

BENEFIT GUIDELINES

General Overview of Standard Dental Services

Regence offers several different dental plans to give employers maximum flexibility in choosing dental benefit options for their employees. Following is an overview of the most used options. This overview is **not** a guarantee of benefits. Please contact Customer Service to determine the correct benefits for a member.

Preventive and Diagnostic Dental Services

- Oral examinations – two per calendar year
- Dental x-rays – bitewings: one set twice per calendar year; panoramic and full mouth series once per every three years
- Topical fluoride application – two applications per calendar year for members age 17 and under
- Prophylaxis, including cleaning, scaling, and polishing – two per calendar year
- Space maintainers for premature loss of primary teeth for member under 11 years of age (depending on contract)
- Sealants for members under 17 years of age

Basic Dental Services

- Amalgam and composite restorations (for molars, payment may be limited to amount that would have been paid for amalgam restorations)
- Extractions, including surgical extraction of bone impacted teeth
- General anesthesia administered in connection with surgical extraction of bone impacted teeth
- Periodontal services which consist of surgical periodontal examinations, subgingival and gingival curettage, gingivectomy and gingivoplasty, osseous surgery including flap entry and closure, mucogingivoplastic surgery, management of acute infections and oral lesions
- Apicoectomy
- Repair of dentures and bridges
- Palliative emergency treatment
- Endodontics

Major Dental Services

- Inlays, onlays and crowns (for gold inlays, onlays and crowns, payment is limited to the amount that would have been paid for composite inlays, onlays and crowns)
- Bridges, fixed and removable
- Vestibuloplasty
- Dentures, full and partial
- Implants by report

Orthodontia Billing Guidelines

Orthodontia is a separate benefit that may or may not be a benefit of the member's specific policy. Orthodontia for periodontal reasons is covered only if the patient has orthodontic benefits. Please call Customer Service prior to treatment to determine if your patient has orthodontia benefits.

When submitting orthodontic claims, include the following information:

- Valid orthodontic codes
- Treatment start date (banding date)
- Estimated length of treatment
- Total treatment charge
- **Initial down payment**
- Monthly payment amount

Members who become effective with Regence while in the course of orthodontic treatment will be reimbursed in proportion to the time remaining in treatment (e.g. if a member becomes effective in the 6th month of a 24-month course of treatment, payment will be prorated to the 18 months in which the patient is eligible). This payment, when combined with any payment made by a previous insurance carrier, cannot exceed the total billed amount.

Pretreatment Estimates

Pretreatment estimates are recommended only for procedures that may result in extensive out-of-pocket expenses for the member. Pretreatment estimates provide benefit information and allowed amounts under the member's contract, allowing both the member and the provider to know coverage prior to treatment.

PRETREATMENT ESTIMATES ARE PROVIDED AS A COURTESY, AND ARE NOT A GUARANTEE OF PAYMENT. Pretreatment estimates are provided subject to the benefits, eligibility and maximum allowable charges that are in effect on the actual date of service.

Please note: Pretreatment estimates are not available for members of the Federal Employee Program.

Limitations and Exclusions

The following are some common dental plan limitations. Limitations and exclusions may vary with each plan. Please contact Customer Service to determine the exact limitations of your patient's plan.

Limitations

- Onlays and crowns are provided only if a tooth cannot be restored adequately with amalgam or a composite filling material.

- All services and/or prosthetic devices are considered for coverage only if treatment began on or after the member's effective date of coverage under the dental plan.
- Bridges: a maximum of one retainer on each side of the missing tooth or teeth unless extenuating circumstances are reviewed and approved.
- Prosthetics: Benefits will be provided only if:
 - additional teeth were extracted after the initial installation and the member was covered at the time of such extraction
 - the existing denture, bridgework, onlay or crown was installed at least five years (or seven years depending on contract) prior to its replacement and cannot be made serviceable.
- A charge will be deemed incurred: with respect to fixed bridgework, crowns, inlays, onlays or gold restorations; on the first date of preparation of the tooth or teeth involved; 2) with respect to full or partial dentures, on the date the impression was taken; or 3) with respect to endodontics, on the date the tooth was opened for root canal therapy.
-
- Transfer of Care: in the event the member transfers from the care of one dentist to that of another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, we will be liable for not more than the amount we would have been liable for had but one dentist rendered the service.
- Services and supplies incurred after termination under the plan will not be covered except for prosthetic devices that were fitted and ordered prior to termination and were delivered to the member within 30 days after the date of termination.
- General Anesthesia: Benefits will be provided only if:
 - anesthesia services are administered in conjunction with any covered dental procedure performed in a dental office if the general anesthesia services are medically necessary because the covered person is under the age of seven or physically or developmentally disabled.
 - anesthesia is administered in a hospital or ambulatory surgical center (this is typically payable as a medical benefit) and is medically necessary because the person is:
 - a. under the age of seven, physically or developmentally disabled, with a dental condition that cannot be safely and effectively treated in a dental office; or
 - b. has a medical condition that the patient's physician determines would place the patient at undue risk if the dental procedure were performed in a dental office. The procedure, in this case, must be approved by the patient's physician.

Exclusions

- Aesthetic Services

- Services rendered by a dentist practicing beyond the scope of his or her license.
- Services and supplies incurred before enrollment under the plan. With respect to prosthodontic services in connection with a course of treatment initiated prior to enrollment under the plan, services are excluded even if some such services were rendered after enrollment under the plan.
- Gold Foil Restoration
- Replacement of lost or stolen denture (full or partial), or orthodontic appliances
- Orthognathic Surgery: services and supplies to change the position (augmentation or reduction procedures) of a bone of the upper or lower jaw (orthognathic surgery).

Please note: The limitations and exclusions listed above are a general overview of standard limitations and exclusions. This list does not supercede your contract, nor does it supercede any limitations or exclusions listed in the member's specific plan.

Charges that may not be billed to Regence or to the member

- Charges for individual periapical x-rays performed on the same day as a complete x-ray series
- Separate charges for bitewing x-rays in addition to a complete x-ray series
- Charges for duplication or submission of x-rays
- Charges for periodontal charting
- Charges for any combination of the following procedures if performed on the same day: D1110, D1120, D4210, D4211, D4260, D4261, D4341, D4342, D4910
- Sedative or temporary fillings performed on the same day as permanent restorations
- Charges for acid etch or a light cured restoration in addition to charges for restorative procedures on the same tooth
- Charges for more than four pins per restoration (tooth)
- Charges for root planing and scaling if those procedures follow curettage, gingivectomy or osseous surgery done in the same area within one year
- Charges for root recovery in addition to a charge for the extraction of the same tooth by the same dentist
- Charges for alveoloplasty (alveolectomy) in conjunction with fewer than three extractions
- Charges for local or regional anesthetic in addition to operative procedures
- Charges for dressings by the treating dentist
- Occlusal adjustment charges in addition to charges for occlusal restorations
- Charges for indirect pulp caps, bases and liners
- Additional charges for a root canal culture (considered inclusive to the root canal procedure)
- Charges for a surgical procedure for isolation of a tooth with a rubber dam

- Charges for gold in addition to the cast gold restorations
- Charges for full or partial denture relines or adjustments done less than six months after the initial placement
- Charges for a reline in addition to a separate charge for a rebase
- Charges for denture insertion
- Charges for the original soldering of bridge units
- Charges for completion of claim forms
- Charges or corrected billings that are more than twelve months old
- Charges for reports to referring providers
- Finance charges on the amount paid by Regence
- Charges for any services normally considered part of overhead (e.g. sterilization, infection control, asepsis).