Dental - Blue Shield HMO Plans (DHMO)

Benefit Coverage

Blue Shield of California Dental HMO (DHMO) covers diagnostic and preventive services, restorative services, oral surgery, periodontics, endodontics, prosthetics, and orthodontics.

DHMO plans are administered by Blue Shield's Dental Plan Administrator (DPA). Blue Shield contracts with the Dental Plan Administrator to provide services to members. The Dental Plan Administrator manages all covered services, provided by the Dental Provider or other plan providers, to members in an appropriate manner consistent with the contract. Each member is required to select a Primary Care Dentist within their dental center. The Primary Dental Provider will:

- Help the member to decide on actions to maintain and improve dental health.
- Provide, coordinate, and direct all necessary covered dental care services.
- Arrange referrals to plan specialists when required, including required prior authorization.
- Authorize emergency services when necessary.

All services must be medically or dentally necessary. The fact that a dentist or other plan provider may prescribe, order, recommend, or approve a service, procedure or dental material does not, in-of-itself, constitute or determine dental necessity even though it is not specifically listed as an exclusion or limitation. Blue Shield **may** limit or exclude benefits for services which are not dentally or medically necessary to restore the function of the teeth and oral cavity.

The Dental Provider for each member must be located sufficiently close to the member's home or work address to ensure reasonable access to care, as determined by the DPA. A Primary Dental Provider must also be selected for a newborn or child placed for adoption.

Dental - Blue Shield HMO Plans (DHMO)

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments.

When the member and dentist elect(s) a more complicated or personalized procedure that is more expensive than the covered benefit, the member will be responsible for the copayment of the covered benefit plus the difference between the dentist's usual and customary fee for the covered service and the selected procedure. If no dental service appearing on the schedule of benefits is related to the procedure selected, the service is excluded.

Benefit Exclusions

General Exclusions:

Unless otherwise specifically mentioned elsewhere in the contract DHMO dental plans do not provide benefits with respect to:

- Dental services not appearing on the schedule of benefits.
- Dental treatment that has been previously started by another dentist prior to the participant's eligibility to receive benefits under this plan.
- Dental services for cosmetic purposes (e.g., bleaching, veneer facings, crowns; porcelain on molar crowns, or brides and/or dentures).
- Dental services performed in a hospital and/or any related hospital fee(s).
- Treatment to correct congenital and developmental malformations including but not limited to: cleft palate/lip, anodontia, mandibular prognathism, retrognathia, overjet/overbite issues, enamel hypoplasia, enamel dysplasia, enamel discolorations, and malocclusions caused by skeletal jaw discrepancies.
- Treatments which, in the professional judgement of the DPA, have a poor prognosis when an alternative treatment with a more favorable prognosis is available.
- Treatment to correct or restore teeth, oral soft tissues, the alveolus, or jaws as the result of naturally occurring attrition or erosion of the oral or dental structures to include atrophy of the jaws from edentulism and/or clenching or grinding of the teeth.

Benefit Exclusions *(cont'd.)*

- Reimbursement to the member or another dental office for the cost of services secured from dentists, other than the Dental Provider or other DHMO plan authorized provider, except;
    - When such reimbursement is expressly by the DHMO plan; or
    - As cited under the Emergency Services and Emergency Claims provision (thorough documentation must be provided to the DPA).

Treatment for any condition for which benefits could be recovered under any worker's compensation, accident insurance, occupational disease law or when no claim is made for such benefits.

- Treatment for which payment is made by any governmental agency, including any foreign government.
- Treatment from dentists outside the United States of America except when emergency services are medically necessary to medically stabilize the oral or dental structures due to accidental injury or trauma to the mouth and associated structures. Pre-accident or pre-trauma radiographs **MUST** be submitted for review when making a dental claim of this nature (there are no exceptions to this policy).
- Temporomandibular Joint (TMJ) disorder or dysfunction to include any referred pain to the jaw joints, trismus, discomfort to the muscles of mastication to include any joint discomfort from using an oral appliance to manage obstructive sleep apnea or from/ during active or passive orthodontic treatment.
- Any oral-myofacial pain, headaches, cervicalgia, head position-postural issues, or migraines as the result of or associated with clenching, grinding of teeth (bruxism), orthodontic treatment, sudden traumatic insult to the jaws or joints, or from the use of an oral appliance to manage obstructive sleep apnea.
- Dental implants, transplants, ridge augmentations, bone grafts to the dental implant site or to the implant, periodontal procedures to the implant, or the implant site or teeth adjacent to the implant site, surgical implant guides, temporary crowns on implants as part of the immediate loading technique for an implant, diagnostic casts or working casts, 3-dimensional radiographs, rendering of the 3-dimensional radiographs, or removal of implants.

    NOTE: Some Plans provide a dental implant benefit.

Dental - Blue Shield HMO Plans (DHMO)

Benefit Exclusions *(cont'd.)*

- General anesthesia including intravenous, conscious (oral route) and inhalation sedation (any medications used to alter mood, the perception of reality, calms patient anxiety will be referred to as "sedation") is considered medically necessary when its use is (a) in accordance with generally accepted professional standards, (b) due to the existence of a specific medical or developmental condition and (c) not furnished primarily for the convenience of the patient, the parents, the attending dentist or other provider, and not provided because of dental phobias, combativeness, and non-cooperation of the patient (e.g., general anesthesia requests are not a benefit because the child requires "lots of dental treatment" and it is more convenient to place the child to sleep and do all the treatments in one appointment; general anesthesia is not a benefit simply because the parents cannot "afford to take time off from work" to bring their child in for their dental appointments; general anesthesia is not a benefit because the provider will not or is unwilling to make multiple treatment appointments for the child).
- The site/office/physical location where general anesthesia, et.al., is administered must meet the minimal requirements/regulations set-forth for the administration of a general anesthetic in an outpatient facility and have the proper license and/or permit allowing for such procedures from the California Dental Board (this is a State of California Regulation). The use of a mobile dental anesthesia service DOES NOT MEET THIS REQUIREMENT.
- Written documentation of the medical condition necessitating use of general anesthesia or intravenous or inhalation sedation must be provided by a **physician** (M.D.) to the Dental Center. Written documentation on the medical condition of a patient from a dentist or dentist- anesthesiologist requesting medically necessary sedation services are not acceptable.
- Patient apprehension or patient anxiety will not constitute medical necessity when requesting intravenous sedation, general anesthesia, or inhalation analgesia (nitrous oxide gas)
- Mental retardation is an acceptable medical condition to justify use of general anesthesia. Autism is not necessarily a medical condition requiring the use of a general anesthetic for routine dental procedures. Documentation of a patient's degree of autism must come from the patient's medical doctor addressing the level of patient cooperation and not from a dentist or parents.
- The DHMO plan reserves the right to review the use of general anesthesia to determine dental or medical necessity.
- Charges for broken or missed appointments.

Benefit Exclusions *(cont'd.)*

- Dental prophylaxis more than twice per calendar year.
- Precious metals (gold and gold alloy) will be charged to the patient at the dentist's cost.
- The use of titanium metal or titanium alloy for cast metal restorations will be charged to the patient at the dentist's cost for the material.
- Replacement of an existing, lost, or stolen prosthetic appliance more than once in the five-year period commencing on the date the appliance was last supplied, whether under this contract or any prior dental care policy, unless of dental necessity.
- Removal of 3rd molar (wisdom teeth) other than for dental necessity (pain, swelling, infection, causing decay to adjacent tooth). Removal of asymptomatic impacted, partially or fully erupted 3rd impacted molars because of possibility of dental crowding or for pre or post orthodontic treatment is considered not medically necessary by the DPA.
- Referral of a dependent child age 6 and over to a pedodontist (specialist in children's dentistry), unless for medical or dental necessity, or the child is uncooperative and will not allow the general dentist to treat after two attempts (thorough documentation must be provided to the DPA to include treatment attempts, behavioral management techniques employed, and level of uncooperativeness; there are no exceptions to this policy). All such exceptions must be approved by the DPA.
- Treatment as a result of accidental injury shall only be covered secondary to medical insurance, or any other primary insurance with accident coverage (thorough documentation must be provided to the DPA).
- Services, procedures, or supplies which are not reasonably necessary for the care and maintenance of the member's dental condition according to the broadly accepted standards of professional care in the United States or Canada, or which are experimental or investigational in nature or which do not have consistent-uniform professional endorsement.
- Dental treatment that does not meet Plan "utilization" guidelines, frequency limitations, and/or when the mandatory "waiting period" for specified dental services have not been met.
- Any manner of prosthesis used to prevent a tempro-mandibular joint problem from developing (e.g., such as "morning aligners" used in conjunction with oral appliance to manage obstructive sleep apnea or during any phase of orthodontic treatment).

Dental - Blue Shield HMO Plans (DHMO)

Benefit Exclusions *(cont'd.)*

- Any manner of oral or facial prosthesis constructed to mask facial or jaw deformities/defects as the result of surgery, congenital or developmental issues.
- Any dental treatment not provided by a California Dental Board licensed dentist or a dentist not licensed to practice in the United States of America or Canada (except for EMERGENCY dental treatment to MEDICALLY STABLIZE teeth and associated oral structures when the member is outside the United States; thorough documentation must be provided).
- Any self- administered, self-prescribed dental treatment, dental therapies, or oral treatments (drug store purchased "nightguards, teething medications, self-administered teeth bleaching kits, self-administered orthodontic appliances, snore guards, appliances for obstructive sleep apnea, dental restoration kits, medications prescribed by a medical doctor for a dental problem, etc.).

Orthodontic Exclusions:

- Treatment in progress (after banding) at inception of eligibility. After "banding" is defined as the initial treatment taken by an orthodontist to prepare and place orthodontic bands on a patient's teeth to include the placement of orthodontic separators.
- Surgical orthodontics (including extraction of teeth) incidental to orthodontic treatment to include the surgical placement of implant anchors or "bollard plates" to "distract" the growth or trajectory (direction) of the upper or lower jaws, exposing teeth, exposing the crowns of teeth, removing remaining deciduous teeth in the dental arches, up-righting a tooth or teeth, and etc. . The DPA will make the final determination on what constitutes "surgical orthodontics."
- Surgically assisted rapid palatal expansion (SARPE) procedures to treat transverse jaw issues or a high-narrow palate if the maxilla does not meet the criteria outlined under the orthognathic surgery **MEDICAL POLICY** of Blue Shield of California for transverse discrepancies.
- Surgical treatment to expose impacted teeth, surgical placement of tooth collars, or procedures to direct the eruption of teeth.
- Treatment to remove orthodontic cement from teeth, discoloration of teeth and periodontal or gingival surgery to expose the clinical crown(s) of teeth for the purpose of attaching an orthodontic bracket to the tooth.
- Treatment for myofunctional therapy as part of an orthodontic treatment program.

Dental - Blue Shield HMO Plans (DHMO)

Benefit Exclusions *(cont'd.)*

- Changes in treatment necessitated by an accident.
- Re-treatment of orthodontic cases when the DPA concurs with the professional judgment of the attending dentist that there is a poor prognosis.
- Relapse of the occlusion or movement of teeth to their original position after primary orthodontic treatment is completed.
- Treatment for Temporomandibular joint (TMJ) disorder (or dysfunction), bruxism or clenching of the teeth as the result of orthodontic treatment.
- Special orthodontic appliances, including but not limited to, lingual or invisible braces, sapphire or clear braces, or ceramic braces which are considered to be cosmetic.
- X-rays for orthodontic purposes (to include full mouth screen, 3-dimensional radiographs, rendering of 3-dimensionl images, and cephalometrics) - Dental - Blue Shield HMO Plans (DHMO).
- Replacement of lost, broken, or stolen appliances (e.g., orthodontic retainers) or repair of the same if broken.
- Charges for records fee to include but not limited to cephalometric tracing, photos, models, radiographs (initial, progressive, and final, as deemed necessary), 3-dimensional cone beam computerized tomography (CBCT), and computerized-digital modeling of the jaws and face.
- Interceptive orthodontics or "preventive-orthodontics" of any sort (sometimes referred to as "PHASE ONE" orthodontic treatment) to the deciduous and/or transitional dentition.
- Orthodontic treatment for patients with deciduous and or transitional dentition retained in the patient's mouth.
- Orthodontic treatment using a removable or fixed orthodontic appliance to achieve a limited cosmetic result (for example moving a single anterior tooth because it is positioned too far back in the mouth).
- Charges for broken or missed appointments.
- Appliances constructed to prevent a future malocclusion from developing. For example, a "thumb-sucking" device to prevent the patient from sucking the thumb and causing flaring of the front teeth.
- Treatment which is received in more than one course of treatment, or which is not received in consecutive months or treatment exceeding 24 months.
- Any self-prescribed orthodontic treatment (orthodontic aligners that can be purchased from the Internet).

Dental - Blue Shield HMO Plans (DHMO)

Benefit Limitations *(cont'd.)*

Prosthodontics: Existing, lost, or stolen prosthetic devices will be replaced once in the five-year period commencing on the date the appliance was last supplied, whether under this contract or any prior dental care policy, unless of dental necessity. An "immediate," "remote," "temporary," or "provisional" dentures are viewed as a "denture" (partial, complete, full) and subject to the 5-year replacement guidelines. For example, if a patient elects to have an immediate denture made by the attending dentist and then returns to have the immediate denture replaced with a remote denture, Blue Shield will view the immediate denture as the patient's final denture and there will be no replacement of the denture with another denture.

Partial Dentures: If a satisfactory result can be achieved by a standard cast chrome-resin partial denture, but the member and dentist select a more complicated precision appliance, or the use of special materials, or "flexible-esthetic" materials (e.g., "Valplast" partial dentures), the obligation of the DHMO plan will be any of the benefits appropriate to those procedures necessary to eliminate oral disease and restore missing teeth. The balance of the cost will remain the responsibility of the member.

Complete ("full") Dentures: If a satisfactory result can be achieved through the utilization of standard procedures and materials, and the member and the Dental Provider select a personalized appliance or one involving specialized techniques, or the use of special materials, or "flexible-esthetic" materials (e.g., "Valplast" partial dentures), the obligation of the DHMO plan will be any of the procedures necessary to eliminate oral disease and restore missing teeth. The balance of the cost will remain the responsibility of the member.

Dental prophylaxis: Dental prophylaxis (dental cleanings) are available not more than once in any period of 6 consecutive months. Prophylaxes performed in conjunction with fluoridation or any other periodontal procedure (e.g. gross debridement of tartar from teeth) shall be considered a dental prophylaxis for the purpose of applying this limitation. A dental prophylaxis should not be confused with a periodontal prophylaxis (also known as a "deep cleaning" or subgingival curettage and root planning procedure) which as a different treatment goal.

Benefit Limitations *(cont'd.)*

Endodontics: Root canal (endodontic) treatment includes pulp capping; therapeutic pulpotomy on deciduous teeth only (in addition to restoration); apexification; root canals on permanent teeth only, including pulpotomy or other palliative treatment and necessary x-rays, and apicoectomy (including apical curettage), but excluding the final restoration of the tooth. Documentation requires the submission of pre- and post-operative radiographs clearly showing the APEX of the treated tooth. The endodontic filling must meet current endodontic treatment guidelines (a three-dimensional root canal filling that is +/- 1.5 mm of the apex per UCSF-School of Dentistry Guidelines).

Palliative: This is emergency treatment for immediate relief of acute, intractable (severe) oral or tooth pain or the medical stabilization of the teeth or oral structures (not the definitive treatment or restoration of the dentition). For example, if a cusp is fractured on a tooth and there are "sharp edges that lacerate the soft tissues of the mouth, the "palliative" treatment is to smooth off the sharp edges of the tooth, not requesting a crown for the tooth (this is definitive treatment). Documentation requires submission of necessary pre- and post-radiographs and written documentation.

Periodontics: Periodontal (gum) treatment is available to treat emergency periodontal problems, periodontal abscess, acute/chronic periodontitis; root planning (not dental prophylaxis); subgingival curettage, debridement, gingival and osseous surgery (including post-surgical visits). All periodontal surgery must meet BSC guidelines of gingival pocket depths, root exposure, jawbone recession around the teeth, and a fair to good long-term prognosis. There must be radiographic evidence there is sufficient exposed root surfaces AND root calculus to accomplish the treatment goals associated with "root planning" of the roots of the tooth/teeth. A "periodontal prophylaxis" ("deep cleaning" or subgingival curettage-root planning) is limited to once in 24 months per quadrant of teeth. Periodontal prophylaxis should not be confused with routine "dental prophylaxis" or "dental cleaning" which has a very limited treatment goal.

Dental - Blue Shield HMO Plans (DHMO)

Benefit Limitations *(cont'd.)*

NOTE: The so-called "deep cleaning" (subgingival curettage and root planning or periodontal prophylaxis) is considered a definitive surgical treatment modality for moderate to severe periodontal conditions (CPITN levels III, IV). It is recommended the member **direct** the participating dentist to obtain pre-certification for such a procedure by submitting a full set of current radiographs, bitewing radiographs, a complete periodontal pocket charting and any intra-oral photographs, as needed, to document the dental necessity for a "deep cleaning" to the DPA. Per utilization management guidelines, only 2 quadrants of the mouth can be treated in one (1) appointment and a local anesthesia must be utilized. For a "deep cleaning" to be authorized, the DPA will determine if there is sufficient exposed root surface of the teeth to allow for the planning of the root surfaces per the code definition AND if there is radiographic calculus visible on the root surfaces. A deep cleaning should not be confused with a "dental cleaning (dental prophylaxis)." The treatment goals of a "dental cleaning" are to remove stains and supragingival tartar (calculus) from the teeth primarily for cosmetic considerations and not necessarily to treat "gum disease" (CPITN 0, I, II). If the attending dentist makes a diagnose the member has "healthy gums," a "deep cleaning" is NOT NEEDED and payment will be denied.

Restorative Dentistry: Amalgam restorations and synthetic restorations (e.g., porcelain filling, plastic filling, and composite filling). Stainless steel crowns are used when the tooth cannot be restored with a direct filling material (stainless steel crowns, when properly prepared, are considered permanent restorations per the United States Department of Veterans Administration and subject to the 5 (five) year frequency limitations).

Waiting Period: A request to waive the mandatory "waiting period" for a bonified dental emergency and/or when there is acute, intractable (SEVERE) dental or oral pain may be requested when the PROVIDER submits clinical information as the nature of the dental or oral problem (clinical note written on office letterhead, radiographs, intra-oral photographs, etc.) and the reason why such a treatment WAIVER is justified. A member calling a "customer service representative" stating that they are "in pain," is INSUFFICENT clinical information to consider waiving the mandatory "waiting period" for a particular dental service. The treatment GOAL, when waiving the mandatory "waiting period" for a particular dental procedure, is the immediate relief of pain or to provide emergency dental services to **medically** or dentally stabilize an emergency condition; it is not necessarily to restore the dentition or to provide definitive treatment.

Dental - Blue Shield HMO Plans (DHMO)

Benefit Limitations *(cont'd.)*

Indirect Restorations: Non-precious metal crowns are generally specified for posterior teeth; porcelain fused to nonprecious metal restorations (crowns) are generally reserved for anterior teeth or when dental esthetics is a consideration. For crowns, a five-year period will be measured from the date the existing crown was last seated on the tooth or supplied, whether under this contract or under any prior dental care policy or Plan. Full ceramic, porcelain, ceramic-porcelain crowns are considered cosmetic procedures for anterior and posterior teeth; reimbursement will be at the same level as the appropriate metal crown for the tooth. The balance of the cost for such crowns will remain the responsibility of the member.

NOTE: Cast "inlays" (metal, ceramic, resin) will be reimbursed for the equivalent direct restoration.

Direct Restorations: Amalgam material is generally specified to restore posterior teeth; composite or plastic materials are used to restore anterior teeth. Judgement for materials used will be the responsibility of the Dental Provider providing the covered service. The use of composite or plastic materials on posterior teeth will be paid at the same level as the comparable amalgam restoration; the balance of the cost will remain the responsibility of the member.

Full Mouth Rehabilitation: If the member and the Dental Center select a course of mouth rehabilitation, the obligation of the DHMO plan will be to cover only those benefits appropriate to those procedures necessary to eliminate oral disease and replace missing teeth. The balance of the treatment, including costs to increase vertical dimension of the occlusion, improve esthetics or cosmetics, or to restore tooth loss by attrition or erosion, will remain the responsibility of the member.

Pedodontics: Referral of dependent children to a pedodontist will be covered by the DHMO plan for children up to, but not beyond 6 years old, with prior approval. Benefits are not applicable for pediatric dental care provided by a plan specialist for children age 6 and over unless of dental or medical necessity, or the child will not allow the general dentist to treat after two attempts (the provider must provide thorough clinical documentation, not just a note that states the "patient is uncooperative.") All such exceptions must be approved by the DPA (the DPA will adjudicate the treatment request for pediatric dental specialist services based on the training and reasonable treatment expectations of the scope of practice provided by general dentists practicing in the United States and Canada).

Dental - Blue Shield HMO Plans (DHMO)

Benefit Limitations *(cont'd.)*

NOTE: Requests to obtain treatment from an "out-of-network" pediatric (or any) dental specialist because of personality or logistical issues (i.e., the parents do not "like" the "in-network" pediatric dental specialist or because the "drive is too far" to the "in-network" specialist) are not considered sufficient clinical rationale to allow the member to request services of a specialist outside the network.

Implants: Single cylinder implants are a benefit only when Plan criteria are met. Not a benefit are implants used to directly or indirectly support dentures, implants used as an abutment for a fixed dental bridge, when there are empty (edentulous) teeth spaces on both sides of the same dental arch ("bilateral edentulous spaces"), lower anterior teeth (teeth 22, 23, 24, 25, 26, 27), second molars (teeth 2, 15, 18, 31), third molars (teeth 1, 16, 17 and 32), when there is no opposing tooth/teeth, the tooth space is too small to accommodate a normal size tooth, and when the implant is **NOT** the initial replacement for a missing tooth. Depending on the Plan, the abutment for an implant is considered an INTEGRAL part of the implant screw and not a separate billable item or procedure. Implant procedures such as mounting diagnostic casts on an articulator, special implant surgical guides, uncovering the implant, temporary crowns utilized in the "immediate loading" technique, special manipulation or renderings of radiographs, extra or intra oral photographs, and three-dimensional radiographs are generally not a benefit of this Plan.

Emergency Claims: The DHMO plan's liability for emergency services rendered outside of the service area will be limited to $50 in palliative treatment services only. If emergency services outside of the service area were received and expenses were incurred by the member, the member must submit a complete claim with the emergency service record, to include pre-accident or pre-trauma radiographs, (a copy of the dentist's bill) for payment to the DPA within one year after the treatment date. Claims should be sent to:

Dental Benefit Providers of California, Inc.
425 Market Street, 12th Floor
San Francisco, CA 94105

If the claim is not submitted within this period, the DHMO plan will not pay for those emergency services unless the claim was submitted as soon as reasonably possible as determined by the plan. If the services are not pre-authorized, the DPA will review the claim retrospectively.

Dental - Blue Shield HMO Plans (DHMO)

References

Combined Evidence of Coverage and Disclosure Form Blue Shield of California Dental HMO Supplement.

Blue Shield of California Utilization Management Matrix

Dental - Blue Shield HMO Plans (DHMO)

THIS PAGE INTENTIONALLY LEFT BLANK.