

PEHP HEALTH & BENEFITS DENTAL BREAKDOWN



Medicare Dental 1000 Plan

This document provides a snap shot of benefits when using an in-network provider. This document does not guarantee coverage. Please check eligibility and yearly maximums online often. Contracted, in-network providers can access the full fee schedule at WWW.PEHP.ORG. For detailed questions, you can call customer service at 801-366-7555.

YEARLY MAXIMUMS & WAITING PERIODS

Policy Year: Jan 1 – Dec 31
Yearly Dental Maximum: \$1,000 per person
Yearly Dental Deductible: \$50 per person

There is a six-month waiting period for Prosthodontic (Major). No benefits are payable for services performed before the six-month waiting period has been met, even with preauthorization. Please verify online to see if the waiting period has been met. This waiting period may be waived if the member had continuous PEHP sponsored dental coverage for 6 months without a break in coverage. Please call customer service for more details.

There is a five-year missing tooth clause from the original effective date. This waiting period may be waived if the member had continuous PEHP sponsored dental coverage for five years or longer without a break in coverage. Please call customer service for more details.

Preventative

CDT Code	Description	Benefit Benefits reduced by 20% when using an out of network provider	Frequency
0120	Periodic Oral Examination	80% of PEHP's in-network rate Deductible applies if provider is out of network.	Two combined exams per plan year.
0145	Oral Evaluation for a patient under age 3		
0150	Comprehensive Oral Evaluation		
0160	Detailed & Extensive Oral Evaluation		
0220	Intra-Oral periapical first film	80% of PEHP's in-network rate	Allowable when necessary for specific diagnostic purposes. Multiple PA's in any one visit will be limited to the amount allowed for full mouth x-rays, but will not apply to the time limit of once in three-year period.
0230	Intra-Oral periapical each additional film		

0251	Extra-Oral posterior dental radiographic image	80% of PEHP's in-network rate	Two times per plan year.
0272	Bitewing – two films Child through age 10		
0274	Bitewing – four films Adult age 11 and up		
0277	Vertical bitewings 7-8 films		
0210	(FMX) Intraoral-complete series, including bitewings	80% of PEHP's in-network rate	Once in a three-year period for one, not both. FMX is not eligible under age 13.
0330	Panoramic film		
1110	Prophylaxis – adult age 14 and up	80% of PEHP's in-network rate	Two times per plan year.
1120	Prophylaxis – child through age 13		
1206	Fluoride – topical application of fluoride varnish	80% of PEHP's in-network rate	Two times per plan year, must be in conjunction with a cleaning or four times per plan year with eligible 4910 or 4346, unless under age 3 and a cleaning cannot be done. No age limit.
1208	Fluoride – topical application of fluoride, excluding varnish		
1351	Sealant – per tooth	Not Covered	Not eligible due to age restriction, only covered on permanent molars through age 17.

Basic

CDT Code	Description	Benefit Benefits reduced by 20% when using an out of network provider	Frequency
0140	Limited Oral Evaluation – Problem Focused (emergency exam)	80% of PEHP's in-network rate Deductible applies if provider is out of network.	Allowable when necessary to relieve pain on an episodic basis, but not with regular appointment. It may be billed together with palliative treatment or specific treatment code, but not both.
0180	Comprehensive Periodontal Evaluation	80% of PEHP's in-network rate	Once per plan year.
1510 1516 1517 1520 1526 1527	Space Maintainers – through age 16 only	Not Covered	Not eligible due to age restriction.

2140 2150 2160 2161	Amalgam Fillings	80% of PEHP's in-network rate after deductible	Once in an 18-month period.
2330 2331 2332 2335 2390 2391 2392 2393 2394	Resin Based Composite Fillings	80% of PEHP's in-network rate after deductible	Once in an 18-month period. X-rays required when filling includes (F) surface for code 2332. X-rays required on teeth 5-12 and 21-28 for code 2335. No downgrading on posterior composites.
2510- 2530 2610- 2630 2650- 2652	Inlay	80% of PEHP's in-network rate after deductible	Once in an 18-month period, eligible up to cost of composite filling.
2930 2931 2932 2933 2934	Stainless Steel Crown	80% of PEHP's in-network rate after deductible	Once in a 24-month period, x-rays suggested.
2950	Core Buildup	80% of PEHP's in-network rate after deductible	Allowed once in a 18-month period following root canal therapy on the tooth, or when done in conjunction with a crown every five years. X-rays and records required if no RCT history.
2952	Cast Post and Core	80% of PEHP's in-network rate after deductible	Only following root canal therapy on the tooth. A cast post and core is eligible once in an 18-month period, or once in a five-year period when done in conjunction with a crown. X-rays are required if no RCT history.
3110 3120	Pulp cap direct/indirect	80% of PEHP's in-network rate after deductible	Once in an 18-month period.
3310 3320 3330	Root Canal Therapy	80% of PEHP's in-network rate after deductible	Once per tooth.
3346 3347 3348	Root canal retreatment	80% of PEHP's in-network rate after deductible	Requires pre-op and post-op x-ray for review.
4261	Osseous Surgery – one to three contiguous teeth or tooth bounded spaces per quadrant	80% of PEHP's in-network rate after deductible	Once in a 12-month period, x-rays and period charting required.
4266 4267	Guided tissue regeneration resorbable barrier, per site	80% of PEHP's in-network rate after deductible	Allowable following periodontal surgery. 4266 includes resorbable barrier per site. 4267 includes non-resorbable barrier per site.
4341 4342	Scaling and Root Planning	80% of PEHP's in-network rate after deductible	Once in a 12-month period. Perio chart required, x-ray may be required if charting is insufficient. All four quads can be done on the same day.

			Three or more pocket measurements of 4mm or greater is required for the benefit to be eligible for payment.
4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (without periodontitis).	80% of PEHP's in-network rate after deductible	Once per lifetime, cannot be performed in conjunction with a prophylaxis or periodontal maintenance. X-rays and perio chart and/or narrative may be required.
4355	Full mouth debridement	80% of PEHP's in-network rate after deductible	Once in a 12-month period, x-rays required. Not eligible when billed the same day as 0120, 0150, 0160, or 0180.
4381	Localized delivery of anti-microbial agents	80% of PEHP's in-network rate after deductible	One per tooth every three to six months. Perio chart required. Chart notes and/or narrative required. Cannot be performed on the same day as 4341/4342.
4910	Periodontal maintenance	80% of PEHP's in-network rate after deductible	Allowed four times per plan year. Cannot be performed in conjunction with a regular cleaning. Perio chart required if no previous periodontal procedures performed and/or no history of 4910.
7140	Extraction, erupted tooth, or exposed root	80% of PEHP's in-network rate after deductible	Allowed as necessary.
7210 7220 7230 7240 7241 7250	Extractions, surgical/impacted	80% of PEHP's in-network rate after deductible	X-rays and records required.
7951 7952 7953	Sinus Augmentation & Bone Replacement Graft	80% of PEHP's in-network rate after deductible	Preauthorization suggested to determine if the service is medical or dental. If these services are performed at the same time as an implant the major benefit applies.
9222 9223	Deep Sedation/General Anesthesia	80% of PEHP's in-network rate after deductible	The number of units allowed will be based on the time indicated on the claim and/or anesthesia report, if no time is indicated on the claim we will request records/narrative report. Allowed when necessary for surgical extractions or some other oral surgeries. It is not allowable in conjunction with simple extractions. Under age six: no authorization required. Over age six: services other than oral surgery/wisdom teeth removal will require preauthorization. May be authorized if medically necessary due to medical concerns. Not covered if due to dental phobia/anxiety. If done in dental office it is payable as dental benefit. If extensive and done in a surgical facility it is payable as a medical benefit.
9243	Intravenous moderate (conscious) sedation/analgesia	80% of PEHP's in-network rate after deductible	A maximum of five units will be eligible. Allowed with eligible apicoectomy, severe periodontal cases, implants, osseous and

		oral surgery procedures. It is not eligible with root canal therapy, simple extractions, or for dental phobia or anxiety. However, children through five years of age are eligible for anesthesia services under the medical benefit.
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Major (Prosthodontic)

Services to restore tooth structure are covered when damage is caused by decay or fracture. If the fractures are due to wear the service will not be covered. If two different major services are received on the same tooth in the five-year period, the payment for the second service will be reduced by the amount for the first, up to the plan maximum.

All major services are paid on the seat date and have a five-year replacement.

CDT Code	Description	Benefit Benefits reduced by 20% when using an out of network provider	Frequency
2542-2664	Onlay	50% of PEHP's in-network rate after deductible	Once in a five-year period. Pre-treatment x-rays required for teeth 7-10 and 23-26.
2710-2794	Crown	50% of PEHP's in-network rate after deductible	Once in a five-year period. X-rays required if initial placement and no RCT on file. If replacing no x-ray required, but prior placement date is needed. 2790 Onetime benefit per tooth. No downgrading.
5110-5286 5750-5761 5810-5821	Denture	50% of PEHP's in-network rate after deductible	5110-5283 once in a five-year period. 5750-5761 once in a three-year period. 5810-5821 once in a five-year period.
6010-6050 6051-6077 6090-6095	Implant	50% of PEHP's in-network rate after deductible	Once in a five-year period. 6010-6050 will require pre-treatment and post treatment x-rays. 6090 & 6095 allowable as necessary, chart notes and/or narrative required.
6104	Bone graft at time of implant placement	50% of PEHP's in-network rate after deductible	Once in a five-year period. Only covered if implant is eligible.
6205-6794	Bridge	50% of PEHP's in-network rate after deductible	Once in a five-year period. Pre-treatment x-rays required when 2 or more abutments are billed on either side of pontic. Pre-treatment x-rays required if initial

			placement. If replacing, no x-ray required, but prior placement date is needed.
9222 9223	Deep Sedation/General Anesthesia	50% of PEHP's in-network rate after deductible when done in conjunction with major services.	<p>The number of units allowed will be based on the time indicated on the claim and/or anesthesia report, if no time is indicated on the claim we will request records/narrative report.</p> <p>Allowed when necessary for surgical extractions or some other oral surgeries. It is not allowable in conjunction with simple extractions.</p> <p>Under age six: no authorization required.</p> <p>Over age six: services other than oral surgery/wisdom teeth removal will require preauthorization. May be authorized if medically necessary due to medical concerns. Not covered if due to dental phobia/anxiety. If done in dental office it is payable as dental benefit. If extensive and done in a surgical facility it is payable as a medical benefit.</p>
9243	Intravenous moderate (conscious) sedation/analgesia	50% of PEHP's in-network rate after deductible when done in conjunction with major services.	<p>A maximum of five units will be eligible. Allowed with eligible apicoectomy, severe periodontal cases, implants, osseous and oral surgery procedures.</p> <p>It is not eligible with root canal therapy, simple extractions, or for dental phobia or anxiety. However, children through five years of age are eligible for anesthesia services under the medical benefit.</p>
9944- 9946	Night/Occlusal Guard	50% of PEHP's in-network rate after deductible	<p>Once in a five-year period.</p> <p>Covered for the diagnosis of severe bruxism only.</p>

Orthodontics

CDT Code	Description	Benefit	Frequency
8000- 8999	Orthodontics	Not covered	