

A healthy smile just got easier with your dental benefit!

As a member of the Molina Dual Options STAR+PLUS MMP, you get the added benefit of supplemental dental services. Using this benefit is as easy as ABC.

ACCESS

How do I access the benefit?



Molina Dual Options STAR+PLUS MMP has partnered with DentaQuest, a national dental company to provide covered supplemental dental services to our members. Services are only available when provided by dentists who are part of the DentaQuest network. If you receive care from a dental provider who is not in the DentaQuest network you must pay for your own care.

To find a DentaQuest dental provider close to you:

- Search online – use our supplemental dental provider online search tool at dentaquest.com/en/find-a-dentist to find a DentaQuest network dentist
- Call DentaQuest at (833) 479-0205 (TTY: 711), Monday – Friday, 8 a.m. to 8 p.m., CT

When you call, a representative will verify your eligibility and search for a network dental provider in your area.

A referral from your Primary Care Physician (PCP) is not required for this benefit.

BENEFIT

What is the benefit?



For Molina Dual Options STAR+PLUS MMP non-waiver Members in the Community

- You have a \$2,000 calendar year maximum for ALL covered supplemental preventive and comprehensive dental services. Frequency and limitations are based on medical criteria and necessity.
- Denture coverage may not be available if you have already reached your \$2,000 calendar year maximum for ALL covered supplemental dental services.

For Molina Dual Options STAR+PLUS MMP waiver Members in the Community

- You have a \$5,000 calendar year maximum for ALL covered dental services. Frequency and limitations are based on medical criteria and necessity.
- Denture coverage may not be available if you have already reached your \$5,000 calendar year maximum for ALL covered dental services.

BENEFIT

What is the benefit?

B

For Molina Dual Options STAR+PLUS MMP Nursing Facility (NF) Members 21 Years of Age and Older

- You have a \$2,000 calendar year maximum for dental exams, x-rays, and cleanings and each service has a specific limit (e.g., maximum allowance, number of procedures and/or frequency of services).
- The costs of ALL covered supplemental dental services combined are subject to the annual benefit coverage amount and cannot exceed \$2,000 in a calendar year.

Only the ADA dental procedure codes listed below are covered, comprehensive services will require Prior Authorization. These codes may be updated by the American Dental Association (ADA) during the year. If you have a question about a dental ADA code, please call Member Services.

Schedule of Covered Supplemental Dental Services

There is no co-pay for office visits.

For Molina Dual Options STAR+PLUS MMP Nursing Facility (NF) Members 21 Years of Age and Older ONLY

Oral Exams –

- *D0120 – periodic oral evaluation*
- *D0140 – limited oral evaluation*
- *D0150 – comprehensive oral evaluation*
- *D0180 – comprehensive periodontal exam*

Dental X-Rays –

- *D0210 – intraoral – comprehensive series of radiographic images*
- *D0220 – intraoral – periapical – first radiographic image*
- *D0230 – intraoral – periapical – each additional radiographic image*
- *D0240 – intraoral – occlusal radiographic image*
- *D0270 – bitewing – single radiographic image*
- *D0272 – bitewings – two radiographic images*
- *D0273 – bitewings – three radiographic images*
- *D0274 – bitewings – four radiographic images*
- *D0372 – intraoral tomosynthesis-comprehensive series of radiograph images*
- *D0373 – intraoral tomosynthesis-bitewing radiographic image*
- *D0374 – intraoral tomosynthesis-periapical radiographic image*

Cleanings –

- *D1110 – prophylaxis – adult*
- *D4346 – scaling in presence of moderate or severe inflammation – full mouth after evaluation*

Fluoride –

- *D1208 – Topical application of fluoride, excluding varnish*

Emergency Dental Services –

- *Oral Exams should you need emergency care for these services*
 - *D0171 – re-evaluation, post-operative office visit*
- *Extractions should you need emergency care for these services*
 - *D7111 – extraction – coronal remnants, primary tooth*
 - *D7140 – extraction – erupted tooth or exposed root*

BENEFIT

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Emergency Dental Services continued –

- D7210 – surgical removal – of erupted tooth
- D7220 – removal of impacted tooth – soft tissue
- D7230 – removal of impacted tooth – partially bony
- D7240 – removal of impacted tooth – completely bony
- D7241 – removal of impacted tooth – complete bony, with unusual surgical complications
- D7250 – surgical removal – residual tooth roots, cutting procedure
- Surgical Incisions should you need emergency care for these services
 - D7510 – incision and drainage of abscess – intraoral soft tissue
 - D7520 – incision and drainage of abscess – extraoral soft tissue
- Adjunctive General Services should you need emergency care for these services
 - D9110 – palliative treatment of dental pain per visit
 - D9211 – regional block anesthesia
 - D9212 – trigeminal division block anesthesia
 - D9215 – local anesthesia – in conjunction with operative or surgical procedures
 - D9222 – deep sedation/general anesthesia – first 15 minute increment
 - D9223 – deep sedation/general anesthesia – each subsequent 15 minute increment
 - D9239 – intravenous moderate (conscious) sedation/analgesia – first 15 minute increment
 - D9243 – intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
 - D9991 – dental case management – addressing appointment compliance barriers
 - D9992 – dental case management – care coordination
 - D9993 – dental case management – motivational interviewing
 - D9994 – dental case management – patient education to improve oral health literacy

For STAR+PLUS non-waiver and waiver Members in the Community

Oral Exams –

- D0120 – periodic oral evaluation
- D0140 – limited oral evaluation
- D0150 – comprehensive oral evaluation
- D0160 – detailed and extensive oral eval-problem focused, by report
- D0170 – re-evaluation, limited problem focused
- D0171 – re-evaluation – post-operative office visit
- D0180 – comprehensive periodontal evaluation

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Dental X-Rays –

- D0210 – intraoral – comprehensive series of radiographic images
- D0220 – intraoral – periapical – first radiographic image
- D0230 – intraoral – periapical – each additional radiographic image
- D0240 – intraoral – occlusal radiographic image
- D0250 – extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
- D0270 – bitewing – single radiographic image
- D0272 – bitewings – two radiographic images
- D0273 – bitewings – three radiographic images
- D0274 – bitewings – four radiographic images
- D0277 – vertical bitewing – 7 to 8 films
- D0310 – sialography
- D0320 – temporomandibular joint arthrogram, including injection
- D0321 – other temporomandibular joint films by report
- D0322 – tomographic survey
- D0330 – panoramic – radiographic image
- D0340 – cephalometric radiographic image
- D0350 – 2D oral/facial photographic image obtained intra-orally or extra-orally
- D0367 – cone beam CT capture and interpretation with field view of both jaws, with or without cranium
- D0372 – intraoral tomosynthesis-comprehensive series of radiographic images
- D0373 – intraoral tomsynthesis-bitewing radiographic image
- D0374 – intraoral tomsynthesis-periapical radiographic image

Tests and Examinations –

- D0415 – bacteriologic studies
- D0460 – pulp vitality tests
- D0470 – diagnostic casts
- D0601 – caries risk assessment and documentation, with a finding of low risk
- D0602 – caries risk assessment and documentation, with a finding of moderate risk
- D0603 – caries risk assessment and documentation, with a finding of high risk

Oral Pathology Laboratory –

- D0502 – other oral pathology procedures, by report
- D0999 – unspecified diagnostic procedure, by report

Other Preventive Services –

- D1330 – oral hygiene instructions
- D1352 – preventive resin restoration in a moderate to high caries risk patient – permanent tooth

Space Maintenance –

- D1510 – space maintainer – fixed – unilateral
- D1516 – space maintainer – fixed – bilateral, maxillary
- D1517 – space maintainer – fixed – bilateral, mandibular
- D1520 – space maintainer – removable – unilateral

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Space Maintenance continued –

- D1526 – space maintainer – removable – bilateral, maxillary
- D1527 – space maintainer – removable – bilateral, mandibular
- D1551 – re-cement or re-bond space maintainer – maxillary
- D1552 – re-cement or re-bond space maintainer – mandibular
- D1553 – re-cement or re-bond unilateral space maintainer – per quadrant
- D1556 – removal of fixed unilateral space maintainer – per quadrant
- D1557 – removal of fixed bilateral space maintainer – maxillary
- D1558 – removal of fixed bilateral space maintainer – mandibular

Cleanings –

- D1110 – prophylaxis – adult

Periodontics (Deep Cleanings) –

- D4210 – gingivectomy or gingivoplasty – four or more teeth per quadrant
- D4211 – gingivectomy or gingivoplasty – one to three teeth per quadrant
- D4212 – gingivectomy or gingivoplasty – restorative procedure – per tooth
- D4230 – anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4231 – anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant
- D4240 – gingival flap procedure – four or more teeth per quadrant
- D4241 – gingival flap procedure – one to three teeth per quadrant
- D4245 – apically positioned flap
- D4249 – clinical crown lengthening – hard tissue
- D4260 – osseous surgery – four or more teeth per quadrant
- D4261 – osseous surgery – one to three teeth per quadrant
- D4266 – guided tissue regenerate – resorbable barrier, per site, per tooth
- D4267 – guided tissue regeneration – non-resorbable barrier, per site, per tooth
- D4270 – pedicle soft tissue graft procedure
- D4273 – autogenous connective tissue graft procedure – first tooth
- D4274 – mesial/distal wedge procedure – single tooth

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Periodontics (Deep Cleanings) continued –

- D4275 – non-autogenous connective tissue graft – first tooth
- D4276 – combined connective tissue and double pedicle graft
- D4277 – free soft tissue graft – first tooth
- D4278 – free soft tissue graft – each additional tooth
- D4283 – autogenous connective tissue graft procedure – each additional tooth, per site
- D4285 – non-autogenous connective tissue graft procedure – each additional tooth, per site
- D4322 – splint – intra-coronal; natural teeth or prosthetic crowns
- D4323 – splint – extra-coronal; natural teeth or prosthetic crowns
- D4341 – periodontal scaling and extracoronary root planing – four or more teeth, per quadrant
- D4342 – periodontal scaling of and root planing – one to three teeth, per quadrant
- D4346 – scaling in presence moderate or severe inflammation – full mouth after evaluation
- D4355 – full mouth debridement to enable comprehensive periodontal evaluation and diagnosis – subsequent visit
- D4381 – localized delivery of antimicrobial agents

Periodontal Maintenance –

- D4910 – periodontal maintenance
- D4920 – unscheduled dressing change (by someone other than treating dentist or their staff)
- D4999 – unspecified periodontal procedure, by report

Fluoride Treatment –

- D1206 – topical application of fluoride varnish
- D1208 – topical application of fluoride – excluding varnish

Restorative Services (Fillings) –

- D2140-D2161 – amalgam (silver) fillings
 - D2140 – amalgam – one surface, primary or permanent
 - 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, D2390 – 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
 - D2390 – resin-based composite crown, anterior

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Restorative Services (Fillings) continued –

- 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
- D2510-D2664 – inlay/onlay restorations
 - D2510 – inlay – metallic – one surface
 - D2520 – inlay – metallic – two surfaces
 - D2530 – inlay – metallic – three plus surfaces
 - D2542 – onlay – metallic – two surfaces
 - D2543 – onlay – metallic – three surfaces
 - D2544 – onlay – metallic – four plus surfaces
 - D2650 – inlay – composite/resin one surface
 - D2651 – inlay – composite/resin two surfaces
 - D2652 – inlay – composite/resin three plus surfaces
 - D2662 – onlay – composite/resin – two surfaces
 - D2663 – onlay – composite/resin – three surfaces
 - D2664 – onlay – composite/resin – four plus surfaces

Extractions –

- D7111 – extraction – coronal remnants, primary tooth
- D7140 – extraction – erupted tooth or exposed root
- D7210 – extraction – erupted tooth requiring removal of bone and/or sectioning of tooth
- D7220 – removal of impacted tooth – soft tissue
- D7230 – removal of impacted tooth – partially bony
- D7240 – removal of impacted tooth – completely bony
- D7241 – removal of impacted tooth – complete bony – complication
- D7250 – removal of residual tooth roots – cutting procedure

Other Surgical Procedures –

- D7260 – oroantral fistula closure
- D7261 – primary closure of a sinus perforation
- D7270 – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
- D7272 – tooth transplantation (includes reimplantation from one site to another)
- D7280 – surgical access of an unerupted tooth
- D7282 – mobilization of erupted or malpositioned tooth to aid eruption
- D7283 – placement of device to facilitate eruption of impacted tooth
- D7284 – excisional biopsy of minor salivary glands
- D7285 – incisional biopsy of oral tissue-hard (bone, tooth)
- D7286 – incisional biopsy of oral tissue-soft

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Other Surgical Procedures continued –

- D7290 – surgical repositioning of teeth
- D7291 – transseptal fiberotomy, by report
- D7310 – alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
- D7320 – alveoloplasty – ridge extension (secondary epithelialization)
- D7340 – vestibuloplasty – ridge extension (secondary epithelialization)
- D7350 – vestibuloplasty – ridge extension
- D7410 – radical excision – lesion diameter up to 1.25 cm
- D7411 – excision of benign lesion greater than 1.25 cm
- D7413 – excision of malignant lesion up to 1.25 cm
- D7414 – excision of malignant lesion greater than 1.25 cm
- D7440 – excision of malignant tumor – lesion diameter up to 1.25cm
- D7441 – excision of malignant tumor – lesion diameter greater than 1.25cm
- D7450 – removal of odontogenic cyst or tumor – lesion diameter up to 1.25cm
- D7451 – removal of odontogenic cyst or tumor – lesion greater than 1.25cm
- D7460 – removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25cm
- D7461 – removal of nonodontogenic cyst or tumor – lesion greater than 1.25cm
- D7465 – destruction of lesion(s) by physical or chemical method, by report
- D7472 – removal of torus palatinus
- D7510 – incision and drainage of abscess – intraoral soft tissue
- D7520 – incision and drainage of abscess – extraoral soft tissue
- D7530 – removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
- D7540 – removal of reaction-producing foreign bodies, musculoskeletal system
- D7550 – partial ostectomy/sequestrectomy for removal of non-vital bone
- D7560 – maxillary sinusotomy for removal of tooth fragment or foreign body
- D7670 – alveolus stabilization of teeth, closed reduction splinting
- D7820 – closed reduction dislocation
- D7880 – occlusal orthotic device, by report
- D7899 – unspecified TMD therapy, by report

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Other Surgical Procedures continued –

- D7910 – suture small wounds – up to 5 cm
- D7911 – complicated suture – up to 5 cm
- D7912 – complex suture – greater than 5cm
- D7955 – repair of maxillofacial soft and/or hard tissue defect
- D7961 – buccal / labial frenectomy (frenulectomy)
- D7962 – lingual frenectomy (frenulectomy)
- D7970 – excision of hyperplastic tissue - per arch
- D7971 – excision of pericoronal gingiva
- D7972 – surgical reduction of fibrous tuberosity
- D7980 – surgical sialolithotomy
- D7983 – closure of salivary fistula
- D7997 – appliance removal (not by dentist who placed appliance), includes removal of archbar
- D7999 – unspecified oral surgery procedure, by report

Denture Allowance –

- D5110 – complete denture – maxillary
- D5120 – complete denture – mandibular
- D5130 – Immediate denture – maxillary
- D5140 – Immediate denture – mandibular
- D5211 – maxillary partial denture – resin base
- D5212 – mandibular partial denture – resin base
- D5213 – maxillary partial denture – cast metal/resin base
- D5214 – mandibular partial denture – cast metal/resin base
- D5221 – immediate maxillary partial denture – resin base
- D5222 – immediate mandibular partial denture – resin base
- D5223 – immediate maxillary partial denture – cast metal framework – resin denture base
- D5224 – immediate mandibular partial denture – cast metal framework – resin denture base
- D5227 – immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)
- D5228 – immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)
- D5281 – removable unilateral partial denture – one piece cast metal

Denture Adjustments –

- D5410-D5422 – adjustments to dentures
 - D5410 – adjust complete denture – maxillary
 - D5411 – adjust complete denture – mandibular
 - D5421 – adjust partial denture – maxillary
 - D5422 – adjust partial denture – mandibular

Denture Repairs –

- D5511-D5520 – repairs to complete dentures
 - D5511 – repair broken complete denture base – mandibular
 - D5512 – repair broken complete denture base – maxillary
 - D5520 – replace missing or broken teeth – complete denture

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Denture Repairs continued –

- *D5611-D5671 – repairs to partial dentures*
 - *D5611 – repair resin partial denture base – mandibular*
 - *D5612 – repair resin partial denture base – maxillary*
 - *D5621 – repair cast partial framework – mandibular*
 - *D5622 – repair cast partial framework – maxillary*
 - *D5630 – Repair or replace broken retentive clasping materials – 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)*
- *D5710-D5721 – denture rebase procedures*
 - *D5710 – rebase – complete maxillary denture*
 - *D5711 – rebase – complete mandibular denture*
 - *D5720 – rebase – maxillary partial denture*
 - *D5721 – rebase – mandibular partial denture*
- *D5730-D5761 – denture reline procedures*
 - *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 removable denture – indirect*
- *D5810-D5821 – interim prosthesis*
 - *D5810 – interim complete denture – maxillary*
 - *D5811 – interim complete denture – mandibular*
 - *D5820 – interim partial denture – maxillary*
 - *D5821 – interim partial denture – mandibular*
- *D5850-D5899 – other removable prosthetic services*
 - *D5850 – tissue conditioning – maxillary*
 - *D5851 – tissue conditioning – mandibular*
 - *D5862 – precision attachment, by report*
 - *D5863 – overdenture – complete maxillary*
 - *D5864 – overdenture – partial maxillary*
 - *D5865 – overdenture – complete mandibular*
 - *D5866 – overdenture – partial mandibular*
 - *D5899 – unspecified removable prosthodontic procedure, by report*

BENEFIT

What is the benefit?

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Crowns –

- D2710 – crown – resin-based composite (indirect)
- D2720 – crown – resin with high noble metal
- D2721 – crown – resin with predominantly base metal
- D2722 – crown – resin with noble metal
- D2740 – crown – porcelain / ceramic substrate
- D2750 – crown – porcelain fused to high noble metal
- D2751 – crown – porcelain fused to predominantly base metal
- D2752 – crown – porcelain fused to noble metal
- D2780 – crown – $\frac{3}{4}$ cast high noble metal
- D2781 – crown – $\frac{3}{4}$ cast predominantly base metal
- D2782 – crown – $\frac{3}{4}$ cast noble metal
- D2783 – crown – $\frac{3}{4}$ porcelain/ceramic
- D2790 – crown – full cast high noble metal
- D2791 – crown – full cast predominantly base metal
- D2792 – crown – full cast noble metal
- D2794 – crown – titanium and titanium alloys

Crown Repair –

- D2910 – re-cement or re-bond – inlay, onlay, veneer, or partial coverage
- D2915 – re-cement or re-bond – indirectly prefabricated post and core
- D2920 – re-cement or re-bond crown
- D2931 – prefabricated stainless steel crown – permanent tooth
- D2932 – prefabricated resin crown
- D2940 – protective restoration
- D2950 – core build up – including any pins when required
- D2951 – pin retention – per tooth, in addition to restoration
- D2952 – post and core – in addition to crown, indirectly fabricated
- D2953 – each additional cast post – same tooth
- D2954 – prefabricated post and core – in addition to crown
- D2955 – post removal
- D2957 – each additional prefabricated post – same tooth
- D2960 – labial veneer (lamine) – chair
- D2961 – labial veneer (resin laminate) – laboratory
- D2962 – labial veneer (porcelain laminate) – laboratory
- D2971 – additional procedures to construct new crown under partial denture framework
- D2980 – crown – repair necessitated by restorative material failure
- D2999 – unspecified restorative procedure, by report

BENEFIT

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Endodontics Services –

- D3110 – pulp cap, direct – excluding final restoration
- D3120 – pulp cap, indirect – excluding final restoration
- D3220 – therapeutic pulpotomy – excluding final restoration
- D3221 – pulpal debridement – primary and permanent teeth
- D3310 – endodontic therapy – anterior tooth – excluding final restoration
- D3320 – endodontic therapy – premolar tooth – excluding final restoration
- D3330 – endodontic therapy – molar tooth – excluding final restoration
- D3346 – retreatment of previous root canal therapy – anterior
- D3347 – retreatment of previous root canal therapy – premolar
- D3348 – retreatment of previous root canal therapy – molar
- D3351 – apexification/recalcification – initial visit
- D3352 – apexification/recalcification – interim medication replacement
- D3353 – apexification/recalcification – final visit
- D3410 – apicoectomy – anterior
- D3421 – apicoectomy – premolar – first root
- D3425 – apicoectomy – molar – first root
- D3426 – apicoectomy – each additional root
- D3430 – retrograde filling – per root
- D3450 – root amputation – per root
- D3460 – endodontic endosseous implant
- D3470 – intentional reimplantation
- D3910 – surgical procedure for isolation of tooth with rubber dam
- D3920 – hemisection (including any root removal), not including root canal therapy
- D3921 – decoronation or submergence of an erupted tooth
- D3950 – canal preparation and fitting of preformed dowel or post
- D3999 – unspecified endodontic procedure, by report

Bridge and Bridge Repairs –

- D6210 – pontic – cast high noble metal
- D6211 – pontic – cast predominately base metal
- D6212 – pontic – cast noble metal
- D6240 – pontic – porcelain fused to high noble metal
- D6241 – pontic – porcelain fused to predominantly base metal
- D6242 – pontic – porcelain fused to noble metal
- D6245 – pontic – porcelain / ceramic
- D6250 – pontic – resin with high noble metal
- D6251 – pontic – resin with predominantly base metal
- D6252 – pontic – resin with noble metal
- D6545 – retainer – cast metal for resin bonded fixed prosthesis
- D6548 – retainer – porcelain/ceramic, resin bonded fixed prosthesis

BENEFIT

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Bridge and Bridge Repairs continued –

- D6549 – resin retainer – for resin bonded fixed prosthesis
- D6710 – retainer crown – indirect resin-based composite
- D6720 – retainer crown – resin with high noble metal
- D6721 – retainer crown – resin with predominantly base metal
- D6722 – retainer crown – resin with noble crown
- D6740 – retainer crown – porcelain / ceramic
- D6750 – retainer crown – porcelain fused to high noble metal
- D6751 – retainer crown – porcelain fused to predominantly base metal
- D6752 – retainer crown – porcelain fused to noble metal
- D6780 – crown – $\frac{3}{4}$ cast high noble metal
- D6781 – prosthodontics fixed, crown $\frac{3}{4}$ cast predominantly based metal
- D6782 – prosthodontics fixed, crown $\frac{3}{4}$ cast noble metal
- D6783 – prosthodontics fixed, crown $\frac{3}{4}$ porcelain/ceramic
- D6790 – retainer crown – full cast high noble metal
- D6791 – retainer crown – full cast predominately base metal
- D6792 – retainer crown – full cast noble metal

Bridge Repairs –

- D6920 – connector bar
- D6930 – re-cement or re-bond fixed partial denture
- D6940 – stress breaker
- D6950 – precision attachment
- D6975 – coping – metal
- D6980 – fixed partial denture repair – restorative material failure
- D6999 – fixed prosthodontic procedure

Maxillofacial Prosthetics –

- D5911 – facial moulage (sectional)
- D5912 – facial moulage (complete)
- D5913 – nasal prosthesis
- D5914 – auricular prosthesis
- D5915 – orbital prosthesis
- D5916 – ocular prosthesis
- D5919 – facial prosthesis
- D5922 – nasal septal prosthesis
- D5923 – ocular prosthesis, interim
- D5924 – cranial prosthesis
- D5925 – facial augment implant prosthesis
- D5926 – nasal prosthesis, replacement
- D5927 – auricular prosthesis, replace
- D5928 – orbital prosthesis, replace
- D5929 – facial prosthesis, replacement
- D5931 – facial prosthesis, replacement

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Maxillofacial Prosthetics continued –

- D5932 – obturator prosthesis, definitive
- D5933 – obturator prosthesis, modification
- D5934 – mandibular resection prosthesis with guide flange
- D5935 – mandibular resection prosthesis without guide flange
- D5936 – obturator prosthesis, interim
- D5937 – trismus appliance (not for TMD treatment)
- D5951 – feeding aid
- D5952 – speech aid prosthesis, pediatric
- D5953 – speech aid prosthesis, adult
- D5954 – palatal augment prosthesis
- D5955 – palatal lift prosthesis, definitive
- D5958 – palatal lift prosthesis, interim
- D5959 – palatal lift prosthesis, modification
- D5960 – speech aid prosthesis, modification
- D5982 – surgical stent
- D5983 – radiation carrier
- D5984 – radiation shield
- D5985 – radiation cone locator
- D5986 – fluoride gel carrier
- D5987 – commissure splint
- D5988 – surgical splint
- D5999 – unspecified maxillofacial prosthesis, by report

Adjunctive General Services –

- D9110 – palliative treatment of dental pain per visit
- D9120 – fixed partial denture sectioning
- D9210 – local anesthesia not in conjunction with operative or surgical procedures
- D9211 – regional block anesthesia
- D9212 – trigeminal division block anesthesia
- D9222 – deep sedation/general anesthesia – first 15 minute increment
- D9223 – deep sedation/general anesthesia – each subsequent 15 minute increment
- D9230 – inhalation of nitrous oxide/analgesia, anxiolysis
- D9239 – intravenous moderate (conscious) sedation/analgesia – first 15 minute increment
- D9243 – intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
- D9248 – non-intravenous moderate (conscious) sedation
- D9310 – consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
- D9410 – house/extended care facility call
- D9420 – hospital or ambulatory surgical center call

BENEFIT

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Adjunctive General Services continued –

- D9430 – office visit for observation – no other services performed
- D9440 – office visit – after regularly scheduled hours
- D9610 – therapeutic drug injection, by report
- D9612 – therapeutic drug injection – 2 or more medications by report
- D9630 – other drugs and/or medicaments, by report
- D9910 – application of desensitizing medicament
- D9920 – behavior management, by report
- D9944 – occlusal guard – hard appliance, full arch
- D9945 – occlusal guard – soft appliance, full arch
- D9946 – occlusal guard – hard appliance partial arch
- D9950 – occlusal guard – hard appliance, partial arch
- D9951 – occlusal adjustment – limited
- D9952 – occlusal adjustment – complete
- D9970 – enamel micro abrasion
- D9974 – internal bleaching – per tooth
- D9999 – unspecified adjunctive procedure, by report

Some covered supplemental dental services require prior authorization. Your DentaQuest network provider will handle any Plan-required authorizations for you.

CONTACT

How do I contact DentaQuest?



Remember you must use a DentaQuest dental network provider.

DentaQuest

Customer Service Phone

(833) 479-0205 (TTY: 711)

Customer Service Hours

Monday – Friday, 8 a.m. to 8 p.m., CT

Who do I call if I have problems?



If you need help, please call our Member Services Department.

Molina Dual Options STAR+PLUS MMP Member Services

Member Services Phone

(866) 856-8699 (TTY: 711)

Member Services Hours

Monday – Friday, 8 a.m. to 8 p.m., local time

Website

MolinaHealthcare.com/Duals

You are responsible for paying for any supplemental dental service received from a dental provider who is not in the DentaQuest network.

Depending on the clinical need, not all dental procedures recommended by a dentist may be covered by the state. To minimize your financial liability, you need to ask the dentist for a dental treatment plan in writing before agreeing to any work. Have the dentist detail all the costs – what the state will pay and what you will have to pay out-of-pocket.

DentaQuest network dentists may collect usual, reasonable, and customary fees for all services not covered under your supplemental dental benefit.

You are responsible for paying for procedures when the maximum coverage for that service is met and/or when your calendar year maximum has been reached.

Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille, or audio. Call (866) 856-8699 (TTY: 711) Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. 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.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Other Providers are available in our network.

