



# PEDIATRIC DENTAL RIDER

## 2016

### Understanding Your Benefits



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## Pediatric Dental Rider

Words that are capitalized in this Rider can be found in the *Glossary* section of Your Evidence of Coverage (EOC) as defined terms.

**Health Choice Insurance Co.** is a Health Maintenance Organization (HMO) insurance Plan. We want You to have the best care through Our network of dental Providers. You may contact **Health Choice Insurance Co.** Member Services for help in finding a dental Provider. The Pediatric Dental Benefit provides a wide range of Covered Benefits for Members 0 through 18 years of age. Dependents enrolled in this Plan will receive Covered Benefits under this *Pediatric Dental Rider* until the end of the month in which the enrollee turns 19 years of age. These Treatments are grouped into the following levels. See Your Schedule of Benefits for Cost Share information for each of these levels.

- Basic
- Intermediate
- Major
- Orthodontics

### Covered Benefits:

#### BASIC

**Evaluations:** Limited to two (2) per Calendar Year provided by a general Dentist or Specialist. Includes:

- D0120
- D0140
- D0145 – oral exam for a child under three (3) years of age and consult with the PCP. Replaces D0120, D0150 and D160
- D0150 – Limited to one (1) every thirty-six (36) months per Provider or group
- D0180 – Limited to one (1) every thirty-six (36) months per Provider or group

D0140 is not a Covered Benefit if it is on the same date as D0120, D0145 D0150, D0160, D9310 or D9430.



## BASIC

**Diagnostic X-Ray:** Full-mouth x-ray series/panoramic film, vertical bitewings are provided; Limited to one (1) set every six (6) months. Periapicals are covered as needed. Includes:

- D0210 – Limited to one (1) every 36 months for Members six (6) through (18) years of age
- D0220 – Limited to one (1) per date of service
- D0230 – Limited to one (1) per date of service
- D0240 – Limited to two (2) per date of service
- D0270 – Limited to two (2) sets per Calendar Year for Members two (2) through eighteen (18) years of age
- D0272 – Two (2) films. Limited to two (2) sets per Calendar Year for Members six (6) through eighteen (18) years of age
- D0274 – Four (4) films. Limited to two (2) sets per Calendar Year for Members ten (10) through eighteen (18) years of age
- D0277 – Seven (7) to eight (8) films. Limited to one (1) set every thirty-six (36) months for Members fifteen (15) through eighteen (18) years of age. Replaces D0270 through D0274
- D0330 – Limited to one (1) set every thirty-six (36) months
- D0340 – Limited to once per lifetime
- D0350
- D0391
- D0470

### **Routine Cleaning:**

- D1120; Limited to two (2) per Calendar Year

### **Sealants:**

- D1351 and D1352
- Sealants are a Covered Benefit for the occlusal surface that is free from decay or restorations, on permanent pre-molars, first and second molars.



## BASIC

**Fluoride Treatment:** Limited to two (2) per Calendar Year. Includes D1203, D1204, D1206 and D1208

**Space Maintainers:** Includes the following

- D1510 – Limited to once per arch per lifetime. Includes all adjustments within six (6) months of initial placement.
- D1515 – Limited to once per arch per lifetime. Includes all adjustments within six (6) months of initial placement.
- D1520 - removable maintainer
- D1525 - removable maintainer
- D1550 - re-cementation of maintainer

**Emergency Palliative Treatment:**

- D9110
- Not covered if definitive treatment is performed for the same problem on the same date
- Exam and x-rays are not considered pain relief.



## INTERMEDIATE

**Restorative Procedures:** Includes Treatments such as fillings, prefabricated stainless steel crowns, periodontal scalings, extractions, and root canals.

- D2140
- D2150
- D2160
- D2161
- D2330
- D2331
- D2332
- D2335 - Resin-based composite for cosmetic reasons is not covered
- D2391
- D2392 – Reimbursed at the D2390 fee
- D2393
- D2394
- D2910
- D2920
- D2930 – Limited to children under age fifteen (15). Limited to one per patient per tooth every 60 months
- D2931 – Limited to children under age sixteen (16). Limited to one (1) per patient per tooth every 60 months
- D2932 and D2933
- D2934 - Limited to anterior teeth. Limited to one per tooth per lifetime
- D2940 – Limited to one (1) per tooth per lifetime. Not a Covered Benefit when permanent restoration is completed within 14 days, to include endodontic treatment.
- D2951, D2952 and D2954

**Periodontal Treatments:** Includes:

- D4341 - Four (4) or more teeth per quadrant. Limited to once per quadrant every twenty-four (24) months
- D4342 - One (1) to three (3) teeth per quadrant; Limited to once per quadrant every twenty-four (24) months
- D4910 – Limited to two (2) per Calendar Year



## INTERMEDIATE

### Endodontic Intermediate Treatments: Includes:

- D3110
- D3120
- D3220
- D3221
- D3222
- D3230
- D3240

Incomplete endodontic treatment when You discontinue treatment are not Covered Benefits.

### Prosthetic Intermediate Treatments: Includes:

- D5410, D5411, D5421, D5422
- D5510 through D5671
- D5710 through D5761 – Limited to once in thirty (36) month period. Not covered within six (6) months of initial placement
- D5850, D5851, D6930, and D6980.

Removable or fixed prostheses started before the effective date of coverage or inserted or cemented after the coverage has ended are **not** Covered Benefits.

### Oral Surgery: Includes:

- D7111 and D7410, excludes D7260, D7261, D7272, D7281, D7292, D7293, D7294
- D7210 through D7283
- D7310
- D7311
- D7310
- D7311
- D7320
- D7321
- D7471
- D7510
- D7910
- D7971



## MAJOR

**Major services require prior authorization and may be subject to alternative treatment upon review, except D0160.**

**Restorative Treatments:** Includes:

- D160 - Limited to two (2) per Calendar Year
- D2510, D2520, D2530 – inlay – metallic – an alternate benefit will be provided
- D2542 through D2544 – Limited to one (1) tooth every sixty (60) months
- D2740, D2751, D2752, D2780, D2781, D2783, D2790, D2791, D2792, D2794 - Limited to one (1) per tooth every sixty (60) months
- D2950 – Limited to one (1) per tooth every sixty (60) months
- D2954 – Limited to one (1) per tooth every sixty (60) months
- D2980 – Crown repair, by report

**Major services require prior authorization and may be subject to alternative treatment upon review.**

**Periodontal Treatments:** Includes CDT Codes:

- D4210 – Four (4) or more contiguous teeth or bonded teeth spaces, per quadrant; Limited to once in thirty-six (36) months
- D4211 - One (1) to three (3) teeth, per quadrant; Limited to once in thirty-six (36) months
- D4240 – Four (4) or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 - One (1) to three (3) teeth per quadrant
- D4249
- D4260 – Four (4) or more contiguous or bounded teeth per quadrant. Limited to once in thirty-six (36) months
- D4270, D4271 and D4273
- D4355 – Limited to one (1) per lifetime

**Major services require prior authorization and may be subject to alternative treatment upon review.**

**Endodontic Treatments:** Includes CDT Codes:

- D3310 through D3354. Excludes D3331, D3332, D3333
- D3410
- D3421
- D3425 -- D3426
- D3450
- D3920



## MAJOR

**Major services require prior authorization and may be subject to alternative treatment upon review.**

**Prosthodontic Treatments:** Includes:

- D5110 through D5214 - Limited to one (1) every sixty (60) months
- D5281 – Limited to one (1) every sixty (60) months
- Implants require Prior Authorization.
- An implant is a Covered Benefit **only if** a dental necessity.
- Prior authorization and claims review are completed by a panel of dentists licensed in Your state who review the clinical documentation submitted by Your treating dentist.
- If the panel of Dentists determine an arch can be restored with a standard prosthesis or restoration, no benefits will be allowed for the individual implant or implant procedures. **Only** the second phase of treatment (the prosthodontic phase-placing of the implant crown, bridge denture or partial denture) may be subject to the alternate benefit provision of this Rider.
- D6010 through D6104. Excludes – D6057 and D6011
- D6012
- D6190
- D6194 through D9940. Excludes D6253, D6254, D6795, D6920, D6940, D6950, D6975





## ORTHODONTIC

The waiting period for pediatric orthodontic Treatments is twenty-four (24) months. To meet this requirement, the Member receiving orthodontic Treatments must be covered under this Plan for the entire twenty-four (24) month waiting period and continue orthodontia benefits in the same Plan. Any Plan option changes will result in a new twenty-four (24) month waiting period. To be a Covered Benefit, the orthodontic treatment must be Medically Necessary.

Includes:

- D0340 – Limited to once per lifetime
- D0350
- D0470 – Limited to once per lifetime
- D8010 – Limited orthodontic treatment of the primary dentition
- D8020 - Limited orthodontic treatment of the transitional dentition
- D8030 - Limited orthodontic treatment of the adolescent dentition
- D8050
- D8060
- D8070
- D8080
- D8210
- D8220
- D8660
- D8670
- D8680

The following are excluded and no benefit will be paid for:

- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliance
- Treatments to alter vertical dimension and/or restore or maintain the occlusion. This includes but is not limited to, equilibration, periodontal splinting, full-mouth rehabilitation, and restoration for misalignment of teeth.



## ANESTHESIA

Includes: D9220, D9221, D9230, D9241, D9242, D9610

### Limitations and Exclusions:

In addition to the limitations and exclusions listed above, no Benefits will be paid for the following.

- Treatments not described as a Covered Benefit of this Pediatric Dental Rider. This include Hospital, prescription drug, and laboratory charges or fees. See Your EOC to determine if these may be covered under the medical benefit portion of Your Plan.
- Treatments for Injuries or conditions which are covered and should be paid under Workman's Compensation or Employer's Liability Law
- Treatments which are provided to the Member by any federal or state government agency.
- Treatments provided without cost to the Member by any municipality, county or other political subdivision, or community agency.
- Free services by or through a public program, we will coordinate benefits.
- Treatments started prior to the date the person became a covered Member under this plan.
- Treatment incurred after the termination date of Your coverage unless otherwise indicated
- Travel and related expenses.
- Claims received more than twelve (12) months from the date of service or twelve (12) months after the termination of Your Plan, whichever comes first.
- Adjustments to previously received claims, including submissions of additional information, received more than twelve (12) months from the initial payment date or initial issue date of the requested information.
- Experimental, investigational, or transitional procedures
- Treatments not performed in accordance with the laws of the State,
- Completion of forms or providing diagnostic information or records
- Procedures or services performed in conjunction treatment not covered under this Rider.
- Orthodontic work that does not meet the criteria of Medical Necessity.
- Orthodontic work in progress that has been performed under a dental health maintenance organization (DHMO) or discount plan.
- Orthodontic benefits for removable or fixed appliances therapy to control harmful habits.
- Repair or replacement of damaged, lost or missing orthodontic appliances
- When an alternate benefit allowance is given, the alternate procedure allowed is subject to the time limitations of the procedure benefited
- Sterilization fees considered a part of any procedure in which it is used
- Cone Beam CT, viral cultures, analysis of saliva, caries test, adjunctive pre-diagnostic test, declassification procedure, special stains for microorganisms, immunohistochemical stains, tissue in-situ-hybridization, electron microscopy, direct immunofluorescence, in-direct immunofluorescence,



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- Nutritional counseling, tobacco counseling, oral hygiene instruction
- Treatments performed by any person other than a person authorized by a dental license or state law to perform such Treatments.
- Treatment for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not You claim the benefits or compensation.
- Treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group
- Treatment which are not dentally necessary.
- Treatments which do not meet generally accepted standards of dental practice
- Treatment resulting from Your failure to follow professionally prescribed Treatment
- Telephone consultations
- Charges for missing a scheduled appointment
- Any Treatments that are considered strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
- Treatment provided as a result of injuries suffered while committing or attempting to commit a felony (if convicted).
- Treatments provided as a result of injuries from participating in a riot, rebellion or insurrection;
- Office infection control charges
- Charges for copies of Your records, charts or x-rays, or any costs associated with mailing copies to You or a Provider
- State or territorial taxes on dental Treatments performed
- Those submitted by a dentist, which is for the same Treatments performed on the same date for the same Member by another Dentist
- Those for which the Member would have no obligation to pay in the absence of this or any similar coverage
- Specialized procedures and techniques
- Treatments performed by a Dentist who is compensated by a facility for similar covered Treatments performed for Members
- Duplicate, provisional and temporary devices, appliances, and Treatments
- Plaque control programs, oral hygiene instruction, and dietary instructions.
- Treatments 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
- Gold foil restorations
- Treatment 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
- Treatment of injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization



- Adjustment of a denture or bridgework which is made within six (6) months after installation by the same Dentist who installed it
- Use of material or home health aids to prevent decay. This includes items such as toothpaste, fluoride gels, and dental floss and teeth whiteners.
- Sealants for teeth other than permanent molars
- Precision attachments, personalization, precious metal bases and other specialized techniques
- Replacement of lost, stolen or misplaced dentures
- Fabrication of athletic mouth guard
- Internal bleaching
- Topical medicament center
- Splinting, full mouth rehabilitation, and restoration for misalignment of teeth
- Bone grafts when done in connection with extractions, apicoetomies or non-covered implants
- Two or more Treatments are submitted that are considered part of the same Treatment to one another. We will pay the most comprehensive service. That is, the service that includes the other non-benefited service) as determined by Us.
- Two or more Treatments submitted on the same day and the Treatments are considered mutually exclusive. Mutually exclusive is when one service contradicts the need for the other service. We will pay for the service that is the final treatment as determined by Us.



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**MEMBER SERVICES**

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