

A healthy smile just got easier with your dental benefit!

As a member of Molina Medicare Complete Care (HMO D-SNP), you get the benefit of supplemental dental services. Using this benefit is as easy as ABC.

ACCESS

How do I access the benefit?

A

Molina Medicare Complete Care (HMO D-SNP) offers supplemental dental services through DentaQuest. To use your benefits, you must get your dental services from a DentaQuest network provider. If you receive care from a provider who is not in the DentaQuest network, you must pay for your own care.

To find a DentaQuest provider close to you:

- Search online at dentaquest.com/en/find-a-dentist
- Call DentaQuest at (833) 206-6302 (TTY: 711), Monday – Friday, 8 a.m. to 8 p.m., local time.

DentaQuest will verify your eligibility. Then search for a network provider in your area. You do not need a referral from your Primary Care Physician.

BENEFIT

What is the benefit?

B

There is no annual maximum for preventive dental services. Preventive services include exams, cleanings, fluoride and x-rays.

You have \$4,000 each calendar year for ALL covered comprehensive services. Each service has a limit (e.g., maximum allowance, number of procedures, and/or frequency of services).

Your denture coverage is one set every 3 years.

We cover the American Dental Association (ADA) procedure codes listed below. Comprehensive services require Prior Authorization. The ADA may update the codes during the year. If you have a question about a dental ADA code, call DentaQuest Customer Service.

BENEFIT

What is the benefit?

B

Schedule of Covered Supplemental Dental Services

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
PREVENTIVE BENEFITS			
Preventive Care: No Maximum Allowance			
Oral Exam:	2 every Calendar Year	0%	100%
Detail:	2 per year either D0120, D0140, D0150, or D0180; D0150 and D0180 allowed once per provider per lifetime D0120 – periodic oral evaluation – established patient D0140 – limited oral evaluation, problem focused D0150 – comprehensive oral evaluation – new or established patient D0180 – comprehensive periodontal evaluation		
Prophylaxis - Cleaning:	2 every Calendar Year	0%	100%
Detail:	Up to 2 per Calendar Year - D1110 D1110 – prophylaxis – adult		
Fluoride Treatment:	2 every Calendar Year	0%	100%
Detail:	Up to 2 per Calendar Year - D1206, D1208 D1206 – topical application of fluoride varnish D1208 – topical application of fluoride		
Bitewing X-ray:	4 every Calendar Year	0%	100%
Detail:	Up to 4 per Calendar Year - D0272, D0274, D0373 D0272 – bitewings – two radiographic images D0274 – bitewings – four radiographic images D0373 – intraoral tomosynthesis-bitewing radiographic image		
X-rays:	One every Calendar Year	0%	100%
Detail:	D0374 – Intraoral tomosynthesis-periapical radiographic image		
Periapical X-ray:	6 every Calendar Year	0%	100%
Detail:	Up to 6 per Calendar Year - D0220, D0230 D0220 – intraoral periapical-1st radiographic image D0230 – intraoral periapical-each additional radiographic image		

BENEFIT

What is the benefit?

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Schedule of Covered Supplemental Dental Services (continued)

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
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Diagnostic

Panoramic Radiographic X-ray:	1 every 5 calendar years	0%	100%
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Detail:	D0330 or D0372 allowed once per 5 Calendar Years, not covered with D0272 or D0274 within the same Calendar Year D0330 – panoramic radiographic images D0372 – intraoral tomosynthesis-comprehensive series of radiographic images		
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COMPREHENSIVE BENEFITS

Non-Routine

Deep Scaling:	4 quadrants every 2 Calendar Years	0%	100%
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Detail:	Any combination of either D4341 or D4342 D4341 – periodontal scaling and root planing-four or more disease teeth per quadrant D4342 – periodontal scaling and root planing-1-3 disease teeth per quadrant		
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Debridement:	Covered as referenced:	0%	100%
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Detail:	Up to 1 every Calendar Year - D4355 or 2 every Calendar Year - D4910 D4355 - full mouth debridement to enable comprehensive periodontal evaluation and diagnosis D4910 - periodontal maintenance procedures (following active therapy)		
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Restorative Services

Restorative Services (Fillings):	Covered as referenced:	0%	100%
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Detail:	Up to 6 restorations or 12 surfaces per year – D2140-D2161; D2330-D2335; D2391-D2394 D2140-D2161 – amalgam (silver) fillings D2140 – amalgam – one surface, primary or permanent		
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BENEFIT

What is the benefit?

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Schedule of Covered Supplemental Dental Services (continued)

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Restorative Services (continued)			
Detail:	D2150 – amalgam – two surfaces, primary or permanent D2160 – amalgam – three surfaces, primary or permanent D2161 – amalgam-four or more surfaces, primary or permanent D2330-D2335 – resin-based composite (tooth-colored) fillings for the front teeth 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-D2394 – resin-based composite (tooth-colored) fillings for the back teeth 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		
Crowns & Crown Restorations/Repair:	Up to 2 every Calendar Year; once every 5 Calendar Years per tooth	0%	100%
Detail:	D2510-D2530; D2542-D2544; D2620, D2630; D2642-D2644; D2650-D2652; D2662-D2664; D2710-D2722; D2740; D2750, D2751, D2752; D2781-D2783; D2790-D2794; D2799; D2951-D2954; D2980 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 D2620 – inlay porcelain/ceramic-two surfaces D2630 – inlay-porcelain/ceramic-three or more surfaces D2642 – onlay-porcelain/ceramic-two surfaces D2643 – onlay-porcelain/ceramic-three surfaces		

BENEFIT

What is the benefit?

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Schedule of Covered Supplemental Dental Services (continued)

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
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Restorative Services (continued)

Detail:	<p>D2644 – onlay-porcelain/ceramic-four or more surfaces</p> <p>D2650 – inlay-resin based composite one surface</p> <p>D2651 – inlay-resin based composite two surfaces</p> <p>D2652 – inlay-resin based composite three or more surfaces</p> <p>D2662 – onlay-resin based composite two surfaces</p> <p>D2663 – onlay-resin based composite three surfaces</p> <p>D2664 – onlay-resin based composite four or more surfaces</p> <p>D2710 – crown-resin based composite (indirect)</p> <p>D2712 – crown $\frac{3}{4}$ resin based composite (indirect)</p> <p>D2720 – crown-resin with high noble metal</p> <p>D2721 – crown-resin with predominantly base metal</p> <p>D2722 – crown-resin with noble metal</p> <p>D2740 – crown-porcelain/ceramic</p> <p>D2750 – crown-porcelain fused to high noble metal</p> <p>D2751 – crown-porcelain fused to predominantly base metal</p> <p>D2752 – crown-porcelain fused to noble metal</p> <p>D2781 – crown-$\frac{3}{4}$ cast predominantly base metal</p> <p>D2782 – crown-$\frac{3}{4}$ cast noble metal</p> <p>D2783 – crown-$\frac{3}{4}$ porcelain/ceramic</p> <p>D2790 – crown-full cast high noble metal</p> <p>D2791 – crown-full cast predominately metal base</p> <p>D2792 – crown-full cast noble metal</p> <p>D2794 – crown-titanium</p> <p>D2799 – provisional crown</p> <p>D2951 – pin retention-per tooth, in addition to restoration</p> <p>D2952 – post and core in addition to crown, indirectly</p> <p>D2953 – each additional indirectly fabricated post - same tooth</p> <p>D2954 – prefabricated post and core in addition to crown</p> <p>D2980 – crown repair necessitated by restorative material failure</p>		
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BENEFIT

What is the benefit?

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Schedule of Covered Supplemental Dental Services (continued)

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Endodontics			
Is this benefit unlimited for Endodontics?	NO: 1 per tooth, every Calendar Year		
Endodontics/ Root Canals:	D3220; D3310-D3330; D3410, D3421, D3425, D3426 D3220 – therapeutic pulpotomy D3310 – endodontic therapy, (root canal), anterior D3320 – endodontic therapy (root canal), bicuspid D3330 – endodontic therapy (root canal), molar D3410 – apicoectomy-anterior D3421 – apicoectomy-bicuspid (first root) D3425 – apicoectomy surgery-molar (first root) D3426 – apicoectomy surgery (each additional root)		
Extractions			
Simple Extractions:	8 every Calendar Year	0%	100%
Detail:	D7140 D7140 – extraction-erupted tooth or exposed root		
Surgical Extraction:	3 every Calendar Year	0%	100%
Detail:	Up to 3 every Calendar Year - D7210-D7241 D7210 – surgical removal of erupted tooth requiring removal of bone and/or section of tooth D7220 – removal impacted tooth-soft tissue D7230 – removal impacted tooth-partially bony D7240 – removal of impacted tooth-completely bony D7241 – removal of impacted tooth-completely bony, with unusual surgical complications		
Incision and Drainage:	One per tooth per lifetime	0%	100%

BENEFIT

What is the benefit?

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Schedule of Covered Supplemental Dental Services (continued)

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Extractions (continued)			
Detail:	Up to 1 per tooth per lifetime – (D7510, D7511 or D7520, D7521) D7510 – incision and drainage of abscess-intraoral soft tissue D7511 – incision and drainage of abscess-intraoral soft tissue-complicated D7520 – incision and drainage of abscess-extraoral soft tissue D7521 – incision and drainage of abscess extraoral soft tissue complicated		
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services			
Is this benefit unlimited	NO	0%	100%
Dentures:	1 set of dentures (either full, partial or immediate) every 3 Calendar Years; up to the Plan Annual Maximum Coverage Amount		
Detail:	D5110-D5140; D5211-D5214; D5221-D5228 D5110 – complete denture – maxillary D5120 – complete denture – mandibular D5130 – immediate denture-maxillary D5140 – immediate denture-mandibular D5211 – maxillary partial denture-resin base (including any conventional clasps, rests and teeth) D5212 – mandibular partial denture-resin base D5213 – maxillary partial denture-cast metal framework with resin base D5214 – mandibular partial denture-cast metal framework with resin base D5221 – immediate maxillary partial denture-resin base D5222 – immediate mandibular partial denture-resin base D5223 – immediate maxillary partial denture-cast metal framework with resin denture bases		

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What is the benefit?

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Schedule of Covered Supplemental Dental Services (continued)

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services (continued)			
Detail:	D5224 – immediate mandibular partial denture-cast metal framework with resin denture bases D5225 – maxillary partial denture – flexible base (including any clasps, rests and teeth) D5226 – mandibular partial denture – flexible base (including any clasps, rests and teeth) D5227 – immediate maxillary partial denture-flexible base D5228 – immediate mandibular partial denture-flexible base		
Denture Repairs and Adjustments:	4 every Calendar Year	0%	100%
Detail:	D5511, D5512, D5520, D5611, D5612, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5725, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5765 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 denture base, mandibular D5612 – repair resin denture base, maxillary D5621 – repair cast framework, mandibular D5622 – repair cast framework, maxillary D5630 – repair or replace broken clasp-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)		

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What is the benefit?

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Schedule of Covered Supplemental Dental Services (continued)

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
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Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services (continued)

Detail:	D5710 – rebase complete maxillary denture D5711 – rebase complete mandibular denture D5720 – rebase maxillary partial denture D5721 – rebase mandibular partial denture D5725 – rebase of 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 dentures (indirect)		
Palliative Emergency Treatment:	4 every Calendar Year	0%	100%
Detail:	D9110 D9110 – palliative treatment of dental pain per visit		
Deep Sedation (Anesthesia):	Covered with Oral Surgery	0%	100%
Detail:	D9222, D9223 D9222 – deep sedation/general anesthesia-first 15 minutes D9223 – deep sedation/general anesthesia-each subsequent 15 minute increment		

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Schedule of Covered Supplemental Dental Services (continued)

Dental Service Category	Dental Code Description	In-Network You Pay	Out-of-Network You Pay
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Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services (continued)

Intravenous (Anesthesia):	Covered with Oral Surgery	0%	100%
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Detail:	D9239, D9243 D9239 – intravenous moderation (conscious) D9243 – intravenous moderation (conscious)-each subsequent 15 minute increment		
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Some covered dental services need prior authorization. Your provider will handle any plan-required authorizations for you.

CONTACT

How do I contact DentaQuest?



Remember you must use a network provider.

DentaQuest Customer Service

Phone	(833) 206-6302 (TTY: 711)
Hours	Monday – Friday, 8 a.m. to 8 p.m., local time

Who do I call if I have problems?



Need help? Call Member Services.

Molina Medicare Complete Care Member Services

Phone	(800) 665-3072 (TTY: 711)
Hours	7 days a week, 8 a.m. to 8 p.m., local time.
Website	MolinaHealthcare.com/Medicare

You are responsible for paying for any dental service you get from a non-network provider.

The plan may not cover all recommended procedures. Ask your provider for a dental treatment plan before agreeing to any work. Have the dentist detail all the costs – what the plan will pay and what you will pay.

Network dentists may ask for usual, reasonable, and customary fees for services not covered under your plan.

If you meet the maximum allowable amount for a service, or you reach your calendar year maximum, you must pay for your procedures.

Molina Healthcare is a DSNP and HMO plan with a Medicare contract. DSNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

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