

Dental Benefit Details

2023

This document provides additional details about the supplemental dental benefits that are covered under our plan. The *Dental Benefit Details* applies to the 2023 plan benefit packages shown on the following page. For more information about this document or your dental benefits, please contact Member Services at the phone number or web address shown on the back cover of the *Evidence of Coverage* or on your Member ID card.

Ascension Complete

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The *Dental Benefit Details* applies to the 2023 plan benefit packages shown below. The plan benefit package is on the cover of the *Evidence of Coverage*, on the lower right corner.

State	Plan Benefit Package	Plan Name
AL	H7556001000	Ascension Complete St. Vincent's Access Plus (PPO)
AL	H7556002000	Ascension Complete St. Vincent's Access (PPO)
AL	H7556003000	Ascension Complete Providence Access Plus (PPO)
AL	H7556004000	Ascension Complete Providence Access (PPO)
FL	H8225007000	Ascension Complete St. Vincent's Access POS (HMO-POS)
FL	H8225008000	Ascension Complete Sacred Heart Access POS (HMO-POS)
IN	H1774001000	Ascension Complete St. Vincent Access Plus (PPO)
IN	H1774002000	Ascension Complete St. Vincent Access (PPO)
KS	H6830001000	Ascension Complete Via Christi Access Plus (PPO)
KS	H6830002000	Ascension Complete Via Christi Access (PPO)
MI	H7512001000	Ascension Complete Michigan Access Plus (PPO)
MI	H7512002000	Ascension Complete Michigan Access (PPO)
MI	H7512003000	Ascension Complete Michigan Access Plus (PPO)
MI	H7512004000	Ascension Complete Michigan Access (PPO)
TN	H8121001000	Ascension Complete Saint Thomas Access Plus (PPO)
TN	H8121002000	Ascension Complete Saint Thomas Access (PPO)
TX	H9357001000	Ascension Complete Seton Access Plus (PPO)
TX	H9357002000	Ascension Complete Seton Access (PPO)
TX	H9357003000	Ascension Complete Providence Access Plus (PPO)
TX	H9357004000	Ascension Complete Providence Access (PPO)

Please contact your plan for details.

Covered Dental Benefits: Our plan provides coverage for the dental services described below. Refer to your 2023 *Evidence of Coverage* for any applicable cost sharing and benefit maximum.

Dental 2023 Schedule of Benefits

Category	Code	General Service Description	Frequency (how often our plan will pay)
Diagnostic (Preventive) Services			
Oral Exam	D0120	Routine periodic exam completed during check-up	2 (D0120) per 12 months; not within 6 months of D0150
Oral Exam	D0140	Limited exam to evaluate a problem	2 (D0140, D0160) per 12 months
Oral Exam	D0150	Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	1 (D0150) every 36 months; not within 36 months of D0120
Oral Exam	D0160	Detailed and extensive problem focused exam	2 (D0140, D0160) per 12 months
Oral Exam	D0170	Re-evaluations	2 (D0170) every 12 months
Oral Exam	D0171	Re-evaluations	2 (D0171) every 12 months
Oral Exam	D0180	Comprehensive periodontal evaluation	2 (D0180) every 12 months; not on same date as D0120 or D0150
Dental X-Rays	D0210	Full mouth/complete x-ray set for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months
Dental X-Rays	D0220	X-rays for closer evaluation around the roots of teeth	1 (D0220) per date of service
Dental X-Rays	D0230	X-rays for closer evaluation around the roots of teeth	4 (D0230) per date of service
Dental X-Rays	D0240	Intraoral, occlusal radiographic image	1 every 12 months
Dental X-Rays	D0250	Extra-oral radiographic image	1 every 36 months
Dental X-Rays	D0251	Extra-oral radiographic image	2 every 12 months

Category	Code	General Service Description	Frequency (how often our plan will pay)
Dental X-Rays	D0270-D0274	Bitewing x-rays for evaluation of the teeth and bone	2 of (D0270-D0274) every 12 months
Dental X-Rays	D0277	Bitewing x-rays for evaluation of the teeth and bone	1 (D0277) every 36 months
Dental X-Rays	D0310	Sialography	1 (D0310) every 36 months
Dental X-Rays	D0330	Whole-mouth x-ray for evaluation of the teeth and mouth	1 of (D0210, D0330, D0701, D0709) every 36 months
Dental X-Rays	D0340, D0350	2-Dimensional photo or x-ray image	1 (D0340, D0350) every 36 months
Dental X-Rays	D0391	Reading of an x-ray or photo image by a practitioner not associated with taking the x-ray or photo, including report	1 (D0391) per date of service; allowed only when submitted along with D0701-D0709
Dental X-Rays	D0701-D0702	Whole-mouth and 2-Dimensional x-ray images of the head	1 each (D0701, D0702) every 36 months; only 1 (D0210, D0330, D0701, D0709) every 36 months
Dental Photos	D0703	Photo images, image capture only	1 (D0703) every 36 months
Dental X-Rays	D0705	X-rays taken outside the mouth	2 every 12 months
Dental X-Rays	D0706	X-rays taken inside the mouth	2 every 12 months
Dental X-Rays	D0707	X-rays for closer evaluation around the roots of teeth – image capture only	1 (D0707) per date of service
Dental X-Rays	D0708	Bitewing x-rays for evaluation of the teeth and bone – image capture only	2 of (D0708) every 12 months
Dental X-Rays	D0709	Full-mouth/Complete x-ray set for evaluation of the teeth and mouth – image capture only	1 of (D0210, D0330, D0701, D0709) every 36 months
Diagnostic	D0414-D0416	Tests and examinations	1 (D0414-D0416) every 12 months per test

Category	Code	General Service Description	Frequency (how often our plan will pay)
Diagnostic	D0460	Tooth nerve test	1 (D0460) per tooth per date of service
Diagnostic	D0431, D0472-D0502	Oral pathology laboratory	1 (D0431, D0472-D0502) every 12 months per test
Preventive Services			
Other Services	D1110	Standard adult dental cleaning	2 (D1110) every 12 months
Fluoride	D1206, D1208	Fluoride treatment	1 (D1206, D1208) every 12 months
Other Services	D0604, D0605	COVID antigen/antibody testing	1 (D0604, D0605) per date of service
Comprehensive Restorative (Fillings and Crowns) Services			
Restorative	D2140-D2394	Metal or tooth-colored fillings placed directly into the mouth on front, middle, or back teeth	1 (D2140-D2394) per surface, per tooth, per 24 months
Restorative	D2542-D2544; D2642-D2644; D2662-D2664; D2710-D2794	Cap (crown) or partial crown called an onlay – made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	1 (D2542-D2544, D2642-D2644, D2662-D2664, D2710-D2794, D6205-D6252, D6545-D6615, D6710-D6783, D6790, D6791, D6792, D6794) per tooth every 84 months; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support
Restorative	D2910-D2921	Re-cementing or re-bonding a crown that has fallen off	1 (D2910-D2921) per tooth every 12 months; not covered within 6 months of delivery
Restorative	D2928; D2931-D2932	Pre-made crowns	1 (D2928, D2931-D2932) every 36 months per tooth
Restorative	D2940	Protective filling	1 (D2940) per tooth per 24 months
Restorative	D2949	Small filling needed prior to fitting a tooth with a crown	Unlimited per tooth
Restorative	D2950-D2957; D2971; D2975	Buildup of filling around a post to prepare the tooth for a crown	1 (D2950-D2957, D2971, D2975) per tooth per 84 months

Category	Code	General Service Description	Frequency (how often our plan will pay)
Restorative	D2980-D2983	Crown repairs	1 (D2980-D2983) per tooth per 36 months
Comprehensive Endodontic (Root Canal Treatment) Services			
Endodontics	D3110-D3120	Pulp capping	1 (D3110-D3120, D3220-D3222, D3230-D3333) per tooth per lifetime; requires at least 50% remaining bone support
Endodontics	D3220-D3222	Pulpotomy	
Endodontics	D3230-D3333	Root canal treatment	
Endodontics	D3346-D3348	Root canal retreatment of failed previous root canal	1 (D3346-D3348) per tooth per lifetime; requires at least 50% remaining bone support; retreatment not payable to same provider within 12 months of original root canal treatment
Endodontics	D3351- D3353; D3410, D3421; D3425-D3426; D3430; D3450; D3460; D3470	Tooth root-tip repairs	1 (D3351- D3353, D3410, D3421, D3425-D3426, D3430, D3450, D3460, D3470) per tooth per lifetime; not allowed if by same provider or provider group
Endodontics	D3910; D3920- D3921; D3950	Other root canal procedures	1 (D3910, D3920-D3921, D3950) per tooth per lifetime
Comprehensive Periodontal (Gum Treatment) Services			
Periodontics	D4210, D4211, D4230-D4245, D4260-D4261	Gum tissue surgery	Only 1 of any (D4210-D4211) per quadrant every 36 months Only 1 of any (D4230-D4245) per quadrant every 36 months Only 1 of any (D4260-D4261) per quadrant every 36 months
Periodontics	D4263, D4264	Gum tissue surgery	1 (D4263, D4264) per quadrant every 36 months
Periodontics	D4265-D4267, D4270-D4285	Gum tissue surgery	1 (D4265-D4267, D4270-D4285) per 36 months per site
Periodontics	D4268, D4286	Gum tissue surgery	1 (D4268, D4286) per 36 months per tooth
Periodontics	D4212	Removal of gum tissue to help fill a tooth	1 (D4212) per tooth per lifetime
Periodontics	D4249	Removal of bone around a tooth	1 (D4249) per tooth per lifetime
Periodontics	D4322-D4323	Wire placed to attach multiple teeth together	Only 1 of any (D4322-D4323) per quadrant every 36 months

Category	Code	General Service Description	Frequency (how often our plan will pay)
Periodontics	D4341	Deep cleaning for 4 or more teeth in a mouth	Only 1 of any (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service
Periodontics	D4342	Deep cleaning for 1-3 teeth in a mouth	Only 1 of any (D4341-D4342) per quadrant every 24 months; only two quadrants allowed on same date of service
Periodontics	D4346	Scaling for moderate or severe swollen or infected gums, full mouth, after evaluation	1 (D4346) every 24 months
Periodontics	D4355	Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	1 (D4355) every 24 months; not allowed same DOS as D0180 or within 6 months of D0120, D0150 or D0180
Periodontics	D4381	Medicine applied to gum space around a tooth (per tooth) for management of gum disease	2 sites per quad per 24 months
Periodontics	D4910	Routine dental cleaning for an adult who has documented history of gum disease	2 (D4910) every 12 months; not within 90 days of D1110
Periodontics	D4920	Unscheduled dressing change	1 (D4920) every 12 months per procedure
Comprehensive Removable Prosthodontic (Denture) Services			
Removable Prosthodontics	D5110-D5120	Complete dentures – upper and/or lower	Only 1 of any (D5110-D5286, D5863-D5866) per arch every 60 months; D5284 and D5286 are per quadrant
Removable Prosthodontics	D5130-D5140	Immediate complete dentures – upper and/or lower, placed at time of extracting remaining teeth	
Removable Prosthodontics	D5211-D5214; D5225-D5226	Partial dentures – upper and/or lower, resin, metal, or flexible base	
Removable Prosthodontics	D5221-D5224; D5227-D5228	Immediate partial dentures – upper and/or lower, resin, metal, or flexible base, placed at time of tooth extractions	

Category	Code	General Service Description	Frequency (how often our plan will pay)
Removable Prosthodontics	D5282-D5286	Partial dentures – upper and/or lower, resin, metal or flexible base for one side of the mouth	
Removable Prosthodontics	D5863, D5865	Complete dentures place on tooth roots in bone	
Removable Prosthodontics	D5864, D5866	Partial dentures place on tooth roots in bone	
Removable Prosthodontics	D5410-D5512; D5611-D5622	Adjust or repair complete or partial dentures	Only 1 of any (D5410-D5512, D5611-D5622) per arch every 12 months; must be greater than 6 months after delivery; inclusive of denture if within 6 months of prosthesis delivery
Removable Prosthodontics	D5520, D5630-D5671	Replace missing or broken parts of complete or partial dentures	Only 1 of any (D5520, D5630, D5640, D5650) per arch every 12 months; inclusive of denture if within 6 months of prosthesis delivery; Only 1 of (D5660) per arch every 12 months; Only 1 of any (D5670-D5671) per arch every 24 months
Removable Prosthodontics	D5710-D5761	Reline or rebase complete and/or partial dentures – upper and/or lower	Only 1 of any (D5710-D5761) per arch every 24 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
Removable Prosthodontics	D5810-D5821	Interim/temporary denture	Only 1 of any (D5810-D5821) per arch every 60 months
Removable Prosthodontics	D5765; D5867-D5875	Other denture services	1 of each (D5765, D5867-D5875) per arch every 24 months.
Removable Prosthodontics	D5850, D5851	Liner to help heal gum tissue under a denture	Only 1 of any (D5850-D5851) per arch every 12 months; must be greater than 6 months after delivery; inclusive if within 6 months of prosthesis delivery
Removable Prosthodontics	D5862	Attachment to connect a crown to a complete or partial denture	1 (D5862) every 84 months per tooth

Category	Code	General Service Description	Frequency (how often our plan will pay)
Comprehensive Fixed Prosthodontic (Bridges) Services			
Fixed Prosthodontics	D6205-D6252	Part of the bridge that is the fake tooth, replacing the missing tooth (pontic)	1 (D2542-D2544, D2642-D2644, D2662-D2664, D2710-D2794, D6205-D6252, D6545-D6615, D6710-D6783, D6790, D6791, D6792, D6794) per tooth every 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when teeth (excluding third molars) are missing in both quadrants in the same arch, bridge requests will alternate benefit to a partial denture
Fixed Prosthodontics	D6253	Temporary replacement for a missing tooth (pontic) - when further treatment or completion of diagnosis necessary prior to final impression	1 (D6253) every 84 months
Fixed Prosthodontics	D6545-D6615; D6710-D6783, D6790, D6791, D6792, D6794	Crowns and partial crowns that are placed on teeth supporting a bridge (retainer crowns)	1 (D2542-D2544, D2642-D2644, D2662-D2664, D2710-D2794, D6205-D6252, D6545-D6615; D6710-D6783, D6790, D6791, D6792, D6794) per tooth every 84 months unless the loss of an additional tooth requires the construction of a new appliance; requires extensive loss of tooth structure due to decay or fracture; requires at least 50% remaining bone support; when teeth (excluding third molars) are missing in both quadrants in the same arch, bridge requests will alternate benefit to a partial denture

Category	Code	General Service Description	Frequency (how often our plan will pay)
Fixed Prosthodontics	D6930	Re-cement or re-bond a bridge that comes out	1 (D6930) per tooth every 24 months; not payable within 6 months of delivery
Fixed Prosthodontics	D6980	Repair of a bridge when tooth-colored material fails or breaks	1 (D6980) every 24 months per arch per procedure
Comprehensive Oral Surgery (Extraction) Services			
Other Oral/Maxillofacial Surgery	D7140-D7251	Extractions	1 (D7140-D7251) per tooth per lifetime; D7250 requires evidence of previous failed extraction with retained root and not by same provider or group
Other Oral/Maxillofacial Surgery	D7260-D7261	Sinus related surgery	1 (D7260, D7261) per maxillary quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7270-D7282; D7290-D7291	Surgery to move or re-implant natural teeth	1 of any (D7270-D7282; D7290-D7291) per tooth per lifetime
Other Oral/Maxillofacial Surgery	D7285-D7288	Biopsies	Only 1 of any (D7285, D7286, D7288) per 24 months; 1 (D7287) per 24 months per site per procedure
Other Oral/Maxillofacial Surgery	D7292-D7300	Attachments on unerupted teeth	1 of each (D7292-D7300) per 24 months per tooth
Other Oral/Maxillofacial Surgery	D7310-D7321	Reshaping of the bone that surrounds the teeth or tooth spaces	Only 1 of any (D7310-D7321) per quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7340-D7350	Surgery on gum tissue to prepare for dentures	Only 1 of any (D7340, D7350) every 60 months per quadrant
Other Oral/Maxillofacial Surgery	D7410-D7465	Removal of suspicious tissue growths	Unlimited per procedure
Other Oral/Maxillofacial Surgery	D7471	Removal of extra bone growths on sides of jaws	1 (D7471) per arch per lifetime
Other Oral/Maxillofacial Surgery	D7472	Removal of extra bone growth on roof of mouth	1 (D7472) per lifetime

Category	Code	General Service Description	Frequency (how often our plan will pay)
Other Oral/Maxillofacial Surgery	D7473	Removal of extra bone growth inside of lower jaw	1 (D7473) per quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7485	Removal of extra bone and tissue growth on back areas of upper jaw	1 (D7485) per quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7509, D7510-D7540	Cleaning an abscess/infection from a tooth root	1 (D7509) per date of service; Unlimited per procedure (D7510-D7540)
Other Oral/Maxillofacial Surgery	D7953	Bone graft in area(s) of missing teeth	1 (D7953) per lifetime per tooth
Other Oral/Maxillofacial Surgery	D7956-D7957	Bone graft protective layer	1 of D7956 or D7957 per quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7961-D7972	Other surgical procedures to remove excess gum tissue or muscle attachments	1 (D7961-D7970) per arch per 60 months; 1 (D7971) per lifetime per tooth; 1 (D7972) per maxillary quadrant per lifetime
Other Oral/Maxillofacial Surgery	D7997	Appliance removal by a different dentist	1 (D7997) every 60 months per arch
Comprehensive Other Adjunctive (Non-Routine) Services			
Other Comprehensive Services	D9110	Minor procedure for emergency treatment of dental pain	1 (D9110) per 12 months
Other Comprehensive Services	D9120	Cutting an old bridge to help remove it	1 (D9120) every 12 months per procedure
Other Comprehensive Services	D9210-D9248	Deep sedation/general anesthesia	Only 1 of any (D9210-D9222, D9230, D9239, D9248) per date of service; only 7 of (D9223, D9243) per date of service
Other Comprehensive Services	D9310, D9410-D9440, D9997	Visits to or from nursing homes, hospitals, surgery centers or doctors' offices	1 (D9310, D9430, D9440) every 6 months per procedure; 1 (D9410, D9420, D9997) per date of service
Other Comprehensive Services	D9610, D9612	Drug injections for infection and severe pain	Only 1 of any (D9610, D9612) per date of service

Category	Code	General Service Description	Frequency (how often our plan will pay)
Other Comprehensive Services	D9630	Fluoride rinses and other prescription dental products for home use	1 (D9630) every 6 months
Other Comprehensive Services	D9911	Place medicine on sensitive tooth roots	1 (D9911) per tooth every 24 months
Other Comprehensive Services	D9912, D9920, D9930	Special or unusual consultations	1 (D9912, D9920-D9930) per date of service
Other Comprehensive Services	D9932-D9935	Cleaning of complete and partial dentures	1 (D9932-D9935) every 24 months
Other Comprehensive Services	D9942	Bite guard repair	1 (D9942) every 24 months
Other Comprehensive Services	D9944-D9946	Bite guard, hard or soft appliance	Only 1 of any (D9944-D9946) every 60 months
Other Comprehensive Services	D9951	Minor adjustment of bite	1 (D9951) every 24 months
Other Comprehensive Services	D9995	Teledentistry - performed in real time	Only 1 of any (D9995-D9996) per date of service
Other Comprehensive Services	D9996	Teledentistry - performed when information stored and sent to a dentist for later review	

Limitations:

- Optional treatment: If you select a more expensive service than is customarily provided, an alternate benefit allowance may be made for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost.
 - When teeth are missing in both quadrants of the same arch, a benefit request for one or more fixed bridges in that arch will be limited to the benefit of a conventional tooth and soft tissue-based partial denture.

Exclusions:

- Services or supplies for correction of congenital or developmental malformations.
- Cosmetic dentistry services or surgery for aesthetic purposes (including the treatment of congenital or developmental malformations, bleaching of teeth and grafts to improve aesthetics).
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled appointment with the Dentist.
- Services or supplies for which no valid dental need can be demonstrated.
- Services or supplies that do not meet accepted standards of dental practice.
- Services or supplies that are investigational or experimental in nature, including services required to treat complications from investigational or experimental procedures.
- Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances or dysfunction of the temporomandibular joint (TMJ).
- Appliances, surgical procedures, and restorations (amalgam or composite resin fillings, crowns, bridges, inlays, or onlays) for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting.
- Services or supplies not listed in the above table.

Treatment Completion Date

Treatment completion date is defined as the date that treatment is complete and may be billable. Treatment is complete on dates of delivery for removable complete and partial dentures, final cementation for crowns and bridges, and final fill for root canals.

Prior Authorization

Prior Authorization is required prior to treatment for certain codes and address issues of eligibility and available benefits at time of request. This is not a guarantee of payment. Approval for payment is based upon the member's eligibility on the date of service, dental record documentation, and any policy limitations and remaining available benefits on the date of service.