the VADIP website at deltadentalins.com/vadip. You will need to print the claim form, fill it out and submit it directly to Delta Dental, as follows.

Delta Dental of California
Federal Government Programs
PO Box 537007
Sacramento, CA 95853-7007

You may also print a claim form directly from the online Member Portal, which is accessible at deltadentalins.com/vadip.

Filling Out the Claim Form

For Delta Dental to process your claim quickly, it is important that the claim form is filled out completely and correctly. The following information is required on the claim form or on an attached billing statement:

- The patient's name and birth date
- The subscriber's name, mailing address and birth date
- The subscriber's identification number
- The dentist's name and license number
- The dentist's treatment office address, city, state and ZIP code
- The date the service was completed
- A description of the service provided
- The appropriate CDT procedure code that corresponds to the service provided
- The fee charged
- The tooth number/letter and surface/arch, as appropriate

If you are completing your own claim form and do not have access to the necessary information, you should contact your dentist for assistance. From the website on our Enrollee Resources Page you can download and print a claim form.

Claims Submission Deadline

Claims for covered services should be completed and submitted to Delta Dental as soon as possible after the service is provided. Claims must be received by Delta Dental within 12 months of the last date of service in order to be processed. Claims received on or after the first day of the month following 12 months of the last date of service will be denied by Delta Dental.

Participating network dentists cannot charge a VADIP patient for Delta Dental's portion of the services that are denied because the claim was submitted late.

Claims Payment

Payment for any single procedure that is a covered service will be made upon completion of the procedure and submission of the claim.

- Delta Dental will pay Delta Dental network dentists directly. We have an agreement with these dentists to make sure that you will not be responsible to the dentist for any money Delta Dental owes.
- Delta Dental will pay the enrollee directly when an out-of-network, non-Delta Dental dentist is selected for treatment unless the enrollee has authorized the assignment of benefits, thereby authorizing direct payment to the dentist.
- Claim payments for enrollee reimbursements are mailed to the enrollee's address on file and can be delayed if name/address records are not kept current. If you move or have other changes to your enrollment information, be sure to update your information using the Member Portal.

- Claim payment checks with invalid address information will be held at Delta Dental until current information is reported. Checks will be voided after 365 days from the date of issue.
- A request to cancel a check must be made in writing and will be granted only if fraudulent circumstances are suspected (e.g., identity theft, mail theft, embezzlement, etc.).
- Checks that are returned to Delta Dental for reprocessing must indicate the reason for the return.

Coordination of Benefits (COB)

You may have other dental coverage in addition to VADIP. For example, this may occur if the subscriber has another job or if the subscriber's spouse has a job and has dental benefits through that job.

If you are covered by another dental plan, it is your responsibility and to your advantage to let your dentist and Delta Dental know. Most dental carriers coordinate benefits when secondary coverage is noted on the claim, allowing patients to make use of their coverage under both programs. Payment is based on the type of benefit programs involved (e.g., fee-for-service, indemnity, preferred provider organization (PPO), etc.) and the guidelines for coordination between these programs as established by the National Association of Insurance Commissioners (NAIC).

If the dental office is completing the claim form, ask that they complete the "Other Coverage" portion of the claim to ensure that all benefits are appropriately coordinated. If you are submitting your own claim, follow the Coordination of Benefits (COB) rules outlined below to determine which carrier is primary and which is secondary, and be sure to include complete information about your other coverage carrier.

In cases where there is other dental coverage, the following COB rules determine coverage and payment:

- The claim should be filed first with the plan that pays first. Information about the first plan's payment is used by the other plan to determine its payment. If Delta Dental pays first, the other plan will determine how much it will pay after the Delta Dental payment has been made. If the other plan pays first, Delta Dental will determine how much it will pay after the other plan has paid.
- Delta Dental will generally make the first payment if the other coverage is not principally a dental program.
- If the subscriber has another dental plan that is principally a dental program, the plan that was effective first would be the first to pay.
- If the spouse has his or her own dental plan that is principally a dental program, claims for the spouse's dental treatment should be filed with that plan first.

If a child is covered under two different plans, the first coverage to pay usually depends on which parent's birthday is earlier in the year. For example, if the mother was born on May 1 and the father was born on May 5, all the children will be covered by their mother's plan first. This is because the mother's birthday is earlier in the year than the father's. The parents' year of birth does not matter — only the month and day are considered. This "birthday rule" is defined by the NAIC.

In custody cases, the determination of first coverage and second coverage can be difficult. In most cases, if one parent has been awarded custody, the child is covered by that parent's coverage first and by the non-custodial parent's coverage second. If the parent with custody remarries, his or her coverage usually pays first and the stepparent's coverage pays second. If the custodial parent does not have other coverage, but the child's stepparent does, then the stepparent's coverage may pay first and the non-custodial parent's coverage pays second. Sometimes it is not possible to determine which coverage should pay first even after checking these rules. In this case, whichever dental plan has covered the person the longest usually pays first. In special circumstances, a court may decide that some other rule should apply.

Appeals Procedure

Delta Dental will notify you on your Explanation of Benefits (EOB) statement if any claims for dental services are denied, in whole or in part, stating the specific reason or reasons for the denial. If you believe there is an error in processing your claim, please call Delta Dental's Customer Service Department. If there was an error, in most cases Delta Dental can reprocess the denial of your claim based on your phone call. If you still have concerns regarding the denial of a claim for your dental services, you (or your authorized representative, if applicable) may request a review of the denial by filing a first-level appeal.

First-Level Appeal: Reconsideration

To be considered as an appeal:

- The appealing party must file the request within 90 calendar days after the date of the notice of the initial denial termination (for example, within 90 calendar days of the date of an EOB informing the beneficiary of a denied or reduced claim).
- The request must be in writing and may be either mailed or faxed. (Due to requirements to verify the appealing party, electronically mailed appeals are not accepted.) The appeal should state the issue in dispute, and should include a copy of all supporting documentation (e.g., a copy of the EOB) necessary for the review.
- There must be a disputed question of fact which, if resolved in favor of the appealing party, would result in the authorization of VADIP benefits.
- The issue must be appealable. Non-appealable issues are described on the following page.

Send your request to:

Delta Dental of California
Federal Government Programs
PO Box 537015
Sacramento, CA 95853-7015

Non-Appealable Issues

The following issues are not appealable:

- Regulatory provisions. Based on VA regulations, a dispute involving a regulatory provision or contractually defined issue of VADIP (such as which procedures are covered) are not processed as an appeal.
- Allowable charge. The amount of allowable cost or charge is not appealable because the methodology for determining the charge is established by the VADIP contract.
- Eligibility for VADIP. A person's VADIP eligibility is not appealable because this determination is specified in law and regulation.

Denial of services by a dentist. The refusal of a dentist to provide services or to refer a beneficiary to a specialist is not an appealable issue. This type of correspondence is categorized as a grievance and is handled accordingly.

Who May Submit an Appeal of Denied Dental Coverage

Persons who may submit an appeal of denied dental coverage are:

- The VADIP enrollee (including minors; however, a parent or guardian of a minor enrollee may represent the enrollee in an appeal).
- A representative of the VADIP enrollee, appointed by a court of competent jurisdiction to act on his or her behalf.
- An individual who has been appointed, in writing, by the VADIP enrollee to act as the enrollee's representative.

Appeals of Denied Requests for Voluntary Termination

Requests for voluntary termination of VADIP coverage under the “grace period” policies or as described in the “VADIP Voluntary Termination Criteria” section must be submitted in writing to Delta Dental at the “General Inquiries” address listed on the “Contact Information and Resources” page in the front of this booklet. If the initial voluntary termination request is denied, you may file a written request for reconsideration. To be considered, the request must be submitted within 90 days of the date of the denial notice. A copy of Delta Dental’s initial determination notice and relevant documentation supporting the request should be included. Submit requests to:

Delta Dental of California
Federal Government Programs
PO Box 537015
Sacramento, CA 95853-7015

Grievances

Delta Dental's grievance process allows full opportunity for aggrieved parties to seek and obtain an explanation for and/or correction of any perceived failure of a participating network dentist or Delta Dental personnel to furnish the level or quality of care and/or service to which the beneficiary believes he or she is entitled. For this process to work efficiently, it is important that any grievance be submitted in writing to Delta Dental as soon as possible after the occurrence of the initial event that is the subject of the grievance, and prior to the beneficiary seeking additional care related to the initial event.

Who May Submit a Grievance

Delta Dental's policy is that any VADIP beneficiary or other representative who is aggrieved by a failure (or perceived failure) of Delta Dental's staff or a participating network dentist to meet their obligations for timely, high-quality, appropriate care or service may file a written grievance.

A grievance must state it is a "formal grievance" and must be submitted to:

Delta Dental of California
Federal Government Programs
PO Box 537015
Sacramento, CA 95853-7015

HIPAA Notice of Privacy Practices

Confidentiality of Your Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to inform you of how Delta Dental and its affiliates (“Delta Dental”) protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as individually identifiable information regarding a patient’s health care history, mental or physical condition or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We follow the privacy practices described in this notice and federal and state privacy requirements that apply to our administration of your benefits. Delta Dental reserves the right to change our privacy practice effective for all PHI maintained. We will update this notice if there are material changes and redistribute it to you within 60 days of the change to our practices. We will also promptly post a revised notice on our website. A copy may be requested anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program and will be informed on how to obtain a copy at least every three years.

Permitted uses and disclosures of your PHI

Uses and disclosures of your PHI for treatment, payment or health care operations

For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.

Your explicit authorization is not required to disclose information about yourself for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services for Delta Dental to administer your benefits, and who have signed a contract agreeing to protect the confidentiality of your PHI, and have implemented privacy policies and procedures that comply with applicable federal and state law.

Some examples of disclosure and use for treatment, payment or operations include: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Some other examples are:

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*
- Uses and/or disclosures of PHI for payment. *For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.*
- Uses and/or disclosures of PHI for health care operations. *For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

Other permitted uses and disclosures without an authorization

We are permitted to disclose your PHI upon your request, or to your authorized personal representative (with certain exceptions) when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with the law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers' compensation purposes; and, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

Disclosures Delta Dental makes with your authorization

Delta Dental will not use or disclose your PHI without your prior written authorization unless permitted by law. If you grant an authorization, you can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

Your rights regarding PHI

You have the right to request an inspection of and obtain a copy of your PHI.

You may access your PHI by contacting Delta Dental at the address at the bottom of this notice. You must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Delta Dental as noted below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI.

You have the right to ask that we limit how we use and disclose your PHI however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency. If we accept your request, we will put our understanding in writing.

You have the right to correct or update your PHI.

You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

You have rights related to the use and disclosure of your PHI for marketing.

Delta Dental agrees to obtain your authorization for the use or disclosure of PHI for marketing when required by law. You have the opportunity to opt-out of marketing that is permitted by law without an authorization. Delta Dental does not use your PHI for fundraising purposes.

You have the right to request or receive confidential communications from us by alternative means or at a different address.

Alternate or confidential communication is available if disclosure of your PHI to the address on file could endanger you. You may be required to provide us with a statement of possible danger, as well as specify a different address or another method of contact. Please make this request in writing to the address noted at the end of this notice.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. Please contact us at the number at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to get this notice by email.

A copy of this notice is posted on the Delta Dental website. You may also request an email copy or paper copy of this notice by calling our Customer Service number listed at the bottom of this notice.

You have the right to be notified following a breach of unsecured protected health information.

Delta Dental will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

Complaints

You may file a complaint with Delta Dental and/or with the U. S. Secretary of Health and Human Services if you believe Delta Dental has violated your privacy rights. Complaints to Delta Dental may be filed by notifying the contact below. We will not retaliate against you for filing a complaint.

Contacts

You may contact Delta Dental at 855-460-3302, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.

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

This notice is effective on and after January 1, 2022.

Note: Delta Dental's privacy practices reflect applicable federal law as well as known state law and regulations. If applicable state law is more protective of information than the federal privacy laws, Delta Dental protects information in accordance with the state law.

Language Assistance

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Delta Dental ID card, or 1-855-460-3302.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Delta Dental o al 1-855-460-3302.

重要通知: 您能讀懂這封信嗎? 如果不能, 我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需幫助, 請立即撥打登列在您的 Delta Dental ID卡 背面上的會員/客戶服務部的電話, 或者撥打電話 1-855-460-3302

Last Significant Changes to this Notice

- Clarified that Delta Dental does not use your PHI for fundraising purposes – effective January 1, 2016
- Clarified that Delta Dental’s privacy policy reflect federal and state requirements – effective January 1, 2015
- Updated contact information (mailing address and phone number) – effective July 1, 2013
- Updated Delta Dental’s duty to notify affected individuals if a breach of their unsecured PHI occurs – effective July 1, 2013
- Clarified that Delta Dental does not and will not sell your information without your express written authorization – effective July 1, 2013
- Clarified several instances where the law requires individual authorization to use and disclose information (e.g., fundraising and marketing as noted above) – effective July 1, 2013

Delta Dental and its Affiliates

Delta Dental of California offers and administers fee-for-service dental programs for groups headquartered in the state of California.

Delta Dental of New York offers and administers fee-for-service programs in New York.

Delta Dental of Pennsylvania and its affiliates offer and administer fee for-service dental programs in Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia. Delta Dental of Pennsylvania’s affiliates are Delta Dental of Delaware, Delta Dental of the District of Columbia and Delta Dental of West Virginia.

Delta Dental Insurance Company offers and administers fee-for-service dental programs to groups headquartered or located in Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas and Utah and vision programs to groups headquartered in West Virginia.

DeltaCare USA is underwritten in these states by these entities: AL – Alpha Dental of Alabama, Inc.; AZ – Alpha Dental of Arizona, Inc.; CA – Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY – Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV – Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX – Alpha Dental Programs, Inc.; NV – Alpha Dental of Nevada, Inc.; UT – Alpha Dental of Utah, Inc.; NM – Alpha Dental of New Mexico, Inc.; NY – Delta Dental of New York, Inc.; PA – Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Dentegra Insurance Company.

Glossary

Many words contained in this benefits booklet have specific meanings. The following definitions are provided to help VADIP subscribers better understand their dental program and get the most from the information contained in this booklet.

Allowed Amount

The dollar amount used to calculate payment by Delta Dental based on the VADIP plan coverage percentage for the service(s) submitted on the claim.

Amalgam

The most commonly used material for fillings in posterior (back) teeth, also called silver fillings.

Annual Maximum Benefit

The total dollar amount that can be paid by VADIP per subscriber during each benefit year.

Anterior Teeth

The front teeth. Refers to the six upper and six lower teeth located towards the front of the mouth; includes incisors and cuspids.

Appeal

A formal procedure through which a subscriber in VADIP or an authorized representative can request a review of the denial of payment of a claim for covered dental services.

Appealable Issue

An issue regarding the denial of payment of a claim for covered dental services for reasons other than those involving the rules and policies of VADIP as set forth by law or regulation.

Approved Amount

The approved amount is the dollar amount used to calculate the total cost share due for the service(s) submitted on the claim.

Assignment of Benefits

This term refers to the authorization that a primary subscriber gives Delta Dental, by signing the appropriate section on the claim form, to send payment for any VADIP covered services directly to the non-Delta Dental treating dentist.

Basic Services

The most commonly needed dental services to help maintain good dental health. These services include those dental procedures necessary to restore the teeth (other than cast crowns and cast restorations), oral surgery procedures such as extractions, endodontic procedures such as root canals, and periodontal procedures including gum surgery.

Benefits

Dental services/procedures received by a subscriber for which all or part of the cost is paid under VADIP.

Benefits Booklet

A comprehensive, detailed explanation of the policies and benefits of VADIP.

Benefit Year

The time period (usually 12 months) to which each subscriber's deductibles, maximums and other plan provisions are applied.

Bicuspid (Premolars)

The first and second bicuspid are the fourth and fifth teeth counting from the center of the mouth on each side and are found between the cuspid (canine tooth) and the first molar. A bicuspid has two points (cusps).

Bitewing Radiograph (X-Ray)

An x-ray film exposed by x-rays that shows the portion of the upper and lower posterior (back) teeth above the gum line and enables the dentist to detect cavities between the teeth and under fillings.

Calendar Year

The calendar year period beginning January 1 ending December 31. VADIP will follow a calendar year to determine annual benefits.

Caries/Cavities

Commonly used terms for tooth decay.

Cast Restoration/Crown

Cast restorations (crowns, inlays and onlays) are usually made of gold and other metals and used most often when it is necessary to replace a large portion of tooth structure lost from decay or fracture. These restorations are custom-fit to the individual tooth, processed in a dental laboratory and permanently cemented in place.

Claim Form

A standard form submitted by the dentist or patient to Delta Dental for reimbursement of dental services. The completed and signed form must contain the information necessary for consideration for payment of dental services.

Code on Dental Procedures and Nomenclature

A coding structure developed by the American Dental Association (ADA) to achieve uniformity, consistency and specificity throughout the dental industry in accurately reporting dental treatment. The code has been designated as the national standard for reporting dental services by the federal government under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and is currently recognized by dental insurance companies nationwide. This benefits booklet uses the most current version of the code at the time of printing.

Composite

A tooth-colored material used to fill a tooth. Composite fillings are also known as resin fillings.

Comprehensive Oral Examination

A thorough evaluation of the extraoral and intraoral hard and soft tissues and detailed recording of the findings. It may require interpretation of information acquired through additional diagnostic procedures. A comprehensive evaluation typically includes an evaluation and recording of the patient's dental and medical history and a general health assessment, as well as an evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal (bite) relations, periodontal conditions (including periodontal charting), hard and soft tissue abnormalities, etc.

Contract

The written agreement between the Department of Veterans Affairs and Delta Dental of California to administer a program of dental benefits established by the U.S. Government for eligible Veterans and CHAMPVA beneficiaries. In addition to the laws and regulations governing VADIP, the contract, together with this benefits booklet, forms the terms and conditions of the benefits provided under VADIP.

Coordination of Benefits (COB)

A method of integrating benefits payable for the same patient under more than one dental plan. Benefits from all sources should not exceed 100% of the total charges.

Copayment/Cost Share

The subscriber's portion of the allowed fee for a covered procedure.

Coverage Effective Date

The date a VADIP subscriber may begin obtaining benefits. The coverage effective date is the first day of the month following receipt and acceptance of the enrollment application.

Covered Procedure/Service

A dental procedure or service provided and/or received in accordance with the policies of VADIP for which benefit payment will be made by Delta Dental.

Cusp

The high point(s) on the chewing or biting surface of a cuspid, bicuspid or molar tooth.

Cuspid

The third tooth, counting from the center of the mouth to the back of the mouth. Cuspids have one rounded or pointed edge used for biting and tearing. Cuspids are commonly known as canine teeth or eye teeth.

Date of Service

The date a dental service was completed. In cases when more than one visit is necessary to complete a dental procedure, the date that the actual procedure is completed is considered the date of service. This is the date that should be indicated on the claim form when it is submitted for payment.

Deductible

The dollar amount that must be paid by the patient towards some covered services before the VADIP payment is applied to those services.

Delta Dental of California

A not-for-profit dental benefits administrator, Delta Dental of California is one of many Delta Dental plans across the country that are members of Delta Dental Plans Association. Delta Dental of California administers VADIP through its subsidiary, Delta Dental Insurance Company.

Dental Implant

A device specially designed to be placed surgically within or on the mandibular or maxillary bone (lower or upper jaw) as a means of providing for dental replacement.

Diagnostic Services

Procedures performed by the dentist to identify the health of the teeth and supporting structures and areas in and around the mouth. The most common diagnostic procedures are examinations and x-rays.

Dual Coverage

When a subscriber has coverage for dental care under more than one benefit (insurance) plan.

Eligibility

The criteria set forth by the Department of Veterans Affairs to determine who is allowed to enroll in VADIP.

Endodontic Services

Dental services that involve the treatment of diseases or injuries that affect the nerve and blood supply of a tooth. A common endodontic procedure is root canal therapy.

Enrollment Grace Period

A period of 30 days from your coverage effective date during which time you may disenroll, provided you or any CHAMPVA beneficiary have not used any of the benefits of VADIP.

Exclusions

Dental services and/or procedures not covered under VADIP.

Explanation of Benefits (EOB)

A statement sent to the primary subscriber and to the dentist, when the dentist is paid directly by Delta Dental, showing dentist and patient information, the service(s) received, the allowable charge(s), the amount(s) billed, the amount(s) allowed by the program and the cost-share amount(s). For denied services, the EOB also explains why payment was not allowed and how to appeal that decision.

Extraction

The surgical removal of a tooth.

Federal Government Programs

The division of Delta Dental of California that administers VADIP under a contract with the Department of Veterans Affairs.

Fee Schedule

A list of the charges agreed to by a dentist and the dental insurance company for specific dental services.

Fluoride

A naturally occurring element that helps to prevent dental decay. It is found in fluoridated water systems and many toothpastes. It may also be applied directly to the teeth by a dentist or dental hygienist.

Gingiva

The soft tissue that surrounds the necks of the teeth. Also referred to as the gums.

Grace Period

See Enrollment Grace Period.

Grievance

A formal procedure that offers an opportunity for aggrieved parties to seek and obtain an explanation for and/or correction of any perceived failure of a network dentist or Delta Dental personnel to furnish the level or quality of care and/or service to which the beneficiary believes he or she is entitled.

Impacted Tooth

An unerupted or partially erupted tooth that will not fully erupt because it is obstructed by another tooth, bone or soft tissue.

Incisal Edge

The biting surface of a central or lateral incisor.

Incisal Angle

The corner of the incisal edge of an anterior (front) tooth.

Incisors

The central and lateral incisors are the first and second teeth counting from the center of the mouth to the back of the mouth. These are the front teeth with flat edges used for biting.

Inlay

A laboratory-processed restoration (filling) made of metal, gold, acrylic or porcelain. This type of restoration does not involve the high points of the tooth (cusps).

Maximum Benefit Amount

The total dollar amount per enrollee that Delta Dental will pay during a specific period of time for covered services as specified in VADIP's contract provisions.

Network Dentist

A licensed dentist who is a member of a specific network of dentists who have agreed to accept negotiated fees for the provision of affordable dental care.

Occlusal Surface

The chewing or grinding surfaces of the bicuspid and molar teeth (back teeth).

Onlay

A custom-made cast gold, semi-precious metal or porcelain restoration that is extended to cover the cusps for the protection of the tooth. It can also be used to replace one or more of the cusps of a tooth.

Oral Hygiene

The practice of personal hygiene of the mouth. It includes the maintenance of oral cleanliness, tissue tone, and general preservation of oral health through brushing and flossing.

Oral Surgery

Surgical procedures in and about the oral cavity and jaws, such as extractions.

Out-of-Network Dentist

A licensed dentist who is not a member of the participating VADIP network. While care may be received from an out-of-network dentist, subscribers may experience higher out-of-pocket costs than if using a participating network dentist.

Overbilling

The unethical practice whereby a dentist may offer to forego collection of a patient's copayment as required by VADIP and to accept the program's "covered" percentage as payment in full. Overbilling by dentists is illegal and leads to increased costs for dental care and limits access to affordable dental coverage under programs such as VADIP.

Palliative Treatment

Non-definitive treatment designed to alleviate pain or stop the spread of infection.

Panographic Radiograph (X-Ray)

An x-ray film exposed with both the x-ray source and film outside of the mouth that presents all of the teeth and jaws on one plane on a single film. Also known as a Panorex.

Participating Network Dentist

A licensed dentist who "participates" in the network that supports VADIP by agreeing to accept the program allowable fees as the full fee for covered treatment, complete and submit claims paperwork on behalf of the VADIP patient, and receive payment directly from Delta Dental. See Network Dentist.

Periapical Radiograph (X-Ray)

An x-ray film that shows the whole root of a tooth, including the bone surrounding the apex (tip or bottom) of the root. Also known as a single film or PA.

Periodic Oral Examination/Evaluation

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation was performed.

Periodontal Prophylaxis (Cleaning)

A part of periodontal maintenance following active periodontal therapy. The periodontal prophylaxis includes removal of the supra and subgingival microbial flora and calculus, site specific scaling and root planing where indicated, and/or polishing of the teeth.

Periodontal Services

Services that involve the treatment of diseases of the gum or supporting structure (bone). A common periodontal service is a periodontal root planing.

Periradicular

The area that surrounds the root of the tooth.

Permanent Tooth

An adult tooth. Also known as permanent dentition. Adult teeth naturally replace primary (baby) teeth.

Posterior Teeth

The bicuspid and molars. These are the teeth in the back of the mouth used for chewing and grinding.

Predetermination

A non-binding, written estimate by Delta Dental of how much VADIP will cover for a particular service. Predetermination requests from dentists are suggested for the more complicated and expensive treatments plans.

Prefabricated Crown

A pre-made metal or resin crown shaped like a tooth that is used to temporarily cover a seriously decayed or broken down tooth. Used most often on children's deciduous teeth (baby teeth).

Premium

The monthly amount paid by a subscriber for coverage under VADIP.

Premium Prepayment

An advance payment that amounts to the first month's premium that is required to be made at the time of application for enrollment in VADIP. Future monthly premiums are paid through electronic funds transfer (EFT) or recurring credit card authorization (RCC).

Preventive Services

Dental services performed to prevent tooth decay and gum disease. Common preventive services include cleanings and fluoride treatments.

Primary Teeth

A child's first set of twenty teeth that are eventually replaced by permanent teeth. Also known as deciduous or baby teeth.

Procedure Codes

The American Dental Association (ADA) codes used to identify and define specific dental services. Only those dental services whose procedure codes are specifically listed in this benefits booklet are covered under VADIP.

Prophylaxis (Cleaning)

Teeth cleaning; the scaling and polishing of the crowns of the teeth to remove calculus, plaque (a sticky bacterial substance that clings to the surface of the teeth and causes caries and gum disease), and stains. Also known as a prophy.

Prosthodontic Services

Dental services that involve the design, construction, and fitting of fixed bridges and partial and complete dentures to replace missing teeth or restore oral structures.

Provider

A dentist or other person who is licensed by a state to deliver dental services.

Proximal Surface

Refers to the surfaces of a tooth that touch an adjacent tooth. The space between adjacent teeth is the interproximal space.

Quadrant

One of the four equal sections of the mouth. The four quadrants of the mouth are the upper right, the upper left, the lower right and the lower left.

Radiograph/Radiographic Image

A picture produced on a sensitive surface (film) by a form of radiation other than light. In dentistry, x-rays are the radiation source. The term x-ray is often used interchangeably with radiograph/radiographic image.

Resin

See Composite.

Restorative Services Dental procedures performed to restore the missing part of the tooth that was due to decay or fracture. A common restorative service is an amalgam (silver) filling.

Root Canal Therapy (Root Canal)

An endodontic procedure involving the treatment of disease and injuries of the tooth pulp and related periradicular conditions. Commonly called a root canal.

Root Planing

A periodontal procedure that involves the removal of bacteria and mineralized plaque deposits from the root surfaces and tooth pocket. Sometimes called a "deep cleaning."

Sealant

A composite material, usually a plastic coating, that is bonded to the biting surface of teeth to seal decay-prone pits, fissures, and grooves of teeth to prevent decay.

Service Area

The area in which enrollees may obtain dental treatment that is covered under VADIP. Included are all 50 U.S. states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Submitted Amount

The amount normally charged by the dentist for services provided to all patients, regardless of insurance coverage.

Temporary Crown

A restorative procedure that involves a pre-fabricated resin or stainless steel tooth covering (cap) that is placed over a tooth.

Universal/National Tooth Numbering System

A system that assigns a unique number (1-32) to permanent teeth, and a unique letter (A-T) for primary teeth.

Waiting Period

The specific period of time of continuous enrollment that a subscriber in VADIP must complete before applicable dental procedures become covered benefits.

X-Ray

See Radiograph.



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U.S. Department of Veterans Affairs
Veterans Health Administration

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