

California Dental Network

A DentaQuest company

California Dental Network Benefits Schedule and Policy Updates for 2018

Effective January 1, 2018

The Covered California Exchange has updated the Family and Children’s Dental HMO Plans to reflect the 2017 CDT update, and to align the covered benefits with commercial products in the current marketplace. The CDN Covered California Family Dental HMO and the CDN Covered California Children’s Dental HMO benefits and copayments have been updated to the new 2018 Covered California benefit. Some new procedures have been added as covered benefits, and some have been modified. The applicable copayments apply to all CDN Covered California benefit schedules, including those members who enroll with CDN through our partnerships with Molina Healthcare of California and Ventura County Healthcare Plan, and are subject to the Plan’s applicable Covered California Plan Limitations and Exclusions.

Please contact the Plan’s Member Services or Provider Relations department if you have any questions regarding coverage.

The following procedure Codes have been **added** to the 2018 Covered California CDN Plan Benefit Schedules.

<u>Code</u>	<u>Description</u>	<u>Child (up to Age 19) Copayment</u>	<u>Adult (Age 19 and older) Copayment</u>
<u>D0171</u>	<u>Re-evaluation – post-operative office visit</u>	<u>No Charge</u>	<u>No Charge</u>
<u>D0251</u>	<u>Extra-oral posterior dental radiographic image</u>	<u>No Charge</u>	<u>Not Covered</u>
<u>D0351</u>	<u>3D photographic image</u>	<u>No Charge</u>	<u>No Charge</u>
<u>D1353</u>	<u>Sealant repair – per tooth</u>	<u>No Charge</u>	<u>No Charge</u>
<u>D1575</u>	<u>Distal shoe space maintainer – fixed – unilateral</u>	<u>No Charge</u>	<u>No Charge</u>
<u>D2921</u>	<u>Reattachment of tooth fragment, incisal edge or cusp</u>	<u>\$45</u>	<u>\$45</u>
<u>D2941</u>	<u>Interim therapeutic restoration – primary dentition</u>	<u>\$30</u>	<u>Not Covered</u>
<u>D2949</u>	<u>Restorative foundation for an indirect restoration</u>	<u>\$45</u>	<u>Not Covered</u>
<u>D3427</u>	<u>Periradicular surgery without apicoectomy</u>	<u>\$160</u>	<u>\$160</u>
<u>D4283</u>	<u>Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site</u>	<u>Not Covered</u>	<u>\$185</u>
<u>D4285</u>	<u>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</u>	<u>Not Covered</u>	<u>\$175</u>
<u>D4346</u>	<u>Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation</u>	<u>\$220</u>	<u>\$220</u>
<u>D5221</u>	<u>Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)</u>	<u>\$275</u>	<u>\$300</u>

<u>Code</u>	<u>Description</u>	<u>Child (up to Age 19) Copayment</u>	<u>Adult (Age 19 and older) Copayment</u>
<u>D5222</u>	<u>Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)</u>	<u>\$275</u>	<u>\$300</u>
<u>D5223</u>	<u>Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</u>	<u>\$330</u>	<u>\$370</u>
<u>D5224</u>	<u>Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</u>	<u>\$330</u>	<u>\$370</u>
<u>D5864</u>	<u>Overdenture – partial maxillary</u>	<u>\$300</u>	<u>\$300</u>
<u>D5866</u>	<u>Overdenture – partial mandibular</u>	<u>\$300</u>	<u>\$300</u>
<u>D6011</u>	<u>Second stage implant surgery</u>	<u>\$350</u>	<u>Not Covered</u>
<u>D6013</u>	<u>Surgical placement of mini implant</u>	<u>\$350</u>	<u>Not Covered</u>
<u>D6052</u>	<u>Semi-precision attachment abutment</u>	<u>\$350</u>	<u>Not Covered</u>
<u>D6081</u>	<u>Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure</u>	<u>\$30</u>	<u>Not Covered</u>
<u>D6085</u>	<u>Provisional implant crown</u>	<u>\$300</u>	<u>Not Covered</u>
<u>D6549</u>	<u>Retainer – for resin bonded fixed prosthesis</u>	<u>Not Covered</u>	<u>\$130</u>
<u>D7881</u>	<u>Occlusal orthotic device adjustment</u>	<u>\$30</u>	<u>\$50</u>
<u>D8681</u>	<u>Removable orthodontic retainer adjustment</u>	<u>Included as part of the Copayment</u>	<u>Not Covered</u>
<u>D8694</u>	<u>Repair of fixed retainers, includes reattachment</u>	<u>Included as part of the Copayment</u>	<u>Not Covered</u>
<u>D9311</u>	<u>Consultation with a medical health professional</u>	<u>No Charge</u>	<u>No Charge</u>
<u>D9943</u>	<u>Occlusal guard adjustment</u>	<u>Not Covered</u>	<u>\$35</u>

The following previously covered procedure Codes have been **modified** from the 2017 Covered California CDN Plan Benefit Schedules.

<u>Code</u>	<u>Description</u>	<u>Child (up to Age 19) Copayment</u>	<u>Adult (Age 19 and older) Copayment</u>
<u>D0310</u>	<u>Sialography</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>
<u>D0320</u>	<u>Temporomandibular joint arthrogram, including injection</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>
<u>D0322</u>	<u>Tomographic survey</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>
<u>D0340</u>	<u>Cephalometric radiographic image</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>
<u>D0350</u>	<u>photograph 1st</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>
<u>D0502</u>	<u>Other oral pathology procedures, by report</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>
<u>D0601</u>	<u>caries risk assessment and documentation, with a finding of low risk</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>
<u>D0602</u>	<u>caries risk assessment and documentation, with a finding of moderate risk</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>
<u>D0603</u>	<u>caries risk assessment and documentation, with a finding of high risk</u>	<u>No Charge</u>	<u>Not Covered <u>No Charge</u></u>

Code	Description	Child (up to Age 19) Copayment	Adult (Age 19 and older) Copayment
D0999	Unspecified diagnostic procedure, by report	No Charge	Not Covered -No Charge
D1206	topical fluoride varnish	No Charge	Not Covered -No Charge
D1208	topical application of fluoride	No Charge	Not Covered -No Charge
D1310	Nutritional counseling for control of dental disease	No Charge	Not Covered -No Charge
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge	Not Covered -No Charge
D1351	sealant - per tooth	No Charge	Not Covered -No Charge
D1510	space maintainer - fixed - unilateral	No Charge	Not Covered -No Charge
D1515	space maintainer - fixed - bilateral	No Charge	Not Covered -No Charge
D1520	Space maintainer-removable – unilateral	No Charge	Not Covered -No Charge
D1525	space maintainer - removable - bilateral	No Charge	Not Covered -No Charge
D1550	Re-cementation of space maintainer	No Charge	Not Covered -No Charge
D1555	Removal of fixed space maintainer	No Charge	Not Covered -No Charge
D2712	Crown - 3/4 resin-based composite (indirect)	\$190	Not Covered - <u>\$200</u>
D2783	Crown – 3/4 porcelain/ceramic	\$310	Not Covered - <u>\$310</u>
D2999	Unspecified restorative procedure, by report	\$40	Not Covered - <u>\$40</u>
D3221	Pulpal debridement, primary and permanent teeth	\$40	Not Covered - <u>\$50</u>
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$60	Not Covered - <u>\$60</u>
D3333	Internal root repair of perforation defects	\$80	Not Covered - <u>\$80</u>
D3351	apexification/recalcification – initial visit	\$85	Not Covered - <u>\$85</u>
D3352	apexification/recalcification - interim	\$45	Not Covered - <u>\$50</u>
D3910	Surgical procedure for isolation of tooth with rubber dam	\$30	Not Covered - <u>\$50</u>
D3999	Unspecified endodontic procedure, by report	\$100	Not Covered - <u>\$100</u>
D4249	Clinical crown lengthening – hard tissue	\$165	Not Covered - <u>\$200</u>
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$80	Not Covered - <u>\$80</u>
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$10	Not Covered - <u>\$10</u>
D4999	Unspecified periodontal procedure, by report	\$350	Not Covered - <u>\$350</u>

<u>Code</u>	<u>Description</u>	<u>Child (up to Age 19) Copayment</u>	<u>Adult (Age 19 and older) Copayment</u>
D5862	Precision attachment, by report	\$90	Not Covered \$100
D5899	Unspecified removable prosthodontic procedure, by report	\$350	Not Covered \$400
D6999	Unspecified fixed prosthodontic procedure, by report	\$350	Not Covered \$400
D7261	Primary closure of a sinus perforation	\$285	Not Covered \$285
D7270	tooth reimplantation / stabilization	\$185	Not Covered \$185
D7280	Surgical access of an unerupted tooth	\$220	Not Covered \$220
D7283	Placement of device to facilitate eruption of impacted tooth	\$85	Not Covered \$85
D7285	biopsy of oral tissue - hard (bone, tooth)	\$180	Not Covered \$180
D7290	Surgical repositioning of teeth	\$185	Not Covered \$185
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$80	Not Covered \$80
D7980	Sialolithotomy	\$155	Not Covered \$155
D7981	Excision of salivary gland, by report	\$120	Not Covered \$120
D7982	Sialodochoplasty	\$215	Not Covered \$215
D7983	Closure of salivary fistula	\$140	Not Covered \$140
D7999	Unspecified oral surgery procedure, by report	\$350	Not Covered \$350
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	\$35	Not Covered \$50
D9999	unspecified adjunctive procedure, by report	\$0	Not Covered <u>No Charge</u>

The following previously covered procedure Codes have been **deleted** from the 2018CDT and should not be used to determine coverage and benefits after January 1, 2018. The Plan will substitute the appropriate replacement codes for coverage after January 1, 2018:

<u>Code</u>	<u>Description</u>
D0290	Posterior - anterior or lateral skull and facial bone survey radiographic image
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes