

Absolute Total Care SC Medicaid Summary

Adult Dental Benefits (21 years & older):

ADA Code	Description	Frequency
D0120	PERIODIC ORAL EVALUATION, ESTABLISHED PT	1 D0150 and 1 D0120 per year or 2 D0120 per year
D0150	COMPREHENSIVE ORAL EVALUATION, NEW OR ESTABLISHED PT	1 per year
D0220	INTRAORAL PERIAPICAL FIRST FILM	2 per year
D0230	INTRAORAL PERIAPICAL EACH ADDITIONAL FILM	2 per year
D0274	BITEWING XRAYS – 4 FILMS	1 per year
D1110	PROPHYLAXIS ADULT	2 per year
D2140	AMALGAM - 1 SURFACE	All Amalgams or composites - Total 2 restorations per year - Maximum of 4 surfaces per year
D2150	AMALGAM - 2 SURFACE	All Amalgams or composites - Total 2 restorations per year - Maximum of 4 surfaces per year
D2160	AMALGAM - 3 SURFACE	All Amalgams or composites - Total 2 restorations per year - Maximum of 4 surfaces per year
D2391	POSTERIOR COMPOSITE - 1 SURFACE	All Amalgams or composites - Total 2 restorations per year - Maximum of 4 surfaces per year
D2392	POSTERIOR COMPOSITE - 2 SURFACE	All Amalgams or composites - Total 2 restorations per year - Maximum of 4 surfaces per year
D2393	POSTERIOR COMPOSITE - 3 SURFACE	All Amalgams or composites - Total 2 restorations per year - Maximum of 4 surfaces per year
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	2 per year - only asymptomatic teeth

Avesis Absolute Total Care Medicaid
Adult Benefits
Covered Benefits and Fee Schedule

Dental services listed in this Covered Benefits and Fee Schedule are to be performed by a General Dentist in a general dentist office only.									
ADA Category	DESCRIPTION	CODE	PROCEDURE	ADULT	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED	2010 FEE
Guidelines									
These rules comprise the foundation for the Avesis Adult Added Benefits Dental Program.									
GENERAL	Dental Services are defined as any diagnostic or corrective procedures administered by or under the direct supervision of a dentist licensed in South Carolina.								
COVERAGE	Adult coverage for eligible Members begins on the first day following the end of the month the member turns twenty one (21).								
OUT OF STATE	Providers located in bordering cities or areas must have signed an Avesis Agreement and are considered a Participating Provider.								
OUT OF STATE	Requests for payment or questions regarding out of state services may be directed to Avesis Provider Services at 800.231.0979								
CLAIMS	All claims must provide proper codes based upon the ADA CDT 2009 (or current edition).								
CLAIMS	Claims must be submitted within three hundred sixty five (365) days.								
PREVENTIVE/DIAGNOSTIC									
These preventive and diagnostic procedures comprise the Covered Benefits under the Avesis Absolute Total Care Added Benefits Dental Program.									
DIAGNOSTIC	Diagnostic and Clinical Examinations and Services	D0150	Comprehensive Oral Evaluation - New or established patient	X	Intentionally left blank	No	Limited to one (1) D0120 or one (1) D0150 per calendar year.	NONE	\$23.10
DIAGNOSTIC	Diagnostic and Clinical Examinations and Services	D0120	Periodic Oral Evaluation	X	Intentionally left blank	No	Limited to one (1) D0120 and one (1) D0150 or two (2) D0120 per calendar year.	NONE	\$23.10
DIAGNOSTIC	Individual Periapical, One Film	D0220	Periapical, One Film	X	Intentionally left blank	No	Limited to two (2) films per year	NONE	\$13.65
DIAGNOSTIC	Individual Periapical, One Film	D0230	Periapical, Each Additional Film	X	Intentionally left blank	No	Limited to two (2) films per year	NONE	\$11.05
DIAGNOSTIC	Bitewings, Two Films	D0272	Bitewings, Two Films	X	Intentionally left blank	No	Limited to one (1) service per year	NONE	\$20.15
DIAGNOSTIC	Bitewings, Four Films	D0274	Bitewings, Two Films	X	Intentionally left blank	No	Limited to one (1) service per year	NONE	\$34.26
PREVENTIVE	Preventive Services	D1110	Prophylaxis - Adult	X	Intentionally left blank	No	Limited to two (2) services per year	NONE	\$43.53
RESTORATIVE									
These restorative procedures comprise the Covered Benefits under the Avesis Absolute Total Care Dental Program.									
RESTORATIVE	Restorative Services - Amalgam Restorations including local anesthesia, base and polishing	D2140	Amalgam-one surface primary and permanent	X	Intentionally left blank	No	1) Limited to one restoration per tooth. 2) All surfaces must be identified. 3) Total 2 restorations per year 4) Maximum of 4 surfaces per year	NONE	\$64.99
RESTORATIVE	Restorative Services - Amalgam Restorations including local anesthesia, base and polishing	D2150	Amalgam-two surface primary and permanent	X	Intentionally left blank	No	1) Limited to one restoration per tooth. 2) All surfaces must be identified. 3) Total 2 restorations per year 4) Maximum of 4 surfaces per year	NONE	\$84.49
RESTORATIVE	Restorative Services - Amalgam Restorations including local anesthesia, base and polishing	D2160	Amalgam-three surface primary and permanent	X	Intentionally left blank	No	1) Limited to one restoration per tooth. 2) All surfaces must be identified. 3) Total 2 restorations per year 4) Maximum of 4 surfaces per year	NONE	\$102.03

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RESTORATIVE									
These restorative procedures comprise the Covered Benefits under the Avesis Absolute Total Care Dental Program.									
RESTORATIVE	Acrylic and Composite Restorations	D2391	Resin based composite-One Surface Posterior Permanent	x	Only for teeth 1-5, 12-16, 17-21, 28-32	No	1) Limited to one restoration per tooth. 2) All surfaces must be identified. 3) Total 2 restorations per year 4) Maximum of 4 surfaces per year	None	\$85.14
RESTORATIVE	Acrylic and Composite Restorations	D2392	Resin based composite -Two Surface Posterior Permanent	x	Only for teeth 1-5, 12-16, 17-21, 28-32	No	1) Limited to one restoration per tooth. 2) All surfaces must be identified. 3) Total 2 restorations per year 4) Maximum of 4 surfaces per year	None	\$111.13
RESTORATIVE	Acrylic and Composite Restorations	D2393	Resin based composite - Three Surface Posterior Permanent	X	Only for teeth 1-5, 12-16, 17-21, 28-32	No	1) Limited to one restoration per tooth. 2) All surfaces must be identified. 3) Total 2 restorations per year 4) Maximum of 4 surfaces per year	None	\$137.78
ORAL SURGERY									
These oral surgery procedures comprise the Covered Benefits under the Avesis Adult Added Benefits Dental Program.									
ORAL SURGERY									
Suturing in association with extraction(s) is not reimbursable as a separate charge, but must be included in the charge of the extraction(s).									
ORAL SURGERY									
When extracting supernumerary teeth, must use tooth numbers 51 through 82 for permanent and AS through TS for deciduous teeth									
ORAL SURGERY	Oral Surgery including local anesthesia and routine post operative care	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	X	Intentionally left blank	No	1) 2 per year 2) only asymptomatic teeth	NONE	\$73.44