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2016

Sacramento County Geographic Managed Care



Hopper,
Health Net
*Helping kids
learn how to stay
healthy and fit.*



Health Net®

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Introduction

Welcome to Health Net's Dental Plan. Health Net has contracted with the California Department of Health Care Services ("DHCS") to arrange dental care benefits to enrolled Medi-Cal beneficiaries. Health Net and its Participating Dental Providers will arrange and coordinate dental care services for you.

As a member of this dental plan, you are required to take an active part in ensuring the success of your dental health. This Evidence of Coverage explains your rights, responsibilities and benefits under this dental plan. It also explains Health Net's responsibilities to you and how to obtain assistance through Health Net's Member Services Department. Please read this important document and keep it available for quick reference. Not all words and terms used in this Evidence of Coverage have their usual meanings and some have meanings that limit their application. These words and terms are defined in the "Definitions" section of this document to help you understand their meanings.

Health Net's Member Services Department is staffed by representatives who are sensitive to your dental care needs. Our Member Services Representatives are available to help you understand the plan, select a Participating Dental Provider, assist you with issues you may have regarding your dental care, and filing a grievance. To contact Health Net's Member Services Department, please call 1-877-550-3868. Thank you for joining Health Net's Dental Plan. We look forward to serving your dental needs.

Using the dental plan

To be covered under this dental plan, services must be provided by participating dental providers and arranged by your primary dentist, except in the case of emergency dental services.

It is necessary to arrange all your dental services through your selected Primary Dentist. If your Primary Dentist has not ordered or approved the dental care you receive, Health Net will not be responsible for the charges, except in the case of Emergency Dental Services. You can schedule regular appointments with Participating Dental Providers by telephone or in person. If you have an urgent need or an emergency and cannot contact your Primary Dentist, call the 24-hour emergency number on your member identification card.

CHOOSING A PRIMARY DENTIST

You need to choose the Primary Dentist you want to be assigned to from the Participating Dental Provider Directory. If you do not select a Primary Dentist or the dentist you select is "full" or not accepting new patients, a dentist will be selected for you. You may also call Health Net's Member Services Department at (877) 550-3868 for help with the selection of a new dentist. A member identification card with the name and phone number of your dentist will be mailed to you. Each member's Primary Dentist is responsible for the direction and coordination of the member's complete dental care. Your Primary Dentist will arrange for referrals to other Participating Dental Providers for laboratory tests, x-rays, specialty dental care and other dental care services that are Dentally Necessary. Health Net may contract with certain dental colleges as Participating Providers. In these locations, dental care

provided by the dental college will be provided by students of dentistry or dental hygiene and clinicians or instructors of the dental college. If Health Net is contracted with a dental college, it will be specifically identified in the Participating Dentist Directory as a "Dental College." You and each of your enrolled family members are encouraged to schedule an appointment with your selected Primary Dentist within 120 days (4 months) of your enrollment effective date. It is very important that you schedule this initial appointment. At this time, you will meet your Primary Dentist, who will give you a complete dental assessment. Your Primary Dentist can also help you obtain Dentally Necessary referrals to specialists, and you will get a chance to help your dentist and your family begin a healthy patient-dentist relationship.

CHANGING YOUR PRIMARY DENTIST

You may decide to change the Primary Dentist for yourself or any of your enrolled family members. All you need to do is call the Health Net Member Services Department. The change will be made effective the first of the next month after you call. You must continue to see your current Primary Dentist until the effective date of change. The dentist you request may not be available if his or her practice is "full" or not accepting new patients, or if he or she does not have a contract with Health Net to participate in the Health Net Medi-Cal Dental Plan.

Health Net's Member Services Department will help you with selecting a new dentist. If your Primary Dentist ends his or her contract or loses his or her participation contract with Health Net, or if your dentist elects not to treat you as a patient because there is a breakdown in the "doctor-patient

relationship" and your dentist feels he or she is unable to meet your dental care needs, you will be contacted by Health Net's Member Services Department to assist you with the selection of a new Primary Dentist.

REFERRALS TO SPECIALISTS

Your Primary Dentist is responsible for the direction and coordination of all your dental care for covered services. Your Primary Dentist will arrange for laboratory tests, x-rays, referrals to participating specialists, and any other dental care services covered under this dental plan that are Dentally Necessary. To obtain these services, your Primary Dentist will give a referral authorizing the services. In order to be covered, all referrals to a specialist must be coordinated with Health Net by your Primary Dentist, except for Emergency Dental Care.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHC'S)

You have the right to receive your dental care services at a FQHC that has a contract with Health Net Dental Plan. For names and addresses of FQHC's in your area, please call our Member Services Department at 1-877-550-3868. If you have questions or for more information on dental services, please contact Denti-Cal. Providers may call 1-800-423-0507. Beneficiaries or their representative may call 1-800-322-6384 or you may visit the Denti-Cal website at www.dental.ca.gov.

MULTILINGUAL SERVICES

If you need help with services in your language, such as an interpreter, please contact our Member Services Department and a representative will assist you in locating an interpreter. Our Member Services Department is able to assist you in

English, Spanish, Vietnamese, Russian, Cantonese, and Mandarin. For all other languages we will make an interpreter available to you.

INTERPRETIVE SERVICES

Health Net's Medi-Cal Member Services Department employs representatives who speak various languages. The Member Services Department also utilizes a telephone interpretive service for those members who speak a language that is not represented within the Department. Please call the Member Services Department if you have questions about these services. Examples of interpretive services provided include explaining benefits and answering dental plan questions in the member's preferred language, and assisting with appointment scheduling if the Participating Dental Provider's office staff does not speak your language. Interpretive services are available during appointments for covered services if staff at the provider office does not speak the member's language. Interpreter services that are provided by Health Net or Participating Dental Providers are provided at no cost to the member and are available after hours. Members may use family or friends to interpret their communications with Health Net or a Participating Dental Provider but they are not required to do so by Health Net or a Participating Dental Provider. Health Net discourages the use of minors as interpreters.

Covered dental services

Benefits under this dental plan are limited to those dental services and supplies covered under the Medi-Cal dental program that are described in Health Net's dental contract with the DHCS as being Health Net's financial responsibility. Please refer to the

"Exclusions" section of this Evidence of Coverage for a description of items that are excluded from coverage under this dental plan.

IMPORTANT: If you opt to receive dental services that are not covered services under this plan, a participating dental provider may charge you his or her usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call member services at (877) 550-3868 or your insurance broker. To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

INITIAL APPOINTMENT SERVICES

Call your PCD to make an appointment for your first examination. To maintain good oral health you should have an oral exam every year. If you have un-expected dental problems about dental-related issues in between your regularly scheduled visits please contact either your PCD or a Member Services Representative for assistance. If you have an injury or are in pain please contact your PCD immediately.

Your first visit with your PCD must be within 120 calendar days from the date of enrollment into the Sacramento County Dental Plan. At this first visit, your PCD will prepare your treatment plan which lists the dental services your PCD has recommended for you. From then on, all your dental services will be performed either by your PCD or by a specialist to whom your PCD refers you. Specialist treatment must be authorized in writing.

The following services are covered under this dental plan when Dentally Necessary and provided by a Participating Dental Provider:

- Examinations covered once every 6 consecutive months - under 21
- Full mouth x-rays covered once every 36 consecutive months
- Bite wing x-rays covered once every 6 consecutive months - under 21
- Panoramic x-rays covered once every 36 consecutive months

PREVENTIVE SERVICES

- Teeth cleaning covered once every 6 months - under 21
- Topical fluoride treatment covered through age 17, once every 12 consecutive months
- Dental sealants covered on permanent 1st molars to age 21 on occlusal, buccal and lingual surfaces, on permanent 2nd molars to age 21 on occlusal, buccal and lingual surfaces

RESTORATIVE SERVICES

- Fillings
- Stainless steel crowns

ENDODONTIC SERVICES

- Pulpotomies
- Root canal therapy for necessary, restorable teeth
- Apicoectomies
- Apexification

PERIODONTAL SERVICES

- Subgingival curettage and root planing
- Gingivectomy
- Osseous surgery

PROSTHETIC SERVICES

- Full dentures
- Partial dentures necessary to balance an opposing full denture
- Stayplates
- Relines
- Denture repairs
- Tissue conditioning

ORAL SURGERY SERVICES

- Extractions
- Alveoplasty
- Tori removal
- Incision and drainage of abscess
- Frenectomy

ORTHODONTIC SERVICES

- Orthodontic services to correct handicapping malocclusions, craniofacial anomalies and cleft palate deformities

ADJUNCTIVE SERVICES

- Emergency palliative treatment
- General anesthesia when local anesthesia is documented as ineffective or not appropriate for pain control
- Office visits

Emergency dental services

Emergency Dental Services are available 24 hours a day, 7 days a week. An emergency dental condition exists if a "prudent layperson" could reasonably expect the absence of immediate dental attention to result in serious jeopardy or harm to the individual. If you have a dental emergency, immediately call your Primary Dentist at the number on the front of your member identification card. You will receive instructions on what to do. If a dental emergency occurs and your Primary Dentist is not available, you may obtain Emergency

Dental Services from a non-Participating Dental provider. Notify Health Net's Member Services Department as soon as you are able. Emergency Dental Services are only covered by Health Net when provided in the United States, Canada or Mexico. Emergency Dental Services rendered by a non-Participating Dental Provider are reimbursable without prior authorization.

A dental emergency can involve any of the following symptoms, alone or in combination:

- acute dental infection
- unusual or excessive dental bleeding
- severe dental pain
- broken teeth

A dental emergency does not include routine examination and cleaning of the teeth, permanent fillings or crowns, root canals, complete gum treatment and surgery and orthodontic services (braces).

Dental necessity and dental appropriateness

Questions of dental appropriateness or Dental Necessity are subject to review by Health Net. Health Net will determine whether or not the services are Dentally Necessary or covered under this dental plan.

Second opinions

A second opinion is a dental opinion given by a dentist other than the patient's original dentist. A second opinion is to assist in the confirmation of diagnosis, Dental Necessity and the appropriateness of a dental procedure. Health Net will pay for second opinions that are approved in accordance with this second opinion policy. A member may request a second opinion when:

- The member questions the reasonableness or necessity of a recommended surgical procedure.
- Clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating dentist is unable to diagnose the condition, and the member requests an additional diagnosis.
- A treatment plan in progress is not improving the dental condition within an appropriate period of time given the diagnosis and treatment plan, and the member requests a second opinion regarding the diagnosis or continuance of the treatment.
- The member has attempted to follow the treatment plan or consulted with the initial provider concerning serious concerns about the diagnosis or treatment plan.

To ask for a second opinion, contact your Primary Dentist. A Participating Dental Provider or dental plan Dental Director will review your request, in accordance with this policy and nationally recognized standards. If your request for a second opinion is approved, Health Net or your Primary Dentist will refer you to a qualified Participating Dental Provider. The dental plan reviews requests for coverage of a second opinion within 72 hours' receipt of the request, or the same day for urgent matters. Primary Dentists usually refer their assigned members who request a second opinion to a Participating Dental Provider they know within their dental group. If a member requests a second opinion about specialty care from a Participating Dental Provider who practices outside of the member's Primary Dentist's dental group, the member will be referred to Health Nets Member Services Department which will forward the request to dental management for review. If

coverage is approved, the member will be referred to an appropriately qualified Health Net Participating Dental Provider. Coverage for second opinions about a Primary Dentist's diagnosis or care is limited to second opinions provided by a Participating Dental Provider who practices within the dental group of the member's Primary Dentist.

Health Net will not pay for second opinions that are not prior authorized under this dental plan, and Health Net will only authorize second opinions from Participating Dental Providers. If Health Net requires a second opinion to confirm Dental Necessity, it will pay for all related charges.

Continuity of care

In the event your contracting dentist is terminated by Health Net for reasons other than a medical disciplinary cause, fraud or other criminal activity, you may be eligible to continue receiving care from your dentist following the termination, providing the terminated provider agrees to the terms and conditions of his or her former contract with Health Net. Continued care from the terminated dentist may be provided for up to 90 days or a longer period if Dentally Necessary for chronic, serious or acute conditions or until your care can safely be transferred to another provider. This does not apply to dentists who have voluntarily terminated their participation with Health Net or a Staff Model Dental Group.

If you are receiving dental care for:

- an acute dental condition; or
- a serious chronic dental condition;

and your dentist is terminated, you may request permission to continue receiving dental care from the terminated dentist

beyond the termination date by calling Health Net. Health Net, in consultation with your terminated dentist, will determine the best way to manage your ongoing care. Health Net must preauthorize services for continued care as a condition of coverage. If you have any questions, or would like a copy of Health Net's Continuity of Care Policy, or would like to appeal a denial of your request for continuation of services from your terminated dentist, you may call Health Net's Member Service Department.

Child health and disability prevention (CHDP)

The CHDP Act requires that all children entering first grade have a screening check-up within 18 months prior to, or 90 days after, entry into the first grade. In addition, CHDP guidelines provide that eligible children under the age of 21 be referred to a dentist to ensure the following:

- Refer all children for an annual preventive dental health visit, beginning at age three, regardless of whether a dental problem is detected or suspected. Children under age three should be referred to a dentist if a problem is suspected or found. Early signs of conditions such as baby bottle tooth decay* (BBTD) may be detected before more serious problems develop by examining the mouths of infants and very young children.
- Stress the prevention of dental disease. Unlike some health problems, most dental disease is preventable.
- Perform a comprehensive inspection of the mouth at every periodic examination to detect problems early before they

become serious conditions that require more costly and painful emergency care.

- Assure a child's access to adequately fluoridated water or other supplemental fluoride source. Fluoride helps prevent tooth decay.
- Provide preventive counseling regarding baby bottle tooth decay and oral and facial injuries.

California Children Services

California Children Services (CCS) is a state program administered through local county offices. The program treats children under 21 years of age with certain physical limitations and diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of the needed care. If a MEMBER has a CCS eligible condition, MEMBER needs to apply to CCS for services under the CCS program. MEMBERS who may be eligible for dental services through the CCS program include those who have been accepted for and are authorized to receive orthodontic services for medically handicapping malocclusion by a CCS-paneled orthodontist, as well as other clients with CCS-eligible conditions such as cleft lip and/or palate, congenital and/or acquired oral and craniofacial anomalies, complex congenital heart disease, seizure disorder, immune deficiencies, cerebral palsy, hemophilia and other blood dyscrasia, malignant neoplasms, including leukemia, rheumatoid arthritis, nephrosis, cystic fibrosis, and organ transplants.

The PLAN shall continue to provide all dentally necessary covered services and case management services for MEMBERS referred to CCS until eligibility for the CCS program is established. Once eligibility for the CCS program is established for a

MEMBER, the PLAN shall continue to provide Primary Dental Care and other dentally covered services unrelated to the CCS-eligible condition and will ensure the coordination of services between its Primary Care Dentists, the CCS-specialty providers, and the local CCS Program.

For any further information concerning the CCS program, please contact your local CCS Chapter at 800-288-4584. If you suspect that you have a CCS condition, it is recommended that you also contact your primary care physician.

Baby bottle tooth decay

Baby Bottle Tooth Decay (BBTD) is a serious disease that causes the cavity-prone primary teeth to decay rapidly. It starts with the decay of the upper front teeth followed by the primary molars. This decay can produce severe pain, tooth loss, infections and loss of sleep. Premature loss of primary teeth may lead to speech disorders, feeding and nutritional problems, and possible orthodontic problems. Typically, BBTD is caused by putting a child in bed with a bottle containing anything but plain water, or letting a child have the bottle for long periods of time during waking hours. Used this way, the bottle serves as a sort of pacifier. The bottle becomes a convenient mechanism for ingesting cavity-causing liquids throughout the day. The following points help BBTD when used:

- Never put a child in bed with a bottle and do not use a bottle prop.
- Feed the infant only while the infant is being held. If the baby falls asleep while feeding, the bottle should be removed.
- The infant's teeth should be cleaned with a wet washcloth or small toothbrush after each feeding, especially

behind the upper front tooth which is the site of early decay development.

- Breast feed whenever possible.
- Infants should be introduced to a cup at six months of age and weaned from a bottle about one year of age. Use alternatives for putting a baby to bed without a bottle, including:
- Offering a security blanket or teddy bear; Sing or play music;
- Hold or rock baby;
- Rub or pat child's head and back;
- Read or tell a story;
- Use an infant swing; or
- Use a pacifier (do not dip it in honey or anything sweet)

Exclusions

Benefits under this dental plan are limited to those services and supplies covered under the Medi-Cal dental program that are described in Health Net's Medi-Cal contract with DHCS as being Health Net's financial responsibility. In the event that the California legislature passes a law to eliminate or reduce a service that was covered under the Medi-Cal Program, or the DHCS amends its Medi-Cal Agreement with Health Net to eliminate or reduce a service that was covered under the Agreement, benefits under this dental plan will be similarly eliminated or reduced upon the effective date of the change.

The following services are not covered under this dental plan:

- Services rendered outside of your assigned Primary Dentist office, or by a non-Participating Dental Provider, except for Emergency Dental Services or as authorized by Health Net.
- Orthodontic services, except in the treatment of handicapping

malocclusions, craniofacial anomalies and cleft palate deformities.

- Treatment that is not Dentally Necessary, as determined by Health Net.
- Treatment of incipient or non-active caries.
- Cosmetic procedures.
- Removable partial dentures, except when Dentally Necessary for balance of an opposing full denture.
- Extraction of asymptomatic teeth, except for:
 - Serial extractions required to minimize malocclusion or malalignment
 - Teeth that interfere with the construction of a covered dental prosthesis
 - Perceptible radiographic pathology that fails to elicit symptoms.
- Experimental procedures.
- Procedures, appliances and restorations that:
 - Increase vertical dimension;
 - Restore occlusion;
 - Replace tooth structure lost by attrition, abrasion or erosion; and
 - Are for implantology techniques.
- Pulp caps.
- Fixed bridges except when necessary for:
 - Obtaining employment.
 - Medical conditions that preclude the use of removable dental prostheses.
- Health Net will make all reasonable attempts to arrange covered services but it is not responsible to do so under the following circumstances:
 - Delay or failure to render service due to major disaster or epidemic affecting facilities or personnel.
 - Interruption of services due to war or riot, labor disputes, or

destruction of facilities. Under such circumstances, members are advised to access available dental services.

- Emergency Dental Services and non-Emergency Dental Services when they are provided outside of the United States, Canada or Mexico.
- Non-medical transportation services, such as taxis, buses and cars.

Disenrollment

If you wish to disenroll from this dental plan, you may do so without cause by calling your local Health Care Options office at (800) 322-6384.

You will be disenrolled if you:

- Lose your Medi-Cal eligibility.
- Move from Health Net's service area (that is, counties covered under Health Net's Dental Contract with the DHCS).
- Physically or verbally abuse or threaten a provider and/or his or her staff, patient or a Health Net employee, contractor or member.
- Disrupt Health Net's operations.
- Habitually use non-Participating Dental Providers for non-Emergency Dental Services without required authorizations.
- Commit fraudulent conduct.

SPECIAL SERVICES FOR AMERICAN INDIANS

American Indians have the right to get health care services at Indian Health Centers and Native American Health Clinics. American Indians may stay with or disenroll from a GMC plan by contacting Health Care Options (HCO) at (800) 430-4263.

The guidelines are: you are an Indian; a member of an Indian household or have written acceptance from an Indian Health Service program facility to receive health care through that facility.

If you have questions or need assistance, please contact our Member Services department at (877) 550-3868.

Eligibility and commencement of coverage

Eligibility for the Medi-Cal Program is determined by the California Department of Social Services, not Health Net. The effective date of a new member's first day of coverage under this dental plan is determined by the DHCS. If you lose Medi-Cal eligibility, you will not be eligible to receive dental care benefits from Health Net until such eligibility is re-established. Questions about your Medi-Cal eligibility can be answered by your County Social Services Department.

TRANSITIONAL MEDI-CAL (TMC)

TMC is for members who lose cash aid or Medi-Cal eligibility due to an increase in income from a new job, marriage, or a spouse returning to the home. Medi-Cal members who qualify for TMC may keep their Medi-Cal health coverage for up to 12 months and keep their membership with Health Net Dental. If you lose eligibility for Medi-Cal because you have more income, you should contact your Medi-Cal eligibility worker right away. For more information about the Medi-Cal TMC program, contact the State of California's toll free number at 1-800-880-5305 or your local Health and Human Services Department:

TRANSPORTATION SERVICES

The PLAN provides non-emergency transportation to and from PROVIDER offices for MEMBERS lacking personal transportation or access to public transportation facilities. PLAN transportation is available Monday through Friday 9:00 a.m. to 6:00 p.m. and may be requested by MEMBERS by calling their PROVIDER to arrange shuttle service. MEMBER requests for transportation shall be made no less than

ten (10) business days prior to the MEMBER's scheduled appointment and are subject to availability. Front Office Staff is available at each office to assist MEMBERS in contacting taxi services or identifying bus or light rail lines and departure times for MEMBER transportation.

Coordination of benefits

You are required to assign payment of dental benefits covered under insurance policies and from other sources to Health Net.

Third party tort liability

Health Net will not make any claim for recovery of the value of covered services rendered to a member when such recovery would result from an action involving the tort liability of a third party or casualty liability insurance, including Workers' Compensation awards and uninsured motorists coverage. However, Health Net will notify the DHCS of such potential cases, and will assist the DHCS in pursuing the State's right to reimbursement of such recoveries. Members are obligated to assist Health Net and the DHCS in this regard.

Liability for payment

In the event that Health Net fails to pay any Participating Dental Provider for covered services, you will not be held liable for money owed. This statement and/or provision becomes invalid when non-Emergency Dental Services were obtained without prior authorization by Health Net. You will be liable for the cost of service provided by a non-Participating Dental Provider if coverage for that care requires authorization by Health Net and

authorization was not obtained. Members are not required to pay copayments or deductibles for covered services.

Grievance procedure

INTERNAL OPTIONS FOR GRIEVANCE RESOLUTION

We at Health Net care about you and your family, and even though we strive to satisfy our members, there might be times when a problem or situation may cause you concern. For example, you may submit a grievance about a denial of coverage for a requested dental service, denial of coverage of a referral to a dentist for a covered service, quality of care, access to care, or non-payment of a claim for a dental service. If this happens, we want to know about it. The following is a brief overview of our "Grievance Procedure" and how to use it:

You may contact Health Nets Member Services Department to obtain a "Grievance Form" in person, by telephone or in writing. At your request, the Member Services Representative may fill out the form over the telephone. Grievance Forms are also available at your Primary Dentists office. You may contact the multi-lingual Member Services Department at 1-877-550-3868, if you need assistance in filling out these forms. Grievance forms should be mailed to:

Medi-Cal Member Services, Health Net,
21271 Burbank Blvd., C-5,
Woodland Hills, CA
91367-6607.

Health Net will acknowledge receipt of your grievance orally or in writing within five working days of Health Net's receipt of the grievance, and will include the name and title of a staff member who may be contacted to

discuss the case, if applicable. Covered services previously authorized by the dental plan will continue while the grievance is being resolved.

Appropriate action will be initiated to resolve your complaint and you will be contacted with a response within 30 days (or within three days from receipt of a grievance that indicates there is an immediate and serious threat to your health).

You have the right to be represented by legal counsel, a friend or other spokesperson during this internal grievance process. You may request copies of plan documents that are pertinent to your grievance. You may request interpretation assistance.

Members can file a grievance if their linguistic needs are not met.

If you feel that no satisfactory resolution is possible, you may request disenrollment from the dental plan by contacting your local Health Care Options office.

EXTERNAL OPTIONS FOR GRIEVANCE RESOLUTION

1. California Department of Social Services Fair Hearing.

You have the right to request a fair hearing from the California Department of Social Services, at any time (whether or not a grievance has been submitted), by contacting the Public Inquiry and Response Unit at 1-800-952-5253, TDD 1-800-952-8349, or by writing:

California Department of Social Services
State Hearing Division
P.O. Box 944243, MS 19-37
Sacramento, CA 94244-2430

There is a 90-day deadline from the order or action complained of to file a fair hearing. The fair hearings are usually held within 90 days of request. However, the State is required to hold the hearing within three work days where the dental plan or the Member's provider indicates that taking the time for a standard resolution involving a denied health care service could seriously harm the Member's life or health, or ability to attain, maintain or regain maximum function. Members may receive continued benefits during the fair hearing process. You have the right to be represented by legal counsel, a friend or other spokesperson. A fair hearing can be submitted regardless of whether or not a grievance has been submitted or resolved and when a health care service requested by member or provider has been denied, deferred or modified.

2. California Department of Managed Health Care.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against Health Net, you should first telephone Health Net at **1-877-550-3868** and use Health Net's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by Health Net, or a grievance that remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a Health Plan related to the medical necessity of a proposed service or treatment,

coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-HMO-2219)** and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The Department's Internet web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

Health Net's Grievance process and DMHC's complaint review process are in addition to any other dispute resolution procedures that may be available to you, and your failure to use these processes does not preclude your use of any other remedy provided by law.

Reimbursement provisions

If you have a claim for reimbursement under this dental plan, you must submit the claim to Health Net within six months of the month of service in order for the claim to be paid by this dental plan. If you have an emergency claim, please call or write Health Net's Member Services Department. Please be prepared to give as much information as possible, such as the day and time of the service, amount of bill, and name and address of the provider. If you are writing or presenting the claim in person, please be prepared to submit any copies of bills you have received. If you have already paid the claim, you will be reimbursed for an approved emergency claim within 45 working days of the date your claim was received unless additional information is needed. If additional information is necessary, you will receive reimbursement within 45 working days of the date the additional information is received. If your claim is denied or partially denied, the reason will be given to you in writing, and will cite the contract provision upon which the decision is based. You can appeal the decision by filing a written notice to Health Net within six months after receiving the denial notice. Health Net will respond within 30 days. If you are not satisfied with the response to your appeal, you have the right to request a fair hearing from the Department of Social Services at any time, without going through Health Net's Grievance Procedure. You may contact the DHCS Public Inquiry and Response Unit at (800) 952-5253, TDD (800) 952-8349.

Public policy

Health Net has some Medi-Cal beneficiaries on a committee that advises on public policy

matters. For the purposes of this paragraph, "public policy" means actions performed by Health Net and its employees to assure the comfort, dignity and convenience of members who rely on Participating Facilities to provide health care services. If an adult member is interested in being a member of this committee, he or she should call Health Net's Member Services Department to express his or her interest.

Independent contractor relationship

Although Health Net monitors the quality of care rendered by its Participating Dental Providers, the relationship between Health Net and Participating Dental Providers is that of independent contractors. Participating Dental Providers are not agents or employees of Health Net, nor is Health Net and its employees agents or employees of any Participating Dental Provider. Participating Dental Providers maintain the provider-patient relationship with you, and are solely responsible for all the services they provide to you. In no event shall Health Net be liable for the negligence, wrongful acts or omissions of Participating Dental Providers.

Provider compensation

Health Net pays Participating Dental Providers under this dental plan in a variety of ways. Generally, Health Net contracts with dentists on either a fee-for-service basis or what is called a "capitated" basis. For example, a capitated compensation arrangement is where Health Net pays a per-member-per month fee to the dentist, and the dentist is responsible for providing services to members. If you have any questions how a particular Participating Dental Provider is paid, ask the provider.

Health Net does not use any compensation arrangements that unduly influence or incent a Participating Dental Provider to withhold Dentally Necessary care. Health Net does not have any contract with a Participating Dental Provider that contains an incentive plan that includes specific payment to the provider as an inducement to deny, reduce, limit, or delay Dentally Necessary and appropriate services with respect to a member.

Participating Dental Providers are required to provide Dentally Necessary services in a quality manner in accordance with professional, legal and contractual requirements. Health Net and Participating Dental Providers emphasize preventive health care services and utilization of cost effective treatment methods.

Definitions

The following definitions may help you to understand this Evidence of Coverage:

- *Dentally Necessary* - Covered services that are necessary and appropriate for the treatment of a member's teeth, gums and supporting structures according to professionally recognized standards of practice.
- *Emergency Dental Services* - An emergency dental condition exists if a "prudent layperson" could reasonably expect the absence of immediate dental attention to result in serious jeopardy or harm to the individual.
- *Experimental* - Any treatment, therapy, procedure, drug, facility, equipment, device or supply that is not recognized in accordance with generally accepted professional dental standards in the general dental community as being safe and effective for use in the treatment of the illness, injury or condition at issue;

or any service or supplies which require approval by the federal government, or any agency thereof, or by any state governmental agency, prior to use and where such approval has been granted at the time the services or supplies are rendered; or any services or supplies which themselves are not approved or recognized in accordance with accepted professional dental standards but nevertheless are authorized by law or the act of a governmental agency for use in testing, trials or other studies on human patients.

- *Participating Dental Provider* - A dentist or dental facility contracted to participate under Health Net's Medi-Cal dental plan to provide covered services to members.
- *Primary Dentist* - A Participating Dental Provider who has contracted to participate under Health Net's Medi-Cal dental plan to provide initial and primary dental care to members, maintain continuity of patient care and initiate referrals for specialty dental care.

Non-discrimination

Health Net does not discriminate in its employment practice or in the arrangement of dental care services on the basis of race, age, color, national origin, sex, sexual orientation or physical or mental ability.

Member rights and responsibilities

YOUR RIGHTS:

- To a reasonable response to a request for services, including evaluations and referrals.

- To a timely response to complaints and inquiries.
- To be fully informed about Health Net's grievance procedure and how to use it without fear of prejudicial treatment from your dental provider.
- To be informed about your available dental plan benefits, including a clear explanation about how to obtain services.
- To be treated with dignity and respect.
- To candid discussions of appropriate or Dentally Necessary treatment options for your condition, regardless of cost or benefit coverage.
- To courteous and considerate treatment.
- To discuss advance directives with your dental providers.
- To expect privacy and confidentiality regarding your dental conditions and personal issues. Health Net provides members a Notice of Privacy Practices that describes how dental information about members may be used and disclosed under this dental plan, and how you can get access to this information.
- To receive a second opinion when such an opinion is deemed Dentally Necessary by your Primary Dentist.
- To receive reasonable information regarding the risk for a given treatment, the length of disability and the qualifications of the provider of care, prior to giving consent for any procedure.
- To select a Primary Dentist from Health Net's contracting Primary Dentists.
- To have access to personal medical records, and where legally appropriate, receive copies of, amend or correct your dental record.
- To request a State fair hearing.
- To disenroll without cause.
- To interpretation assistance in your preferred language for provider-patient communications.
- To receive an oral translation of written materials in your preferred language if translated written materials are not available.
- To participate in decision making regarding your dental care, including the right to refuse treatment.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To freely exercise these rights without adversely affecting how they are treated by Health Net, Participating Dental Providers or the State.
- To receive information about the dental plan, its services, its providers and members' rights and responsibilities.
- To make recommendations regarding the dental plan's member rights and responsibilities policies.

YOUR RESPONSIBILITIES:

- Being aware of your benefits and services and how to obtain them.
- Contacting your Primary Dentist or Health Net Member Services Department with any questions or concerns about your benefits and services.
- Following plans and instruction for care that you have agreed on with your provider (you may, however, refuse dental treatment).
- Informing the Member Services Department regarding any change in residence and any circumstance that may affect your entitlement to coverage or eligibility.
- Establishing and maintaining a patient-Primary Dentist relationship.

- Scheduling or rescheduling appointments and informing the provider when it is necessary to cancel an appointment.
- Supplying information (to the extent possible) that the dental plan and Participating Dental Providers need in order to provide care.

your circumstances, dental care given to you, and your medical history. Actions we take when we act as a dental plan include checking your eligibility, enrollment, and amount of medical aid, approving, giving and paying for Medi-Cal services, and investigating or prosecuting Medi-Cal cases (such as fraud).

Notice of privacy practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Health Net provides dental coverage to you for the Medi-Cal Program. We are required by State and federal law to protect your health information. We must give you this notice that tells how we may use and share your information and what your rights are. Your information is personal and private.

We receive information about you from Medi-Cal after you become eligible and enroll in our health plan. We also receive medical information from your doctors, clinics, labs and hospitals in order to pay for your health care.

CHANGES TO NOTICE OF PRIVACY PRACTICES

We have the right to change these privacy practices. If we do make changes, we will revise this notice and send it to you.

HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

Your information may be used or shared by Health Net only for a reason directly connected to the Medi-Cal Program. The information we use and share includes: your name, address, personal information about

SOME EXAMPLES:

- *For treatment:* You may need dental treatment that requires us to approve care covered by Medi-Cal in advance. We will share information with dentists, doctors, hospitals and others in order to get you the care you need.
- *For payment:* Health Net reviews, approves and pays for health care claims sent to us for your dental care. When we do this, we share information with the dentist, doctors, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.
- *For health care operations:* We may use information in your health record to judge the quality of the health care you receive. We may also use this information in audits, fraud and abuse programs, planning and general administration.

Health Net does not have complete copies to your dental records. If you want to look at it, get a copy of, or change your dental records, please contact your dentist.

OTHER USES FOR YOUR HEALTH INFORMATION

We will also send your information when we are required or permitted to do so by law. Sometimes a court will order us to give out your health information. We will also give when legally required to do so for the

operations of Medi-Cal. This may involve fraud or actions to recover money from others, when Medi-Cal has paid your medical claims.

You or your dentist, doctor, hospital, and other health care providers may appeal decisions made about claims for your Medi-Cal care. Your health information may be used to make these appeal decisions.

WHEN WRITTEN CONSENT IS NEEDED

If we want to use your information for any purpose not listed above, we must get your written consent. If you give us your consent, you may take it back in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS?

- You have the right to ask us not to use or share your personal health care information in the ways described above. We may not be able to agree to your request.
- You have the right to ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.
- You and your personal representative have the right to get a copy of your Medi-Cal information. You will be sent a form to fill out and may be charged a fee for the costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)
- You have the right to ask that information in your records be changed if it is not correct or complete. We may refuse your request if the information is not created or kept by Health Net, or we believe it is correct and complete.

- If we don't make the changes you ask, you may ask that we review our decision. You may also send a statement saying why you disagree with our records and your statement will be kept with your records.
- When we share your health information for reasons other than treatment, payment or Health Net operations, you have the right to request a list of whom we shared the information with, when we shared it, for what reasons, and what information was shared.

HOW DO YOU CONTACT US TO USE YOUR RIGHTS?

If you want to use any of the privacy rights explained in this notice, please call or write us at:

Health Net Privacy Officer
21281 Burbank Boulevard
Woodland Hills, CA 91367
(800) 675-6110
Email: Privacy@healthnet.com

COMPLAINTS

If you believe that we have not protected your privacy and wish to complain, you may file a complaint by calling or writing:

Privacy Officer
c/o Office of Legal Services
CA Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413, MS0010
Sacramento, CA 95899-7413

USE YOUR RIGHTS WITHOUT FEAR

Health Net cannot take away your health care benefits or do anything to hurt you in any way if you choose to file a complaint or use any of the privacy rights in this notice.

QUESTIONS

If you have any questions about this Notice and want further information, please contact us at Health Net Privacy Officer, Health Net, at the address and phone number provided above.

Federally Required Adult Dental Services (FRADS)

Dear Member,

Effective May 1, 2014 certain adult dental benefits have been restored in accordance with Assembly Bill 82 (AB 82). The restored services are listed below, with full descriptions of these procedures found in Section 5 “Manual of Criteria and Schedule of Maximum Allowances” of the Provider Handbook.

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Fillings
- Anterior root canals (front teeth)
- Prefabricated crowns
- Full dentures
- Other medically necessary dental services

Exemptions to Eliminated Adult Dental Benefits

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which, if provided by a physician, would be considered physician services, and which services may be provided by either a physician or a dentist in this state
- Federal law requires the provision of these services. The services that are allowable as Federally Required Adult Dental Services (FRADS) under this definition have been listed. (Please refer to Table 1 for a list of allowable procedure codes).
- Pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy have been expanded. Effective October 1, 2014, pregnant beneficiaries, regardless of age, aid code, and/or scope of benefits will be eligible to receive all dental procedures listed in the Denti-Cal Manual of Criteria (MOC) that are covered by the Medi-Cal Program so long as all MOC procedure requirements and criteria are met.
 - Beneficiaries will also be eligible to receive these services for 60 days postpartum, including any remaining days in the month in which the

60th days falls.

- Beneficiaries receiving long-term care in an intermediate care facility (ICF) or a skilled nursing facility (SNF), as defined in the *Health and Safety Code* (H&S Code), Section 1250, subdivisions (c) and (d), and licensed pursuant to H&S Code Section 1250, subdivision (k). Dental services do not have to be provided in the facility to be payable.
 - This exception only applies for beneficiaries who reside in a SNF or ICF as defined above. This does not apply to beneficiaries residing in facilities defined under separate sections of the Health and Safety Code such as ICF-Developmentally Disabled (DD), ICF-Developmentally Disabled Habilitative (DDH) or ICF-Developmentally Disabled Nursing (DDN).

Skilled Nursing Facility (SNF): A skilled nursing facility is a health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. A skilled nursing facility provides 24-hours inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services and an activity program.

Intermediate Care Facility (ICF): An intermediate care facility is a health facility, or a distinct part of a hospital or skilled nursing facility which provides inpatient care to patients who have need for skilled nursing supervision and need supportive care, but who do not require continuous nursing care.

- Dental Service Precedent to a Covered Medical Service
 - Beneficiaries may receive dental services that are necessary (precedent) in order to undergo a covered medical service. The majority of these dental services are covered under the FRADS listed in Table 1. A precedent dental service that is not on the list of FRADS will be evaluated and adjudicated on a case by case basis.

Please contact HEALTH NET Dental Plan if you have any questions at (877) 550-3868.

Table 1: Federally Required Adult Dental Services (FRADS)

The following procedure codes will continue as reimbursable procedures for Medi-Cal beneficiaries 21 years of age and older beginning July 1, 2009.

*Please note:

The CDT-4 procedure codes marked with an asterisk (D0220, D0230, D0250, D0260, D0290, D0310, D0322 and D0330) are only payable for Medi-Cal beneficiaries age 21 and older who are not otherwise exempt when the procedure is appropriately rendered in conjunction with another FRADS.

CDT-4 Code	CDT-4 Code Description
D0220*	Intraoral - periapical first film
D0230*	Intraoral - periapical each additional film
D0250*	Extraoral - first film
D0260*	Extraoral - each additional film
D0290*	Posterior - anterior or lateral skull and facial bone survey film
D0310*	Sialography
D0320	Temporomandibular joint arthrogram, including injection
D0322*	Tomographic survey
D0330*	Panoramic film
D0502	Other oral pathology procedures, by report
D0999	Unspecified diagnostic procedure, by report
D2910	Recement inlay
D2920	Recement crown
D2940	Sedative filling
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 augmentation implant prosthesis
D5926	Nasal prosthesis, replacement
D5927	Auricular prosthesis, replacement

CDT-4 Code	CDT-4 Code Description
D5928	Orbital prosthesis, replacement
D5929	Facial prosthesis, replacement
D5931	Obturator prosthesis, surgical
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)
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation 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
D6100	Implant removal, by report
D6930	Recement fixed partial denture
D6999	Unspecified fixed prosthodontic procedure, by report
D7111	Coronal remnants - deciduous tooth

CDT-4 Code	CDT-4 Code Description
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section 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 - completely bony, with unusual surgical complications
D7250	Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7285	Biopsy of oral tissue - hard (bone, tooth)
D7286	Biopsy of oral tissue - soft (all others)
D7410	Excision of benign lesion up to 1.25 cm
D7411	Excision of benign lesion greater than 1.25 cm
D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion, complicated
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm

CDT-4 Code	CDT-4 Code Description
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7465	Destruction of lesion(s) by physical or chemical method, by report
D7490	Radical resection of mandible with bone graft
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 osteotomy/sequestrectomy for removal of non-vital bone
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body
D7610	Maxilla - open reduction, teeth immobilized if present
D7620	Maxilla - closed reduction, teeth immobilize, if present
D7630	Mandible - open reduction (teeth immobilized, if present)
D7640	Mandible - closed reduction (teeth immobilized, if present)
D7650	Malar and/or zygomatic arch - open reduction
D7660	Malar and/or zygomatic arch - closed reduction
D7670	Alveolus - closed reduction, may include stabilization of teeth
D7671	Alveolus - open reduction, may include stabilization of teeth
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches

CDT-4 Code	CDT-4 Code Description
D7710	Maxilla - open reduction
D7720	Maxilla - closed reduction
D7730	Mandible - open reduction
D7740	Mandible - closed reduction
D7750	Malar and/or zygomatic arch - open reduction
D7760	Malar and/or zygomatic arch - closed reduction
D7770	Alveolus - open reduction stabilization of teeth
D7771	Alveolus, closed reduction stabilization of teeth
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discectomy, with/without implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7872	Arthroscopy - diagnosis, with or without biopsy
D7873	Arthroscopy - surgical: lavage and lysis of adhesions
D7874	Arthroscopy - surgical: disc repositioning and stabilization
D7875	Arthroscopy - surgical: synovectomy

CDT-4 Code	CDT-4 Code Description
D7876	Arthroscopy - surgical: debridement
D7877	Arthroscopy - surgical: debridement
D7910	Suture of recent small wounds up to 5 cm
D7911	Complicated suture - up to 5 cm
D7912	Complicated suture – greater than 5 cm
D7920	Skin graft (identify defect covered, location and type of graft)
D7940	Osteoplasty - for orthognathic deformities
D7941	Osteotomy - mandibular rami
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy - segmented or subapical - per sextant or quadrant
D7945	Osteotomy - body of mandible
D7946	LeFort I (maxilla - total)
D7947	LeFort I (maxilla - segmented)
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
D7949	LeFort II or LeFort III - with bone graft
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones - autogenous or nonautogenous, by report
D7955	Repair of maxillofacial soft and hard tissue defect
D7971	Excision of pericoronal gingiva
D7980	Sialolithotomy
D7981	Excision of salivary gland, by report
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy

CDT-4 Code	CDT-4 Code Description
D7995	Synthetic graft - mandible or facial bones, by report
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar
D7999	Unspecified oral surgery procedure, by report
D9110	Palliative (emergency) treatment of dental pain - minor procedure
D9210	Local anesthesia not in conjunction with operative or surgical procedures
D9220	Deep sedation/general anesthesia - first 30 minutes
D9221	Deep sedation/general anesthesia - each additional 15 minutes
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide
D9241	Intravenous conscious sedation/analgesia - first 30 minutes
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes
D9248	Non-intravenous conscious sedation
D9410	House/extended care facility call
D9420	Hospital call
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed
D9440	Office visit - after regularly scheduled hours
D9610	Therapeutic drug injection, by report
D9910	Application of desensitizing medicament
D9930	Treatment of complications (post - surgical) - unusual circumstances, by report
D9999	Unspecified adjunctive procedure, by report

Table 2: Allowable Procedure Codes for Pregnant Women

CDT Code	Description	Frequency
Diagnostic Services		
D0120	Periodic Oral Examination	1 per 6 months
D0145	Oral Evaluation Under Age 3	
D0150	Comprehensive Oral Evaluation	
D0180	Comprehensive Periodontal Evaluation	
D0140	Limited Oral Evaluation	
D0160	Oral Evaluation, Problem Focused	
D0170	Re-Evaluation, Limited, Problem Focused	
D0210	Intraoral, Complete Series of Radiographic Images	1 per 36 months
D0330	Panoramic Radiographic Image	
D0220	Intraoral, Periapical, First Radiographic Image	
D0230	Intraoral, Periapical, Each Add 'l Radiographic Image	
D0240	Intraoral, Occlusal Radiographic Image	2 per 6 months
D0250	Extraoral, First Radiographic Image	1 per date of service
D0260	Extraoral, Each Add 'l Radiographic Image	4 per date of service
D0270	Bitewing, Single Radiographic Image	1 per date of service
D0272	Bitewings, 2 Radiographic Images	1 series per 6 months
D0274	Bitewings, 4 Radiographic Images	
D0290	Posterior-Anterior, Lateral Skull & Facial Bone Survey	3 per date of service
D0320	TMJ Arthrogram, Including Injection	
D0310	Sialography	
D0322	Tomographic Survey	2 per 12 months
D0340	Cephalometric Image	2 per 12 months
D0350	Oral/Facial Photographic Images	4 per date of service
D0460	Pulp Vitality Tests	
D0470	Diagnostic Casts	only a Benefit with covered Orthodontic Services
D0502	Other Oral Pathology Procedures, By Report	
D0999	Unspecified Diagnostic Procedure, By Report	

Preventive Services		
D1110	Prophylaxis, Adult	1 per 6 months
D1120	Prophylaxis, Child	
D1203	Topical Application of Fluoride, Child	1 per 6 months
D1204	Topical Application of Fluoride, Adult	
D1206	Topical Application of Fluoride Varnish	
D1310	Nutritional Counseling for Control of Dental Disease	
D1320	Tobacco Counseling, Control/Prevention Oral Disease	
D1330	Oral Hygiene Instruction	
D1351	Sealant, Per Tooth	1 per tooth every 36 months, 1st and 2nd molars only
D1352	Preventive Resin Restoration, Permanent Tooth	
D1510	Space Maintainer, Fixed, Unilateral	1 per quad/arch every 12 months, under 18
D1515	Space Maintainer, Fixed, Bilateral	
D1520	Space Maintainer, Removable, Unilateral	
D1525	Space Maintainer, Removable, Bilateral	
D1550	Recementation of Space Maintainer	1 per quad/arch every 12 months, under 18
D1555	Removal of Fixed Space Maintainer	
Restorative Services		
D2140	Amalgam, 1 Surface, Primary or Permanent	Primary - 1 per surface per tooth every 12 months Permanent - 1 per surface per tooth every 36 months
D2150	Amalgam, 2 Surfaces, Primary or Permanent	
D2160	Amalgam, 3 Surfaces, Primary or Permanent	
D2161	Amalgam, 4 or More Surfaces, Primary or Permanent	
D2330	Resin-Based Composite, 1 Surface, Anterior	
D2331	Resin-Based Composite, 2 Surfaces, Anterior	
D2332	Resin-Based Composite, 3 Surfaces, Anterior	
Restorative Services Continued		
D2335	Resin-Based Composite, 4+ Surfaces/Incisal Angle	Primary - 1 per surface per tooth every 12 months Permanent - 1 per surface per tooth every 36 months
D2391	Resin-Based Composite, 1 Surface, Posterior	
D2392	Resin-Based Composite, 2 Surfaces, Posterior	
D2393	Resin-Based Composite, 3 Surfaces, Posterior	
D2394	Resin-Based Composite, 4+ Surfaces, Posterior	
D2390	Resin-Based Composite Crown, Anterior	
D2710	Crown, Resin-Based Composite (Indirect)	1 per tooth per 5 year period, age 13 and over
D2712	Crown, 3/4 Resin-Based Composite (Indirect)	
D2721	Crown, Resin with Predominantly Base 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, ¾ Cast High Noble Metal	
D2781	Crown, ¾ Cast Predominantly Base Metal	
D2782	Crown, ¾ Cast Noble Metal	
D2783	Crown, ¾ 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	
D2799	Provisional Crown	
D2910	Recent Inlay, Onlay, Partial Coverage Restoration	1 per tooth every 12 months
D2915	Recent Cast or Prefabricated Post & Core	
D2920	Recent Crown	
D2930	Prefabricated Stainless Steel Crown, Primary Tooth	Primary - 1 per tooth every 12 months
D2931	Prefabricated Stainless Steel Crown, Permanent Tooth	
D2932	Prefabricated Resin Crown	Permanent - 1 per tooth every 36 months
D2933	Prefabricated Stainless Steel Crown, Resin Window	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown, Primary Tooth	
D2940	Protective Restoration (Temporary)	1 per tooth every 6 months
D2950	Core Build-Up, Including Any Pins	
D2951	Pin Retention, Per Tooth, In Addition to Restoration	
D2952	Post & Core In Addition to Crown, Indirect Fabricated	
D2953	Each Additional Indirect Fabric. Post, Same Tooth	
D2954	Prefabricated Post & Core In Addition to Crown	
D2955	Post Removal	
D2957	Each Additional Prefabricated Post, Same Tooth	
D2970	Temporary Crown (Fractured Tooth)	
D2971	Add 'l Procedure/New Crown, Existing Partial Denture	
D2980	Crown Repair, Restorative Material Failure	
D2999	Unspecified Restorative Procedure, By Report	
Endodontic Services		
D3110	Pulp Cap – Direct (Excluding Final Restoration)	
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	1 per tooth per lifetime
D3221	Pulpal Debridement, Primary & Permanent Teeth	
D3222	Partial Pulpotomy For Apexogenesis, permanent tooth	

D3230	Pulpal Therapy (Resorbable Filling), Anterior Primary	1 per tooth per lifetime
D3240	Pulpal Therapy (Resorbable Filling), Posterior, Primary	
D3310	Anterior (Excluding Final Restoration)	1 per tooth per lifetime
D3320	Bicuspid (Excluding Final Restoration)	
D3330	Molar (Excluding Final Restoration)	
Endodontic Services Continued		
D3331	Treatment of Root Canal Obstruction; Non-Surgical	
D3332	Incomplete Endodontic Therapy, Inoperable	
D3333	Internal Root Repair of Perforation Defects	
D3346	Retreatment of Previous Root Canal – Anterior	
D3347	Retreatment of Previous Root Canal – Bicuspid	
D3348	Retreatment of Previous Root Canal – Molar	
D3351	Apexification/Recalcification/Pulp Reg. – Initial Visit	1 per tooth per lifetime
D3352	Apexification/Recalcification/Pulp Reg. – Interim Med.	1 per tooth per lifetime
D3410	Apicoectomy/Periradicular Surgery – Anterior	
D3421	Apicoectomy/Periradicular Surgery – Bicuspid	
D3425	Apicoectomy/Periradicular Surgery – Molar	
D3426	Apicoectomy/Periradicular Surgery – Each Add 'l Root	
D3430	Retrograde Filling – Per Root	
D3910	Surgical Procedure for Isolation with Rubber Dam	
D3999	Unspecified Endodontic Procedure, By Report	
Periodontal Services		
D4210	Gingivectomy/Gingivoplasty, 4+ Teeth Per Quadrant	1 per site/quad every 36 months, 13 and over
D4211	Gingivectomy/Gingivoplasty, 1-3 Teeth Per Quadrant	
D4249	Clinical Crown Lengthening, Hard Tissue	
D4260	Osseous Surgery, 4+ Teeth Per Quadrant	
D4261	Osseous Surgery, 1-3 Teeth Per Quadrant	
D4265	Biologic Materials to Aid in Tissue Regeneration	
D4341	Periodontal Scaling & Root Planing, 4+ Teeth/Quadrant	1 per site/quad every 24 months, age 13 and over
D4342	Periodontal Scaling & Root Planing, 1-3 Teeth/Quadrant	
D4355	Full Mouth Debridement	
D4381	Localized Delivery of Antimicrobial Agent/Per Tooth	
D4910	Periodontal Maintenance	1 per 12 months, age 13 and over
D4920	Unscheduled Dressing Change/Non-Treating Dentist	13 and over
D4999	Unspecified Periodontal Procedure, By Report	
Removable Prosthodontic Services		
D5110	Complete Denture, Maxillary	1 per arch per 5 year period
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	
D5410	Adjust Complete Denture, Maxillary	2 per arch every 12 months
D5411	Adjust Complete Denture, Mandibular	
D5421	Adjust Partial Denture, Maxillary	
D5422	Adjust Partial Denture, Mandibular	
D5510	Repair Broken Complete Denture Base	2 per arch every 12 months
D5520	Replace Missing/Broken Teeth, Complete Denture	8 per arch every 12 months
D5610	Repair Resin Denture Base	2 per arch every 12 months
D5620	Repair Cast Framework	
D5630	Repair or Replace Broken Clasp	2 per arch every 12 months
D5640	Replace Broken Teeth, per Tooth	2 per arch every 12 months
D5650	Add Tooth to Existing Partial Denture	1 per tooth per 5 year period
D5660	Add Clasp to Existing Partial Denture	1 per tooth per 5 year period
D5730	Reline Complete Maxillary Denture, Chairside	1 per arch every 12 months
D5731	Reline Complete Mandibular Denture, Chairside	
D5740	Reline Maxillary Partial Denture, Chairside	
Removable Prosthodontic Services Continued		
D5741	Reline Mandibular Partial Denture, Chairside	1 per arch every 12 months
D5750	Reline Complete Maxillary Denture, Laboratory	
D5751	Reline Complete Mandibular Denture, Laboratory	
D5760	Reline Maxillary Partial Denture, Laboratory	
D5761	Reline Mandibular Partial Denture, Laboratory	
D5850	Tissue Conditioning, Maxillary	2 per arch every 36 months
D5851	Tissue Conditioning, Mandibular	
D5860	Overdenture, Complete, By Report	1 per 5 year period
D5862	Precision Attachment, By Report	
D5899	Unspecified Removable Prosthodontic Procedure, By Report	
Maxillofacial Prosthetic Services		
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 Augmentation Implant Prosthesis	
D5926	Nasal Prosthesis, Replacement	
D5927	Auricular Prosthesis, Replacement	
D5928	Orbital Prosthesis, Replacement	
D5929	Facial Prosthesis, Replacement	
D5931	Obturator Prosthesis, Surgical	
D5932	Obturator Prosthesis, Definitive	
D5933	Obturator Prosthesis, Modification	2 per 12 months
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	under age 18
D5952	Speech Aid Prosthesis, Pediatric	
D5953	Speech Aid Prosthesis, Adult	age 18 and over
D5954	Palatal Augmentation Prosthesis	
D5955	Palatal Lift Prosthesis, Definitive	
D5958	Palatal Lift Prosthesis, Interim	
D5959	Palatal Lift Prosthesis, Modification	2 per 12 months
D5960	Speech Aid Prosthesis, Modification	2 per 12 months
D5982	Surgical Stent	
D5983	Radiation Carrier	
D5984	Radiation Shield	
D5985	Radiation Cone Locator	
D5986	Fluoride Gel Carrier	
D5987	Commissure Splint	
D5988	Surgical Splint	
D5991	Topical Medicament Carrier	
D5999	Unspecified Maxillofacial Prosthesis, By Report	
Implant Services		
D6010	Surgical Placement of Implant Body, Endosteal	Only a Plan Benefit when exceptional medical conditions are met Pre-Authorization Required
D6040	Surgical Placement: Eposteal Implant	
D6050	Surgical Placement: Transosteal Implant	
D6053	Implant/Abutment Supported Removable Denture, Complete Arch	
D6054	Implant/Abutment Supported Removable Denture, Partial	

	Arch
D6055	Connector Bar, Implant Supported or Abutment Supported
D6056	Prefabricated Abutment, Includes Modification And Placement
D6057	Custom Fabricated Abutment, Includes Placement
D6058	Abutment Supported Porcelain/Ceramic Crown
D6059	Abutment Supported Porcelain/High Noble Crown
D6060	Abutment Supported Porcelain/Base Metal Crown
D6061	Abutment Supported Porcelain/Noble Metal Crown
D6062	Abutment Supported Cast Metal Crown, High Noble
D6063	Abutment Supported Cast Metal Crown, Base Metal
D6064	Abutment Supported Cast Metal Crown, Noble Metal
D6065	Implant Supported Porcelain/Ceramic Crown
D6066	Implant Supported Porcelain/Metal Crown
D6067	Implant Supported Metal Crown
D6068	Abutment Supported Retainer, Porcelain/Ceramic FPD
D6069	Abutment Supported Retainer, Metal FPD, High Noble
D6070	Abut. Support. Retainer, Porc./Metal FPD Base Metal
D6071	Abut. Support. Retainer, Porc./Metal FPD, Noble
D6072	Abut. Support. Retainer, Cast Metal FPD, High Noble
D6073	Abut. Support. Retainer, Cast Metal FPD, Base Metal
D6074	Abut. Support. Retainer, Cast Metal FPD, Noble
D6075	Implant Supported Retainer for Ceramic FPD
D6076	Implant Supported Retainer for Porc./Metal FPD
D6077	Implant Supported Retainer for Cast Metal FPD
D6078	Implant/Abut Support. Fixed Denture, Complete Edentulous Arch
D6079	Implant/Abut Support. Fixed Denture, Partial Edentulous Arch
D6080	Implant Maintenance Procedures
D6090	Repair Implant Supported Prosthesis, By Report
D6091	Replacement Of Semi-Precision Or Precision Attachment Of Implant
D6092	Recent Implant/Abutment Supported Crown
D6093	Recent Implant/Abutment Supported Fixed Partial Denture
D6094	Abutment Supported Crown
D6095	Repair Implant Abutment, By Report
D6100	Implant Removal, By Report
D6190	Radiographic/Surgical Implant Index, By Report
D6194	Abutment Supported Retainer Crown For Fad, Titanium
D6199	Unspecified Implant Procedure, By Report

Fixed Prosthodontic Services		
D6211	Pontic, Cast Predominantly Base Metal	1 per tooth every 5 year period, age 13 and over
D6241	Pontic, Porcelain Fused To Predominantly Base Metal	
D6245	Pontic, Porcelain/Ceramic	
D6251	Pontic, Resin With Predominantly Base Metal	
D6721	Crown, Resin With Predominantly Base Metal	
D6740	Crown, Porcelain/Ceramic	
D6751	Crown, Porcelain Fused To Predominantly Base Metal	
D6781	Crown, ¾ Cast Predominantly Base Metal	
D6783	Crown, ¾ Porcelain/Ceramic	
D6791	Crown, Full Cast Predominantly Base Metal	
D6930	Recent Fixed Partial Denture	1 per site every 12 months
Fixed Prosthodontic Services Continued		
D6970	Post And Core, Fad, Indirectly Fabricated	
D6972	Prefabricated Post And Core, Fad	
D6973	Core Build Up For Retainer, Including Pins	
D6976	Each Add 'L Indirectly Fabricated Post, Same Tooth	
D6977	Each Add 'L Prefabricated Post, Same Tooth	
D6980	Fixed Partial Denture Repair, Restorative Material Failure	
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	
Oral & Maxillofacial Surgical Services		
D7111	Extraction, Coronal Remnants, Deciduous Tooth	
D7140	Extraction, Erupted Tooth Or Exposed Root	
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 Impacted Tooth, Complete Bony, Complication	
D7250	Surgical Removal Residual Tooth Roots, Cutting Procedure	
D7260	Oroantral Fistula Closure	
D7261	Primary Closure Of A Sinus Perforation	
D7270	Tooth Reimplantation/Stabilization, Accident	1 per arch per lifetime, for permanent anterior teeth only
D7280	Surgical Access Of An Unerupted Tooth	
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	
D7285	Biopsy Of Oral Tissue, Hard (Bone, Tooth)	1 per arch per date of service
D7286	Biopsy of Oral Tissue, Soft	3 per date of service

D7290	Surgical Repositioning of Teeth	1 per arch per lifetime, for active orthodontic treatment only
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	
D7310	Alveoloplasty with Extractions, 4+ Teeth, Quadrant	
D7311	Alveoloplasty with Extractions, 1-3 Teeth, Quadrant	
D7320	Alveoloplasty, w/o Extractions, 4+ Teeth, Quadrant	
D7321	Alveoloplasty, w/o Extractions, 1-3 Teeth, Quadrant	
D7340	Vestibuloplasty, Ridge Extension (Secondary Epithelialization)	1 per arch per 5 year period
D7350	Vestibuloplasty, Ridge Extension	1 per arch per lifetime
D7410	Excision of Benign Lesion Up to 1.25 cm	
D7411	Excision of Benign Lesion Greater Than 1.25 cm	
D7412	Excision of Benign Lesion, Complicated	
D7413	Excision of Malignant Lesion Up to 1.25 cm	
D7414	Excision of Malignant Lesion Greater Than 1.25 cm	
D7415	Excision of Malignant Lesion, Complicated	
D7440	Excision of Malignant Tumor, Up to 1.25 cm	
D7441	Excision of Malignant Tumor, Greater Than 1.25 cm	
D7450	Removal, Benign Odontogenic Cyst/Tumor, Up to 1.25 cm	
D7451	Removal, Benign Odontogenic Cyst/Tumor, Over 1.25 cm	
D7460	Removal, Benign Nonodontogenic Cyst/Tumor, to 1.25 cm	
D7461	Removal, Benign Nonodontogenic Cyst/Tumor, 1.25+ cm	
D7465	Destruction of Lesion(s) By Physical or Chemical Method, By Report	
D7471	Removal of Lateral Exostosis, Maxilla or Mandible	
D7472	Removal of Torus Palatinus	
D7473	Removal of Torus Mandibularis	
D7485	Surgical Reduction of Osseous Tuberosity	
D7490	Radical Resection of Maxilla or Mandible	
D7510	Incision & Drainage of Abscess, Intraoral Soft Tissue	
D7511	Incision & Drainage of Abscess, Intraoral Soft Tissue, Complicated	
D7520	Incision & Drainage, Abscess, Extraoral Soft Tissue	
Oral & Maxillofacial Surgical Services Continued		
D7521	Incision & Drainage, Abscess, Extraoral Soft Tissue, Complicated	
D7530	Remove foreign Body, Mucosa, Skin, Tissue	
D7540	Removal of Reaction Producing foreign Bodies, Musculoskeletal System	
D7550	Partial Osteotomy/Sequestrectomy for Removal of Non-Vital Bone	
D7560	Maxillary Sinusotomy, Remove Tooth Frag./Foreign Body	

D7610	Maxilla, Open Reduction	
D7620	Maxilla, Closed Reduction	
D7630	Mandible, Open Reduction	
D7640	Mandible, Closed Reduction	
D7650	Malar and/or Zygomatic Arch, Open Reduction	
D7660	Malar and/or Zygomatic Arch, Closed Reduction	
D7670	Alveolus, Closed Reduction, Includes Stabilization of Teeth	
D7671	Alveolus, Open Reduction, Includes Stabilization of Teeth	
D7680	Facial Bones, Complicated Reduction W/ Fixation	
D7710	Maxilla, Open Reduction	
D7720	Maxilla, Closed Reduction	
D7730	Mandible, Open Reduction	
D7740	Mandible, Closed Reduction	
D7750	Malar and/or Zygomatic Arch, Open Reduction	
D7760	Malar and/or Zygomatic Arch, Closed Reduction	
D7770	Alveolus, Open Reduction, Includes Stabilization of Teeth	
D7771	Alveolus, Closed Reduction, Includes Stabilization of Teeth	
D7780	Facial Bones, Complicated Reduction w/ Fixation	
D7810	Open Reduction of Dislocation	
D7820	Closed Reduction of Dislocation	
D7830	Manipulation Under Anesthesia	
D7840	Condylectomy	
D7850	Surgical Discectomy, with/without Implant	
D7852	Disc Repair	
D7854	Synovectomy	
D7856	Myotomy	
D7858	Joint Reconstruction	
D7860	Arthrotomy	
D7865	Arthroplasty	
D7870	Arthrocentesis	
D7871	Non-Arthroscopic Lysis And Lavage	
D7872	Arthroscopy - Diagnosis, with or without Biopsy	
D7873	Arthroscopy- Surgical: Lavage And Lysis of Adhesions	
D7874	Arthroscopy - Surgical: Disc Repositioning And Stabilization	
D7875	Arthroscopy - Surgical: Synovectomy	
D7876	Arthroscopy - Surgical: Discectomy	
D7877	Arthroscopy - Surgical: Debridement	
D7880	Occlusal Orthotic Device, By Report	
D7899	Unspecified Tmd Therapy, By Report	
D7910	Suture of Recent Small Wounds Up to 5cm	
D7911	Complicated Suture - Up to 5 cm	
D7912	Complicated Suture - Greater Than 5cm	

D7920	Skin Graft	
D7940	Osteoplasty - for Orthognathic Deformities	
D7941	Osteotomy - Mandibular Rami	
D7943	Osteotomy - Mandibular Rami with Bone Graft	
D7944	Osteotomy - Segmented or Subapical	
D7945	Osteotomy - Body of Mandible	
Oral & Maxillofacial Surgical Services Continued		
D7946	Lefort I (Maxilla - total)	
D7947	Lefort I (Maxilla - Segmented)	
D7948	Lefort II or Lefort III without Bone Graft	
D7949	Lefort II or Lefort III - with Bone Graft	
D7950	Osseous, Osteoperiosteal, or Cartilage Graft, By Report	
D7951	Sinus Augmentation w/ Bone, Bone Substitutes	
D7955	Repair of Maxillofacial Soft and/or Hard Tissue Defect	
D7960	Frenulectomy (Frenectomy or Frenotomy), Separate Procedure	
D7963	Frenuloplasty	1 per arch per date of service
D7970	Excision of Hyperplastic Tissue, Per Arch	
D7971	Excision of Pericoronal Gingival	
D7972	Surgical Reduction of Fibrous Tuberosity	
D7980	Sialolithotomy	
D7981	Excision of Salivary Gland, By Report	
D7982	Sialodochoplasty	
D7983	Closure of Salivary Fistula	
D7990	Emergency Tracheotomy	
D7991	Coronoidectomy	
D7995	Synthetic Graft - Mandible or Facial Bones, By Report	
D7997	Appliance Removal (Not By Dentist Who Placed) Includes Removal of Arch Bar	1 per arch per date of service
D7999	Unspecified Oral Surgery Procedure, By Report	
Orthodontic Services		
D8080	Comprehensive Orthodontic Treatment of Adolescent Dentition	
D8210	Removable Appliance Therapy	
D8220	Fixed Appliance Therapy	
D8660	Pre-Orthodontic Treatment Visit	
D8670	Periodic Orthodontic Treatment Visit	
D8680	Orthodontic Retention	
D8691	Repair of Orthodontic Appliance	1 per appliance per lifetime
D8692	Replacement of Lost or Broken Retainer	1 per arch per lifetime
D8693	Rebonding or Recementing; and/or Repair, as Required	

D8999	Unspecified Orthodontic Procedure, By Report	
Adjunctive General Services		
D9110	Palliative (Emergency) Treatment, Minor Procedure	1 per date of service
D9120	Fixed Partial Denture Sectioning	
D9210	Local Anesthesia Not with Operative/Surgical Procedure	1 per date of service
D9211	Regional Block Anesthesia	
D9212	Trigeminal Division Block Anesthesia	
D9215	Local Anesthesia with Operative/Surgical Procedure	
D9220	Deep Sedation/General Anesthesia, 1st 30 Minutes	
D9221	Deep Sedation/General Anesthesia, Each Add 'l 15 Minutes	
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	
D9241	Intravenous Conscious Sedation/Analgesia, 1st 30 Minutes	
D9242	IV Conscious Sedation/Analgesia, Each Add 'l 15 Minutes	
D9248	Non-Intravenous Conscious Sedation	
D9310	Consultation, Other Than Requesting Dentist	
D9410	House/Extended Care Facility Call	
D9420	Hospital or Ambulatory Surgical Center Call	
D9430	Office Visit for Observation, During Regularly Scheduled Hours, No Other Services	
D9440	Office Visit, After Regularly Scheduled Hours	1 per date of service
D9610	Therapeutic Parenteral Drug, Single Administration	4 per date of service
D9910	Application of Desensitizing Medicament	1 per tooth every 12 months, for permanent teeth only
D9930	Treatment of Complications, Post Surgical, Unusual	1 per date of service
Adjunctive General Services Continued		
D9950	Occlusion Analysis, Mounted Case	
D9951	Occlusal Adjustment, Limited	1 per quad every 12 months, age 14 and over
D9952	Occlusal Adjustment, Complete	1 per 12 months, age 14 and over
D9999	Unspecified Adjunctive Procedure, By Report	

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簡介

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限。您可透過電話或親自向簽約牙科服務提供者預約一般門診時間。如果您有緊急需求或緊急狀況，但無法聯絡您的主治牙醫，請撥您會員卡上的 24 小時緊急聯絡電話。

選擇主治牙醫

您必須從簽約牙科服務提供者名錄中選擇您想被指派的主治牙醫。如果您未選擇主治牙醫，或您選擇的主治牙醫已「額滿」或無法接受新病人，我們會為您選擇一位牙醫。您也可以撥打 Health Net 的會員服務部電話 (877) 550-3868，協助您重新選擇牙醫。郵寄給您的會員卡上會列上您牙醫的姓名和電話號碼。每個會員的主治牙醫都會負責指示和協調會員的完整牙科照護。您的主治牙醫會安排轉診至其他簽約牙科服務提供者，進行化驗、X 光、專科牙科照護，以及牙科所必需的其他牙科照護服務。Health Net 可能會與特定牙醫學院簽訂合約，使其成為簽約醫療服務提供者。在這些地點，牙醫學院提供的牙科照護將由牙醫系或口腔衛生系學生以及臨床醫師或牙醫學院講師提供。如果 Health Net 與牙醫學院簽約，在簽約牙醫名錄中會特別標示為「牙醫學院」。我們鼓勵您和您的每個投保家人在投保生效日期起 120 天 (4 個月) 內與您選擇的主治牙醫預約門診時間。請您務必預約這個首次門診時間。這次門診您會與主治牙醫碰面，為您做完整的牙科評估。您的主治牙醫也能幫助您取得牙科所必需的專科醫師轉介，您也有機會幫助您的牙醫和您的家人開始良性的病人牙醫關係。

更換主治牙醫

您可決定更換您自己或投保家人的主治牙醫。只要打通電話到 Health Net 會員服務部即可。您打電話後的次月 1 號，變更就

會生效。在變更生效日期前，您都必須繼續去看您目前的主治牙醫。如果您要求的牙醫已「額滿」或無法接受新病人，或並未與 Health Net 簽約參加 Health Net Medi-Cal 牙科計畫，該牙醫可能無法為您服務。

Health Net 的會員服務部會幫助您重新選擇牙醫。如果您的主治牙醫終止與 Health Net 的合約，或喪失與 Health Net 的合約，或如果您的牙醫因為「醫師病人關係」破裂並認為自己無法滿足您的牙科照護需求，選擇不為您治療看病，Health Net 的會員服務部會與您聯絡，協助您重新選擇主治牙醫。

轉診至專科醫師

您的主治牙醫負責指示和協調您的所有牙科照護承保服務。您的主治牙醫會安排化驗、X 光、轉診至簽約專科醫師，以及任何其他本牙科計畫承保的牙科所必需之牙科照護服務。如欲取得這些服務，您的主治牙醫會提供授權相關服務的轉介信。所有專科醫師轉介都必須由您的主治牙醫與 Health Net 協調才屬於承保範圍，但急診牙科照護不在此限。

聯邦合格健康中心 (FQHC)

您有權在 Health Net 牙科計畫簽約的 FQHC 取得牙科照護服務。如需您所在區域的 FQHC 名稱和地址，請撥打我們的會員服務部電話 1-877-550-3868。如果您有牙科服務方面的疑問或需要更多相關資訊，請聯絡 Denti-Cal。醫療服務提供者可撥打 1-800- 423-0507。受益人或其代表可撥打 1-800- 322-6384，您也可以前往 Denti-Cal 網站 www.dental.ca.gov。

多語言服務

如果您需要協助取得語言服務，例如口譯員，請聯絡我們的會員服務部，服務代表會協助您找到口譯員。我們的會員服務部能以英語、西班牙語、越南語、俄羅斯語、廣東話和普通話協助您。所有其他語言我們則會請口譯員為您服務。

口譯服務

Health Net 的 Medi-Cal 會員服務部包含可講各種語言的服務代表。若會員講的語言不在服務代表的語言範圍內，會員服務部也會使用電話口譯服務。如果您有這類服務方面的疑問，請致電會員服務部。提供口譯服務的例子包括，以會員慣用語言解說福利和回答牙科計畫問題；如果簽約牙科服務提供者診所職員不會講您的語言，可協助預約門診時間。如果醫療服務提供者診所職員不會講會員的語言，可在承保服務的看診時提供口譯服務。Health Net 或簽約牙科服務提供者提供的口譯服務將不向會員收費，非上班時間也可提供。會員與 Health Net 或簽約牙科服務提供者溝通時可以請家人或朋友口譯，但 Health Net 或簽約牙科服務提供者並未要求這麼做。Health Net 不鼓勵使用未成年人口譯。

承保牙科服務

本牙科計畫的福利限 Medi-Cal 牙科方案承保的牙科服務和用品，如 Health Net 與 DHCS 的合約中描述為 Health Net 財務責任的部分。請參閱本承保範圍證明的「排除項目」一節，查詢本牙科計畫排除承保的項目說明。

重要：如果您選擇接受的牙科服務並非本計畫的承保服務，簽約牙科服務提供者可能針對這些服務向您收取其一般慣例費率。牙醫為病人提供非承保福利的牙科服務之前，應先提供治療計畫給病人，內容包括預定提供的各項服務以及各項服務的預估費用。如果您想要更多有關牙科承保選項的資訊，可撥打會員服務部電話 (877) 550-3868 或聯絡您的保險經紀人。如欲充分瞭解您的承保，建議您仔細閱讀本承保範圍證明文件。

首次門診預約服務請致電您的主治牙醫預約第一次檢查的門診時間。為維護口腔健康，您每年應該做一次口腔檢查。如果您在固定看診以外時間出現牙科相關的非預期牙科問題，請聯絡您的主治牙醫或會員服務代表尋求協助。如果您受傷或疼痛，請立即聯絡您的主治牙醫。

您第一次去看主治牙醫的時間必須在 **Sacramento County** 牙科計畫投保日期起 120 個曆日內。在這第一次的看診，您的主治牙醫會準備您的治療計畫，列出主治牙醫建議您的牙科服務。從此之後，您的所有牙科服務都會由您的主治牙醫提供，或由您的主治牙醫轉介的專科醫師提供。專科醫師治療必須取得書面授權。

以下服務如為牙科所必需且由簽約牙科服務提供者提供時，即屬於本牙科計畫的承保範圍：

- 檢查，每連續 6 個月承保一次 - 21 歲以下
- 完整口腔 X 光，每連續 36 個月承保一次
- 咬翼片 X 光，每連續 6 個月承保一次 - 21 歲以下
- 環口 X 光，每連續 36 個月承保一次

預防服務

- 洗牙，每 6 個月承保一次 - 21 歲以下
- 局部塗氟治療，17 歲及以下，每連續 12 個月承保一次
- 牙齒封填劑，21 歲及以下恆齒第一白齒咬合、頰側和舌側表面，21 歲及以下恆齒第二白齒咬合、頰側和舌側表面屬於承保範圍

修復服務

- 充填
- 不鏽鋼牙冠

牙髓治療服務

- 牙髓切斷術
- 必需且可修復牙齒的根管治療
- 根尖切除術
- 根尖成形術

牙周治療服務

- 齒齦下刮除術和牙根整平
- 牙齦切除術
- 骨外科手術

膺復體服務

- 全排假牙
- 平衡對向全排假牙所必需的局部假牙
- 牙撐板
- 重襯
- 假牙修復
- 組織調整

口腔外科手術服務

- 拔牙
- 齒槽成形術
- 多生骨移除

- 腫膿切開和引流
- 繫帶切除術

齒列矯正服務

- 齒列矯正服務，矯正造成障礙的咬合不正、顛面畸形和唇顎裂畸形

輔助服務

- 急診緩解治療
- 全身麻醉 (文件記載局部麻醉無法有效或不適合控制疼痛時)
- 門診

急診牙科服務

每週 7 天，每天 24 小時均提供急診牙科服務。如果「審慎非專業人士」可合理預期，沒有立即進行牙科醫治就會導致個人情況嚴重危險或嚴重傷害，即表示存在緊急牙科病況。如果您有牙科緊急情況，應立即撥打會員卡正面的主治牙醫電話號碼。您會得到指示告訴您該怎麼辦。如果發生牙科緊急情況時您的主治牙醫無法提供服務，您可向非簽約牙科服務提供者取得急診牙科服務。在您可以的時候儘快通知 Health Net 的會員服務部。只有在美國、Canada 或 Mexico 境內提供的急診牙科服務才屬於 Health Net 的承保範圍。非簽約牙科服務提供者提供的急診牙科服務無事先授權也能取得補償。

牙科緊急情況可能牽涉到下列任何症狀 (單獨或混合)：

- 急性牙齒感染
- 異常或過量的牙齒出血
- 牙齒劇痛
- 牙齒斷裂

牙科緊急情況不包括例行檢查和洗牙、永久充填或牙冠、根管、全口齒齦治療以及外科手術和齒列矯正服務 (牙套)。

牙科必要性和牙科適當性

牙科適當性或牙科必要性的問題必須由 Health Net 審查。Health Net 會判定服務是否為牙科所必需或是否屬於本牙科計畫的承保範圍。

第二意見諮詢

第二意見諮詢是指由病人原本牙醫以外的牙醫提供的牙科意見。第二意見諮詢是要協助確認診斷、牙科必要性和牙科程序的適當性。Health Net 會給付按本第二意見諮詢政策核准的第二意見諮詢費用。會員可以在下列情況下要求第二意見諮詢：

- 會員對建議的外科程序合理性或必要性有疑問。
- 臨床適應症不明確或複雜難懂、由於檢測結果矛盾以致無法肯定診斷結果，或診療牙醫無法診斷病況而會員要求額外診斷。
- 進行中的治療計畫並未於診斷和治療計畫設定的相關期間內改善牙科病況，而會員要求有關診斷或繼續治療的第二意見諮詢。
- 會員已嘗試遵循治療計畫，或已就診斷或治療計畫的嚴重疑慮諮詢過原醫療服務提供者。

如欲要求第二意見諮詢，請聯絡您的主治牙醫。簽約牙科服務提供者或牙科計畫牙科醫療主任將會根據本政策和全國認許標準審查您的要求。如果您要求第二意見諮詢獲准，Health Net 或您的主治牙醫會將您轉診至合格的簽約牙科服務提供者。牙

科計畫會在收到第二意見諮詢的承保要求起 72 小時內審查該要求，緊急情況則當天審查。主治牙醫被指派的會員若要求第二意見諮詢，主治牙醫通常會轉診至其牙科團體中他們認識的簽約牙科服務提供者。如果會員要求向在其主治牙醫的牙科團體以外執業的簽約牙科服務提供者取得專科照護第二意見諮詢，會員將被轉至 Health Net 會員服務部，以將該要求交由牙科管理部審查。如果核准承保，會員將被轉診至具有適當資格的 Health Net 簽約牙科服務提供者。有關主治牙醫診斷或照護的第二意見諮詢承保，以在會員主治牙醫的牙科團體內執業的簽約牙科服務提供者提供的第二意見諮詢為限。

Health Net 將不給付未按本牙科計畫規定取得事先授權的第二意見諮詢費用，Health Net 也只會授權由簽約牙科服務提供者提供的第二意見諮詢。如果 Health Net 需要第二意見諮詢確認牙科重要性，Health Net 會給付所有相關費用。

持續照護

若您的特約牙醫因醫療紀律理由、詐欺或其他犯罪活動以外的原因遭到 Health Net 終止合約，您可能符合資格可在合約終止後繼續接受您牙醫的照護，但合約終止的醫療服務提供者必須同意其先前與 Health Net 的合約條款與條件。合約終止的牙醫提供的持續照護最多可達 90 天，如果因慢性、嚴重或急性病況而有牙科重要性則可有更長時間，或直到您的照護可安全轉移至其他醫療服務提供者為止。這不適用自願終止與 Health Net 或 Staff Model Dental Group 合約的牙醫。

如果您為以下原因接受牙科照護：

- 急性牙科病況；或
- 嚴重慢性牙科病況；

以及您的牙醫被終止合約，您可致電向 Health Net 要求，允許您在終止日期後繼續接受合約終止牙醫的牙科照護。

Health Net 諮詢過您的合約終止牙醫後，將決定管理您後續照護最好的方式。Health Net 必須事先授權持續照護服務做為承保條件。如果您有任何疑問，或想索取 Health Net 持續照護政策，或您要求由合約終止牙醫持續服務遭到拒絕但您提出上訴，請致電 Health Net 的會員服務部。

兒童健康和殘疾預防計畫 (CHDP)

CHDP 法案規定，所有要上一年級的兒童都要在進入一年級之前 18 個月或之後 90 天內接受篩檢檢查。此外，CHDP 準則規定未滿 21 歲的符合資格兒童都必須轉診至牙醫，確保以下事項：

- 所有兒童從三歲開始都要轉診接受年度預防牙科健康看診，無論是否發現或懷疑牙齒有問題。未滿三歲的兒童如果懷疑或發現問題也應該轉診至牙醫。可透過嬰兒和幼童口腔檢查發現奶瓶性齲齒* (BBTD) 等病況的早期徵兆，避免問題惡化。
- 強調牙科疾病的預防。不像某些健康問題，大多數牙科疾病都可以預防。
- 每次定期進行綜合口腔檢查，及早發現問題，就能避免病況惡化而必須花更多錢和痛苦的急診照護。
- 確定兒童可取得適當含氟化物的水或其他氟化物補充來源。氟化物有助於預防齲齒。
- 提供奶瓶性齲齒以及口腔和臉部傷害的相關預防諮詢。

California Children Services

California Children Services (CCS) 是一種州政府方案，透過各縣當地辦公室管理。此方案為未滿 21 歲的兒童治療特定身體限制和疾病。此方案由 California 納稅人付款，為家庭無法負擔全部或部分所需照護的兒童提供醫療保健。如果會員有 CCS 合格病況，會員必須向 CCS 申請 CCS 方案服務。可能符合資格取得 CCS 方案提供牙科服務的會員包括 CCS 專家小組齒列矯正醫師已接受並授權可接受醫療上造成障礙的咬合不正之齒列矯正服務，以及其他有 CCS 合格病況的客戶，例如唇裂和(或)顎裂、先天和(或)後天口腔和顱面畸形、複雜先天性心臟病、癲癇、免疫缺陷、腦性麻痺、血友病和其他血液惡病質、惡性腫瘤(包括白血病)、類風濕性關節炎、腎病、囊狀纖維化和器官移植。

本計畫將繼續為轉診至 CCS 的會員提供所有牙科所必需的承保服務和個案管理服務，直到確定 CCS 方案資格為止。確定會員的 CCS 方案資格後，本計畫將繼續提供主要牙科照護和其他與 CCS 合格病況無關的牙科承保服務，也會確保其主治牙醫、CCS 專科醫療服務提供者和當地 CCS 方案之間進行服務協調。

如需更多有關 CCS 方案的資訊，請聯絡您當地的 CCS Chapter，電話 800-288-4584。如果您懷疑自己患有 CCS 病況，建議您也聯絡您的主治醫師。

奶瓶性齲齒

奶瓶性齲齒 (BBTD) 是一種嚴重疾病，會導致容易蛀牙的乳齒快速蛀牙。蛀牙會從上排前牙開始，然後是乳齒白齒。這種蛀牙可能導致劇痛、掉牙、感染和睡眠不

足。乳齒過早掉牙可能導致言語障礙、餵食和營養問題，還可能有齒列矯正問題。一般來說，造成 BBTD 的原因是讓小孩躺在床上用奶瓶吸食白開水以外的物質，或讓小孩醒著時長時間含著奶瓶。這種使用方式讓奶瓶變成奶嘴。奶瓶很容易變成全天吸食液體導致蛀牙的工具。以下幾點有助於防止 BBTD：

- 不要把小孩放在床上吸食奶瓶，也不要使用奶瓶支撐架。
- 只在抱住嬰兒時餵食嬰兒。如果寶寶在餵食時睡著了，應該拿走奶瓶。
- 每次餵食後，應該用濕紙巾或小牙刷清潔嬰兒的牙齒，尤其是上排正面牙齒的後面，因為這是一開始發生蛀牙的部位。
- 可能的話儘量哺乳。
- 嬰兒六個月大時應該開始使用杯子，一歲左右戒掉奶瓶。寶寶放在床上時不要用奶瓶，改用其他方式，包括：
- 提供安全毛毯或絨毛玩具；唱歌或播放音樂；
- 抱住或搖動寶寶；
- 揉搓或拍拍孩子的頭和背部；
- 讀故事書或講故事；
- 使用嬰兒搖籃；或
- 使用奶嘴(不要沾蜂蜜或任何甜食)

排除項目

本牙科計畫的福利限 Medi-Cal 牙科方案承保的服務和用品，如 Health Net 與 DHCS 的 Medi-Cal 合約中描述為 Health Net 財務責任的部分。若 California 立法機構通過法律要刪除或調降 Medi-Cal 方案承保的服務，或 DHCS 修改其與 Health Net 的 Medi-Cal 協議，要刪除或調降該協議的承保服務，本牙科計畫福利將於變更生效日期做類似的刪除或調降。

下列服務不屬於本牙科計畫的承保範圍：

- 在您的指派主治牙醫診所以外或由非簽約牙科服務提供者提供的服務，但急診牙科服務或經 Health Net 授權時除外。
- 齒列矯正服務，但治療造成障礙的咬合不正、顛面畸形和唇顎裂畸形時除外。
- Health Net 判定為非牙科所必需的治療。
- 治療初期或非活動性齲齒。
- 整容程序。
- 活動式局部假牙，但為平衡對向全排假牙而有牙科必要性時除外。
- 拔除無症狀牙齒，但以下情況除外：
 - 為儘量減少咬合不正或齒列不整而必須進行的連續拔牙
 - 妨礙承保牙科贖復體結構的牙齒
 - 看得到無法得知症狀的 X 光攝影病理檢查。
- 實驗性的程序。
- 以下程序、用具和修復：
 - 增加垂直距離；
 - 恢復咬合；
 - 替換因摩擦、磨損和腐蝕而流失的牙齒結構；以及
 - 用於植牙技術。
- 覆髓。
- 固定式牙橋，但因以下情況必需則除外：
 - 取得工作。
 - 妨礙使用活動式牙科贖復體的醫療狀況。
- Health Net 會進行所有合理的嘗試安排承保服務，但以下情況則不負責安排承保服務：
 - 因重大災難或傳染病影響設施或人員而延遲或未能提供服務。
 - 因戰爭或暴動、勞資爭議或設施毀壞而中斷服務。這類情況下，建議會員使用可取得的牙科服務。
- 在美國、Canada 或 Mexico 以外提供的急診牙科服務和非急診牙科服務。
- 非醫療運輸服務，例如計程車、公車和汽車。

退保

如果您想從本牙科計畫退保，您可以撥打當地 Health Care Options 辦公室電話 (800) 322-6384 退保，不需要理由。

如果有下列情況，您會被退保：

- 喪失您的 Medi-Cal 資格。
- 搬離 Health Net 的服務區域 (也就是 Health Net 與 DHCS 牙科合約涵蓋的縣區)。
- 身體暴力或言語辱罵或威脅醫療服務提供者和 (或) 其職員、病人或 Health Net 員工、合約人員或會員。
- 妨礙 Health Net 的運作。
- 習慣性使用非簽約牙科服務提供者取得非急診牙科服務，但未取得必要的授權。
- 從事詐欺行為。

美國印地安人特殊服務

美國印地安人有權在印地安健康中心和美國原住民健康診所取得醫療保健服務。美國印地安人可聯絡 Health Care Options (HCO)，電話 (800) 430-4263，繼續留在 GMC 計畫或退保。

準則是：您是印地安人；印地安人家庭成員或有印地安健康服務方案機構的書面接受函，寫明可透過該機構取得醫療保健。

如果您有任何疑問或需要協助，請聯絡我們的會員服務部，電話 (877) 550-3868。

資格和承保開始

Medi-Cal 方案的資格是由 California Department of Social Services 決定，不是 Health Net。本牙科計畫新會員承保生效日期的第一天是由 DHCS 決定。如果您喪

失 Medi-Cal 資格，您將不符合資格從 Health Net 取得牙科照護福利，必須等到重新確定相關資格為止。有關您的 Medi-Cal 資格的疑問可由您的 County Social Services Department 回答。

過渡期 Medi-Cal (TMC)

TMC 適用因新工作、結婚或配偶返回家中收入增加而喪失現金協助或 Medi-Cal 資格的會員。符合 TMC 資格的 Medi-Cal 會員可保留其 Medi-Cal 健康承保最多 12 個月，並保留其 Health Net Dental 會籍。如果您因為收入增加而喪失 Medi-Cal 資格，您應該立即聯絡您的 Medi-Cal 資格審查者。如需更多有關 Medi-Cal TMC 方案的資訊，請聯絡 California 州政府，免付費電話 1-800-880-5305 或您當地的 Health and Human Services Department：

運輸服務

本計畫為缺乏個人運輸或無法取得公共運輸設施的會員提供往返醫療服務提供者診所的非急診運輸。計畫運輸服務時間從星期一至星期五上午 9:00 至下午 6:00，會員也能致電其醫療服務提供者，要求安排班車接送服務。會員最遲應於會員預約的門診時間前十 (10) 個工作日要求運輸服務，並需視服務可使用情況而定。前台工作人員可在各辦公室協助會員聯絡計程車服務，或確認會員運輸可使用的公車或輕軌路線和開車時間。

福利協調

您必須將保險保單和其他資源的承保牙科福利款項轉讓給 Health Net。

第三方侵權責任

如果因第三方侵權責任行為或意外傷害責任保險 (包括勞工補償裁定) 和未投保汽車險導致為會員提供承保服務而進行追償, Health Net 將不會對這類承保服務價值做任何理賠追償。不過, Health Net 會通知 DHCS 這類潛在個案, 並將協助 DHCS 行使州政府追償這類款項補償的權利。會員有義務在這方面協助 Health Net 和 DHCS。

付款責任

若 Health Net 未能支付簽約牙科服務提供者任何承保服務費用, 您不需負責支付欠款。未經 Health Net 事先授權取得非急診牙科服務時, 本聲明和 (或) 規定便會失效。如果該照護承保必須經 Health Net 授權, 但卻未取得授權, 您將負責支付非簽約牙科服務提供者提供服務的費用。會員不需支付承保服務的共付額或自付額。

申訴程序

申訴解決的內部選項

Health Net 關心您和您的家人, 但即使我們致力滿足會員, 有時難免會有問題或情況造成您的疑慮。例如, 您可能提出申訴的情況包括要求的牙科服務承保遭到拒絕、轉診至牙醫接受承保服務的承保遭到拒絕、照護品質、照護管道或不給付牙科服務理賠。如果這樣, 我們想知道相關情況。以下簡短說明我們的「申訴程序」和使用方式:

您可親自、致電或寫信聯絡 Health Net 的會員服務部, 索取「申訴表」。會員服務代表可在您要求時透過電話填寫表格。您

也可以在主治牙醫診所取得申訴表。如果您需要協助填寫這些表格, 可聯絡多語言會員服務部, 電話 1-877-550-3868。申訴表應寄至:

Medi-Cal Member Services, Health Net,
21271 Burbank Blvd., C-5,
Woodland Hills, CA
91367-6607。

Health Net 會在收到您的口頭或書面申訴起五個工作日內確認 Health Net 收到申訴案件, 也會列出可聯絡討論該個案的職員姓名和職稱 (如適用)。本牙科計畫先前授權的承保服務在申訴解決期間仍會繼續。

我們會開始適當的行動解決您的投訴, 並在 30 天內 (或在收到表示您的健康有立即且嚴重威脅的申訴案件起三天內) 回覆您。

此內部申訴過程中, 您有權由法律顧問、朋友或其他發言人來代表您。您可要求與您的申訴有關的計畫文件複本。您可要求口譯協助。

如果會員的語言需求無法得到滿足, 會員可提出申訴。

如果您認為不可能有滿意的解決方案, 您可聯絡當地 Health Care Options 辦公室, 要求從牙科計畫退保。

申訴解決的外部選項

1. California Department of Social Services 公平聽證。

您有權隨時向 California Department of Social Services 要求公平聽證 (無論是否已提出申訴), 請聯絡 Public Inquiry and Response Unit, 電話 1-800-952-5253, 聽障專線 1-800-952-8349, 或寫信至:

California Department of Social
Services State Hearing Division
P.O.Box 944243, MS 19-37
Sacramento, CA 94244-2430

從所投訴的命令或行動時間起，有 90 天的期限可以提出公平聽證要求。公平聽證通常會在要求日期起 90 天內舉行。不過，在牙科計畫或會員的醫療服務提供者指出，花時間等待以標準解決方式處理遭到拒絕的醫療保健服務可能嚴重危害會員的生命或健康，或取得、維持或重新取得最大機能的能力時，州政府必須於三個工作天內舉行聽證。會員可在公平聽證過程中繼續取得福利。您有權由法律顧問、朋友或其他發言人來代表您。當會員或醫療服務提供者要求的醫療保健服務遭到拒絕、延緩或修改時，無論是否已提出或解決申訴，都可以提出公平聽證要求。

2. California Department of Managed Health Care

California Department of Managed Health Care 負責管理醫療保健服務計畫。如果您想對 Health Net 提出申訴，您首先應致電 Health Net，電話 **1-877-550-3868**，並使用 Health Net 的申訴流程，之後再與管理局聯絡。利用此申訴程序並不會妨礙您的任何潛在法定權利或可能使用的補救措施。如您需要協助處理事關緊急情況的申訴、Health Net 未能圓滿解決的申訴，或超過 30 天仍未獲解決的申訴，您可致電管理局尋求協助。您亦可能符合申請獨立醫療審查 (IMR) 的資格。如果您符合 IMR 的資格，則 IMR 流程將會針對健保計畫對提議的服務或治療是否為醫療所必需、實驗性或研究性的治療是否屬於承保範圍的決定，以及有關急診或緊急醫療服務給付爭議而做成的醫療決定，進行公正無私的審查。管理局也設有免付費電話號碼

(**1-888-HMO-2219**)，以及為聽語障人士提供的聽障專線 (**1-877-688-9891**)。管理局網站 <http://www.hmohelp.ca.gov> 提供投訴表格、IMR 申請表和說明。

Health Net 的申訴流程和 DMHC 的投訴審查流程，是您可利用的爭議解決程序之外的其他選擇，您未使用這些流程並不會妨礙您使用法律規定的任何其他救濟措施。

補償規定

如果您要申請本牙科計畫的理賠補償，您必須在服務當月起六個月內向 Health Net 提出理賠申請，本牙科計畫才會給付該理賠。如果您需要申請急診理賠，請致電或寫信聯絡 Health Net 的會員服務部。請儘量準備好所有資訊，例如服務日期和時間、帳單金額，以及醫療服務提供者的姓名 / 名稱和地址。如果您透過書面或親自申請理賠，請準備好您收到的所有帳單複本。如果您已支付該理賠的費用，除非需要額外資訊，否則您會在本公司收到您理賠申請當天起 45 個工作日內收到核准急診理賠的補償。如需額外資訊，您會在本公司收到額外資訊當天起 45 個工作日內收到補償。如果您的理賠全部或部分遭到拒絕，您收到的書面通知會提供理由，並引述該決定所依據的合約規定。您可在收到拒絕通知後六個月內向 Health Net 提出書面通知，對該決定提出上訴。

Health Net 會在 30 天內回覆。如果您對上訴得到的回覆不滿意，您有權隨時向 Department of Social Services 要求公平聽證，不需經過 Health Net 的申訴程序。您可聯絡 DHCS Public Inquiry and Response Unit，電話 (800) 952-5253，聽障專線 (800) 952-8349。

公共政策

Health Net 有部分 Medi-Cal 受益人參與委員會，提出公共政策方面的建議。在本段中，「公共政策」是指 Health Net 和其員工為確保會員接受簽約機構提供醫療保健服務時能享有舒適、尊嚴和便利性而採取的行動。如果成年會員有意成為本委員會的一員，應致電 Health Net 的會員服務部表達其意願。

獨立合約商關係

雖然 Health Net 會監督其簽約牙科服務提供者提供的照護品質，但 Health Net 和簽約牙科服務提供者之間屬於獨立合約商關係。簽約牙科服務提供者不是 Health Net 的代理人或員工，Health Net 和其員工也不是簽約牙科服務提供者的代理人或員工。簽約牙科服務提供者維護與您之間的醫病關係，並為他們提供給您的所有服務全權負責。無論任何情況，Health Net 都不負責簽約牙科服務提供者的疏忽、不當行為或不作為。

醫療服務提供者補償

Health Net 以多種方式支付本牙科計畫的簽約牙科服務提供者。一般來說，Health Net 與牙醫的合約以按服務收費或所謂的「按人頭收費」為基礎。例如，按人頭收費補償安排是指 Health Net 按會員按月付費給牙醫，牙醫則負責為會員提供服務。如果您有關於特定簽約牙科服務提供者如何得到付款的任何疑問，請詢問該醫療服務提供者。

Health Net 不會使用任何補償安排來不當影響或獎勵簽約牙科服務提供者不要提供牙科所必需的照護。Health Net 與簽約牙科服務提供者的合約內容不會有任何獎勵計畫含有特定付款，誘使醫療服務提供者拒絕、減少、限制或延遲提供會員牙科所必需且適當的服務。

簽約牙科服務提供者必須按照專業、合法和合約規定，以優質的方式提供牙科所必需的服務。Health Net 和簽約牙科服務提供者注重的是預防醫療保健服務以及使用符合成本效益的治療方式。

定義

以下定義可幫助您瞭解本承保範圍證明：

- **牙科所必需** - 按專業認許的執業標準判斷屬於治療會員牙齒、齒齦和支持結構所必需且適當的承保服務。
- **急診牙科服務** - 如果「審慎非專業人士」可合理預期，沒有立即進行牙科醫治就會導致個人情況嚴重危險或嚴重傷害，即表示存在緊急牙科病況。
- **實驗性質** - 按一般牙醫界普遍公認專業的牙科標準，並未獲得認許可安全有效地用於疾病、傷害或相關病況的任何治療、療法、程序、藥品、設施、器材、裝置或用品；或使用前必須先取得聯邦政府或其相關機構或任何州政府機構核准的服務或用品，且提供相關服務或用品前已獲得此核准；或任何尚未按公認的專業牙科標準獲得核准或認許，但已經法律或政府機構行動獲得授權，可用於病人之檢測、試驗或其他研究。
- **簽約牙科服務提供者** - 簽約參加 Health Net 的 Medi-Cal 牙科計畫為會員提供承保服務的牙醫或牙科機構。
- **主治牙醫** - 已簽約參加 Health Net 的 Medi-Cal 牙科計畫，為會員提供初始和主要牙科照護、維持病人照護的持續性和開始轉介專科牙科照護的簽約牙科服務提供者。

不歧視

Health Net 在雇用方式和牙科照護服務安排方面都不會因種族、年齡、膚色、國籍、性別、性向或身體或心理能力而有所歧視。

會員的權利和責任

您的權利：

- 收到對服務要求 (包括評估與轉介) 的合理回應。
- 適時取得對投訴和查詢的回應。
- 充分得知 Health Net 的申訴程序和使用方式，不需擔憂牙科服務提供者給您不利的待遇。
- 得知您可取得的牙科計畫福利之資訊，包括如何取得服務的清楚說明。
- 得到尊嚴和尊重的待遇。
- 得到針對您的病況適當的坦誠討論或牙科所必需的治療選項，無論費用多寡或福利承保範圍。
- 得到禮貌和體貼的對待。
- 與您的牙科服務提供者討論預立醫囑。
- 您的牙科病況和個人問題享有隱私並獲得保密。Health Net 會提供隱私權行使聲明，向會員說明可使用和透露本牙科計畫會員牙科資訊的方式，以及您如何取得這類資訊。
- 在您的主治牙醫認為是牙科所必需時取得第二意見諮詢。
- 在同意接受任何程序之前，取得所接受治療的風險、殘疾的時間長度以及醫療服務提供者的資格等相關合理資訊。
- 從 Health Net 的特約主治牙醫中選擇主治牙醫。
- 取得個人病歷，以及法律許可時收到您牙科紀錄的複本、修正或訂正您的牙科紀錄。
- 要求州公平聽證。
- 不需理由即可退保。
- 以您慣用的語言口譯，協助您進行醫療護理提供者和病人之間溝通。

- 如果沒有書面翻譯資料，以您慣用的語言口頭翻譯書面資料。
- 參與您的牙科照護決定，包括有權拒絕治療。
- 不因脅迫、處分、便利或報復而遭到任何形式的約束或隔離。
- 自由行使相關權利，不會因此對 Health Net、簽約牙科服務提供者或州政府的待遇產生不良影響。
- 收到牙科計畫、其服務、其醫療服務提供者以及會員權利和責任相關資訊。
- 提出牙科計畫會員權利和責任政策方面的建議。

您的責任：

- 知道您的福利和服務以及取得方式。
- 對您的福利和服務有疑問或疑慮時，聯絡您的主治牙醫或 Health Net 會員服務部。
- 遵循您和您醫療服務提供者同意的照護計畫和指示 (但您也能拒絕牙科治療)。
- 住所變更和任何可能影響您是否有權取得承保或資格的情況時，通知會員服務部。
- 建立並維護病人與主治牙醫的關係。
- 預約或再預約門診時間，必要時通知醫療服務提供者取消門診預約。
- 提供牙科計畫和簽約牙科服務提供者要提供照護所需的資訊 (在可行範圍內)。

隱私權行使聲明

本通知說明可使用和透露您醫療資訊的方式，以及您如何取得這些資訊。請仔細審閱其內容。

Health Net 為您提供 Medi-Cal 方案的牙科承保。我們必須按州和聯邦法律規定保護您的健康資訊。我們必須提供您本聲明，說明我們可使用和分享您資訊的方式以及您有哪些權利。您的資訊是您個人的隱私。

您取得資格並投保本健保計畫後，我們會從 Medi-Cal 收到您的相關資訊。我們也會從您的醫師、診所、化驗室和醫院收到醫療資訊，以給付您的醫療保健費用。

隱私權行使聲明變更

我們有權變更相關隱私權行使條例。如果我們做了變更，我們修訂本通知後會郵寄給您。

我們可如何使用和分享您的相關資訊

Health Net 只能基於與 Medi-Cal 方案直接相關的理由使用或分享您的資訊。我們使用和分享的資訊包括：您的姓名、地址、您的個人狀況相關資訊、提供給您的牙科照護以及您的病史。本牙科計畫採取的行動包括核對您的資格、投保和醫療補助金額，核准、提供和給付 Medi-Cal 服務費用，以及調查或起訴 Medi-Cal 個案 (例如詐欺)。

部分例子：

- **治療：**您需要的牙科治療可能是必須事先取得我們核准的 Medi-Cal 承保照護。我們將與牙醫、醫師、醫院和其他人分享資訊，以便讓您取得所需的照護。
- **給付：**Health Net 審查、核准和給付因您的牙科照護而寄給我們的醫療保健理賠費用。在此情況下，我們會與牙醫、醫師、診所和因您的照護寄帳

單給我們的其他人分享資訊。而且，我們可將帳單轉給其他健保計畫或組織以進行付款。

- **醫療保健作業：**我們可使用您健康紀錄中的資訊來判斷您接受的醫療保健品質。我們也能使用相關資訊進行詐欺和濫用方案的稽核、規劃和一般管理。

Health Net 不會有您牙科紀錄的完整複本。如果您想查看、取得複本或變更您的牙科紀錄，請聯絡您的牙醫。

您健康資訊的其他用途

法律規定或許可時，我們也會郵寄您的資訊。有時法院會命令我們提供您的健康資訊。我們也會因 Medi-Cal 作業之需依法提供。這種情況可能涉及詐欺或向他人追償金錢的訴訟(若 Medi-Cal 已支付您的醫療理賠費用)。

您或您的牙醫、醫師、醫院和其他醫療保健服務提供者可對 Medi-Cal 照護理賠決定提出上訴。您的健康資訊可能用於做這些上訴決定。

需要書面同意的情況

如果我們不是因以上所列的任何目的要使用您的資訊，我們必須取得您的書面同意。如果您簽署同意書，您也能隨時以書面撤回。

您有哪些隱私權？

- 您有權要求我們不以上述任何方式使用或分享您的個人醫療保健資訊。我們可能無法同意您的要求。

- 您有權要求我們只用書面或使用其他地址、郵政信箱或電話號碼與您聯絡。我們接受保護您的安全所需的合理要求。
- 您和您的個人代表有權取得您的 Medi-Cal 資訊複本。您會收到供您填寫的表格，也可能被收取影印和郵寄紀錄的費用。(我們可基於法律允許的理由不讓您看到特定部分的紀錄。)
- 如果您紀錄中的資訊不正確或不完整，您有權要求變更相關資訊。如果不是 Health Net 建立或保存的資訊，或我們認為資訊正確且完整，我們可拒絕您的要求。
- 如果我們不進行您要求的變更，您可要求我們審查該決定。您也能郵寄聲明，指出您為何不同意我們的紀錄，此聲明將與您的紀錄一起保存。
- 我們基於治療、給付或 Health Net 作業以外的理由分享您健康資訊時，您有權要求我們提供清單，列出資訊分享對象、資訊分享時間和分享的資訊。

您如何與我們聯絡行使您的權利？

如果您想行使本通知說明的任何隱私權，請致電或寫信與我們聯絡：

Health Net Privacy Officer
21281 Burbank Boulevard
Woodland Hills, CA 91367
(800) 675-6110
電子郵件：Privacy@healthnet.com

投訴

如果您認為我們沒有保護您的隱私且您要投訴，您可致電或寫信提出投訴：

Privacy Officer
c/o Office of Legal Services
CA Department of Health Care Services
1501 Capitol Avenue
P.O.Box 997413, MS0010
Sacramento, CA 95899-7413

無後顧之憂行使您的權利

如果您選擇提出投訴或行使本通知的任何隱私權，Health Net 不能取消您的醫療保健福利，也不能以任何方式做任何事傷害您。

疑問

如果您有關於本通知的任何疑問並需要更多資訊，請利用前文提供的 Health Net 地址和電話號碼，聯絡 Health Net 隱私長。

聯邦規定的成人牙科服務 (FRADS)

會員，您好：

自 2014 年 5 月 1 日起，特定的成人牙科福利已按第 82 號議會法案 (AB 82) 規定恢復生效。恢復的服務列於下方，相關程序的完整說明請參閱醫療服務提供者手冊第 5 節「最高補貼標準和明細表手冊」。

- 檢查和 X 光
- 洗牙
- 塗氟治療
- 充填
- 前齒根管
- 預製牙冠
- 全排假牙
- 其他醫療所必需的牙科服務

已取消但免恢復的成人牙科福利

- 由牙科內科或外科的醫師提供的內科和外科服務，但如果由一般醫師提供則視為醫師服務且相關服務可由本州一般醫師或牙醫提供。
- 聯邦法律規定提供這些服務。已列出按本定義可准許做為聯邦規定的成人牙科服務 (FRADS) 的服務。(請參閱表 1 查詢可准許程序代碼)。
- 妊娠相關服務以及其他可能讓妊娠複雜化的病況之治療服務已擴大範圍。自 2014 年 10 月 1 日起，無論年齡、補助代碼和 (或) 福利範圍，懷孕的受益人都符合資格可接受 Denti-Cal 標準手冊 (MOC) 列出的所有牙科程序，只要符合所有 MOC 程序規定和標準即屬於 Medi-Cal 方案的承保範圍。
 - 受益人也符合資格可在產後 60 天取得這些服務，包括第 60 天所在月份剩餘的天數。
- 在中繼照護機構 (ICF) 或特護療養機構 (SNF) (如 *健康與安全法典* (H&S 法典) 第 1250 節第 (c) 和 (d) 小節定義，以及按 H&S 法典第 1250 節第 (k) 小節取得執照) 接受長期照護的受益人。牙科服務未必要在機構內提供才能獲得給付。

- 本例外規定只適用住在以上定義的 SNF 或 ICF 的受益人。此規定不適用住在健康與安全法典其他節規定的機構的受益人，例如 ICF - 發展殘疾 (DD)、ICF - 發展殘疾創建 (DDH) 或 ICF - 發展殘疾護理 (DDN)。

特護療養機構 (SNF)：特護療養機構是指這類健康機構或醫院的獨立部分可提供連續特護療養和支持照護給主要需求為可長期取得特護療養的病人。特護療養機構提供 24 小時住院照護，而且至少會有醫師、特護療養、飲食、醫藥服務和活動方案。

中繼照護機構 (ICF)：中繼照護機構是指這類健康機構或醫院或特護療養機構的獨立部分會提供住院照護給需要特護療養監督和支持照護，但不需要連續護理照護的病人。

- 以承保醫療服務為前提的牙科服務
 - 受益人可接受因進行承保醫療服務而必需(前提)的牙科服務。這類牙科服務大部分都屬於表 1 所列 FRADS 的承保範圍。不在 FRADS 清單上的前提牙科服務將必須依個案情況評估和裁定。

如果您有任何疑問，請聯絡 HEALTH NET 牙科計畫，電話 (877) 550-3868。

表 1：聯邦規定的成人牙科服務 (FRADS)

自 2009 年 7 月 1 日開始，以下程序代碼將持續做為年滿 21 歲 Medi-Cal 受益人的可補償程序。

* 請注意： 標示星號的 CDT-4 程序代碼 (D0220、D0230、D0250、D0260、D0290、D0310、D0322 和 D0330) 給付對象僅限年滿 21 歲 Medi-Cal 受益人，而且該程序必須與其他 FRADS 共同適當提供且並未因其他原因免除責任。

CDT-4 代碼	CDT-4 代碼說明
D0220*	口腔內 - 根尖周圍，第一片
D0230*	口腔內 - 根尖周圍，每多一片
D0250*	口腔外 - 第一片
D0260*	口腔外 - 每多一片
D0290*	後齒 - 前面或側面顱骨和臉骨檢查片
D0310*	唾液腺造影
D0320	顱下顎關節造影，包括注射
D0322*	斷層檢查
D0330*	環口片
D0502	其他口腔病理程序，按報告
D0999	未分類診斷程序，按報告
D2910	重新黏合嵌體
D2920	重新黏合牙冠
D2940	鎮靜充填
D5911	面部印模 (分段)
D5912	面部印模 (完整)
D5913	人工鼻
D5914	人工耳
D5915	人工眼眶
D5916	人工眼睛
D5919	人工顏面
D5922	人工鼻中隔
D5923	人工眼睛，臨時性
D5924	人工顱骨
D5925	顏面豐隆植體
D5926	人工鼻，替換
D5927	人工耳，替換
D5928	人工眼眶，替換
D5929	人工顏面，替換
D5931	人工閉孔器，外科手術
D5932	人工閉孔器，永久性
D5933	人工閉孔器，修改
D5934	下顎骨切除義體，含導向法蘭
D5935	下顎骨切除義體，無導向法蘭
D5936	人工閉孔器，臨時性

CDT-4 代碼	CDT-4 代碼說明
D5937	牙關緊閉用具 (不是為了治療 TMD)
D5953	言語輔助義體, 成人
D5954	顎豐隆義體
D5955	顎升高義體, 永久性
D5958	顎升高義體, 臨時性
D5959	顎升高義體, 修改
D5960	言語輔助義體, 修改
D5982	外科支架
D5983	輻射載體
D5984	輻射屏蔽
D5985	輻射錐定位器
D5986	氟化物凝膠載體
D5987	連合固定夾
D5988	外科固定夾
D5999	未分類顎面義體, 按報告
D6100	移除植體, 按報告
D6930	重新黏合固定式局部假牙
D6999	未分類固定式義齒程序, 按報告
D7111	殘餘齒冠 - 乳牙
D7140	拔牙, 萌生齒或曝露牙根 (提升和 (或) 用牙鉗拔除)
D7210	外科手術移除萌生齒, 必須提升黏膜骨膜皮瓣和移除牙骨和 (或) 部分牙齒
D7220	拔除阻生齒 - 軟組織
D7230	拔除阻生齒 - 部分骨性阻生
D7240	拔除阻生齒 - 完全骨性阻生
D7241	拔除阻生齒 - 完全骨性阻生, 出現異常外科手術併發症
D7250	外科手術移除殘餘牙根 (切除程序)
D7260	口腔上顎竇瘻閉合
D7261	竇穿孔初步閉合
D7270	重新植入牙齒和 (或) 穩固意外脫位或移位的牙齒
D7285	口腔組織切片 - 硬組織 (骨、齒)
D7286	口腔組織切片 - 軟組織 (所有其他部位)
D7410	切除良性病變組織, 小於等於 1.25 公分
D7411	切除良性病變組織, 大於 1.25 公分
D7412	切除良性病變組織, 複雜
D7413	切除惡性病變組織, 小於等於 1.25 公分
D7414	切除惡性病變組織, 大於 1.25 公分

CDT-4 代碼	CDT-4 代碼說明
D7415	切除惡性病變組織，複雜
D7440	切除惡性腫瘤 - 病變直徑小於等於 1.25 公分
D7441	切除惡性腫瘤 - 病變直徑大於 1.25 公分
D7450	移除良性牙源性囊腫或腫瘤 - 病變直徑小於等於 1.25 公分
D7451	移除良性牙源性囊腫或腫瘤 - 病變直徑大於 1.25 公分
D7460	移除良性非牙源性囊腫或腫瘤 - 病變直徑小於等於 1.25 公分
D7461	移除良性非牙源性囊腫或腫瘤 - 病變直徑大於 1.25 公分
D7465	使用物理或化學方法摧毀病變組織，按報告
D7490	下顎根治性切除術，有骨移植
D7510	腫膿切開與引流 - 口腔內軟組織
D7520	腫膿切開與引流 - 口腔外軟組織
D7530	移除黏膜、皮膚或皮下牙槽組織異物
D7540	移除產生異物的反應，肌肉骨骼系統
D7550	部分截骨術 / 死骨切除術以移除非活性骨
D7560	上顎竇切除術以移除牙齒片段或異物
D7610	上顎 - 切開復位 (固定牙齒，如出現)
D7620	上顎 - 閉合復位 (固定牙齒，如出現)
D7630	下顎 - 切開復位 (固定牙齒，如出現)
D7640	下顎 - 閉合復位 (固定牙齒，如出現)
D7650	顴骨和 (或) 顴弓 - 切開復位
D7660	顴骨和 (或) 顴弓 - 閉合復位
D7670	牙槽骨 - 閉合復位，可包括穩固牙齒
D7671	牙槽骨 - 切開復位，可包括穩固牙齒
D7680	臉骨 - 複雜復位，使用固定術和多種外科手術方法
D7710	上顎 - 切開復位
D7720	上顎 - 閉合復位
D7730	下顎 - 切開復位
D7740	下顎 - 閉合復位
D7750	顴骨和 (或) 顴弓 - 切開復位
D7760	顴骨和 (或) 顴弓 - 閉合復位
D7770	牙槽骨 - 切開復位，穩固牙齒
D7771	牙槽骨 - 閉合復位，穩固牙齒
D7780	臉骨 - 複雜復位，使用固定術和多種外科手術方法
D7810	錯位切開復位
D7820	錯位閉合復位
D7830	麻醉下操作
D7840	髌狀突切除術
D7850	外科椎間盤切除術，有 / 無植體

CDT-4 代碼	CDT-4 代碼說明
D7852	椎間盤修復
D7854	滑膜切除術
D7856	肌切開術
D7858	關節重建
D7860	關節切開術
D7865	關節成形術
D7870	關節穿刺術
D7872	關節鏡 - 診斷，有或無切片
D7873	關節鏡 - 外科手術：灌洗和溶解粘連
D7874	關節鏡 - 外科手術：椎間盤重新定位和穩定
D7875	關節鏡 - 外科手術：滑膜切除術
D7876	關節鏡 - 外科手術：清創
D7877	關節鏡 - 外科手術：清創
D7910	縫合最新小傷口，小於等於 5 公分
D7911	複雜縫合 - 小於等於 5 公分
D7912	複雜縫合 - 大於 5 公分
D7920	皮膚移植 (確認覆蓋缺損、位置和移植物類型)
D7940	骨成形術 - 用於齒顎矯正畸形
D7941	骨切開術 - 下顎支
D7943	骨切開術 - 下顎支，有骨移植；包括取得移植物
D7944	骨切開術 - 分段或根尖下 - 每六分儀或象限
D7945	骨切開術 - 下顎體
D7946	LeFort I (上顎 - 全部)
D7947	LeFort I (上顎 - 分段)
D7948	LeFort II 或 LeFort III (中臉發育不全或後縮之臉骨骨成形術) - 無骨移植
D7949	LeFort II 或 LeFort III - 有骨移植
D7950	下顎或臉骨之骨骼、骨骨膜或軟骨移植 - 自體或非自體，按報告
D7955	修復顎面軟組織和硬組織缺損
D7971	切除冠周牙齦
D7980	唾液腺結石切開術
D7981	切除唾液腺，按報告
D7982	唾液腺成形術
D7983	唾液瘻閉合術
D7990	緊急氣管切開術
D7991	冠狀突切除術
D7995	人工移植物 - 下顎或臉骨，按報告

CDT-4 代碼	CDT-4 代碼說明
D7997	移除用具 (不是由置入用具的牙醫執行)，包括移除牙弓桿
D7999	未分類口腔外科程序，按報告
D9110	牙痛緩解 (急診) 治療 - 小程序
D9210	非與手術或外科程序同時進行的局部麻醉
D9220	深度鎮靜 / 全身麻醉 - 最初 30 分鐘
D9221	深度鎮靜 / 全身麻醉 - 每多 15 分鐘
D9230	鎮痛、鎮靜、吸入笑氣
D9241	靜脈注射清醒鎮靜 / 鎮痛 - 最初 30 分鐘
D9242	靜脈注射清醒鎮靜 / 鎮痛 - 每多 15 分鐘
D9248	非靜脈注射清醒鎮靜
D9410	住家 / 長期照護機構電話
D9420	醫院電話
D9430	觀察門診 (正常看診時間內) - 未執行其他服務
D9440	門診 - 正常看診時間後
D9610	治療性藥品注射，按報告
D9910	使用減敏藥劑
D9930	治療併發症 (外科手術後) - 異常狀況，按報告
D9999	未分類輔助程序，按報告

表表 2: 孕婦可允許的程序代碼

CDT 代碼	說明	頻率
診斷服務		
D0120	定期口腔檢查	每 6 個月 1 次
D0145	3 歲以下口腔評估	
D0150	綜合口腔評估	
D0180	綜合牙周評估	
D0140	局部口腔評估	
D0160	口腔評估, 針對問題	
D0170	重新評估, 局部, 針對問題	
D0210	口腔內, 完整系列 X 光片	每 36 個月 1 次
D0330	環口 X 光片	
D0220	口腔內 X 光片, 根尖周圍, 第一片	
D0230	口腔內 X 光片, 根尖周圍, 每多一片	
D0240	口腔內 X 光片, 咬合片	每 6 個月 2 片
D0250	口腔外 X 光片, 第一片	每個服務日期 1 片
D0260	口腔外 X 光片, 每多一片	每個服務日期 4 片
D0270	X 光咬翼片, 單片	每個服務日期 1 片
D0272	X 光咬翼片, 2 片	每 6 個月 1 組
D0274	X 光咬翼片, 4 片	
D0290	前後向、側向顱骨和臉骨檢查	每個服務日期 3 片
D0320	TMJ 關節造影, 包括注射	
D0310	唾液腺造影	
D0322	斷層檢查	每 12 個月 2 片
D0340	側顱影像	每 12 個月 2 片
D0350	口腔 / 臉部照像攝影	每個服務日期 4 片
D0460	牙髓活性檢測	
D0470	診斷牙模	與承保齒列矯正服務一起時才提供福利
D0502	其他口腔病理程序, 按報告	
D0999	未分類診斷程序, 按報告	
預防服務		
D1110	預防性潔牙, 成人	每 6 個月 1 次
D1120	預防性潔牙, 兒童	
D1203	局部塗氟, 兒童	每 6 個月 1 次
D1204	局部塗氟, 成人	
D1206	局部塗氟漆	
D1310	控制牙齒疾病的營養諮詢	
D1320	戒煙諮詢, 控制 / 預防口腔疾病	
D1330	口腔衛生指導	

D1351	封填劑，每顆牙	每 36 個月每顆牙 1 次，限第一 和第二白齒
D1352	預防性樹脂修復，恆齒	
D1510	空間維持器，固定式，單側	每 12 個月每象限 / 牙弓 1 個， 18 歲以下
D1515	空間維持器，固定式，雙側	
D1520	空間維持器，活動式，單側	
D1525	空間維持器，活動式，雙側	
D1550	重新黏合空間維持器	每 12 個月每象限 / 牙弓 1 個， 18 歲以下
D1555	移除固定式空間維持器	
修復服務		
D2140	汞齊，1 面，乳齒或恆齒	乳齒 - 每 12 個月每顆牙每個牙 面 1 次 恆齒 - 每 36 個月每顆牙每個牙 面 1 次
D2150	汞齊，2 面，乳齒或恆齒	
D2160	汞齊，3 面，乳齒或恆齒	
D2161	汞齊，4 面或以上，乳齒或恆齒	
D2330	樹脂基複合材質，1 面，前齒	
D2331	樹脂基複合材質，2 面，前齒	
D2332	樹脂基複合材質，3 面，前齒	
修復服務(承前)		
D2335	樹脂基複合材質，4 面以上 / 切角	乳齒 - 每 12 個月每顆牙每個牙 面 1 次 恆齒 - 每 36 個月每顆牙每個牙 面 1 次
D2391	樹脂基複合材質，1 面，後齒	
D2392	樹脂基複合材質，2 面，後齒	
D2393	樹脂基複合材質，3 面，後齒	
D2394	樹脂基複合材質，4 面以上，後齒	
D2390	樹脂基複合材質牙冠，前齒	乳齒 - 每 12 個月每顆牙 1 個 恆齒 - 每 36 個月每顆牙 1 個
D2710	牙冠，樹脂基複合材質(間接)	每 5 年期間每顆牙 1 個，13 歲 及以上
D2712	牙冠，3/4 冠，樹脂基複合材質(間接)	
D2721	牙冠，樹脂與賤金屬為主	
D2740	牙冠，陶瓷 / 瓷基底	
D2750	牙冠，陶瓷熔合高貴金屬	
D2751	牙冠，陶瓷熔合賤金屬為主	
D2752	牙冠，陶瓷熔合貴金屬	
D2780	牙冠，3/4 冠，鑄造高貴金屬	
D2781	牙冠，3/4 冠，鑄造賤金屬為主	
D2782	牙冠，3/4 冠，鑄造貴金屬	
D2783	牙冠，3/4 冠，陶瓷 / 瓷	
D2790	牙冠，全冠，鑄造高貴金屬	
D2791	牙冠，全冠，鑄造賤金屬為主	
D2792	牙冠，全冠，鑄造貴金屬	
D2794	牙冠，鈦	
D2799	臨時牙冠	
D2910	重新黏合嵌體、冠蓋體或局部覆蓋修復	每 12 個月每顆牙 1 次

D2915	重新黏合鑄造或預製牙柱和牙心	
D2920	重新黏合牙冠	
D2930	預製不鏽鋼牙冠, 乳齒	乳齒 - 每 12 個月每顆牙 1 個 恆齒 - 每 36 個月每顆牙 1 個
D2931	預製不鏽鋼牙冠, 恆齒	
D2932	預製樹脂牙冠	
D2933	預製不鏽鋼牙冠, 含樹脂窗口	
D2934	預製不鏽鋼美觀塗層牙冠, 乳齒	
D2940	保護修復 (暫時)	每 6 個月每顆牙 1 次
D2950	牙心製作, 含任何牙釘	
D2951	牙釘固定, 每顆牙齒, 修復以外	
D2952	牙冠以外的牙柱和牙心, 間接製造	
D2953	每多一個間接製造牙柱, 同一顆牙	
D2954	牙冠以外的預製牙柱和牙心	
D2955	移除牙柱	
D2957	每多一個預製牙柱, 同一顆牙	
D2970	暫時牙冠 (斷裂牙)	
D2971	額外程序 / 新牙冠, 現有局部假牙	
D2980	牙冠修復, 修復材料失效	
D2999	未分類修復程序, 按報告	
牙髓治療服務		
D3110	覆髓 - 直接 (不含最後修復)	
D3120	覆髓 - 間接 (不含最後修復)	
D3220	治療性牙髓切斷術 (不含最後修復)	終身每顆牙 1 次
D3221	牙髓清創, 乳齒與恆齒	
D3222	為根尖生成術所做的部分牙髓切斷術, 恆齒	
D3230	牙髓治療 (可吸收充填), 乳齒前齒	終身每顆牙 1 次
D3240	牙髓治療 (可吸收充填), 乳齒後齒	
D3310	前齒 (不含最後修復)	終身每顆牙 1 次
D3320	雙尖齒 (不含最後修復)	
D3330	白齒 (不含最後修復)	
牙髓治療服務 (承前)		
D3331	治療根管阻塞; 非外科手術	
D3332	不完整牙髓治療, 無法動手術	
D3333	牙根內部穿孔缺陷修復	
D3346	重新治療原先根管 - 前齒	
D3347	重新治療原先根管 - 雙尖齒	
D3348	重新治療原先根管 - 白齒	
D3351	根尖成形術 / 再鈣化 / 牙髓再生 - 首次看診	終身每顆牙 1 次
D3352	根尖成形術 / 再鈣化 / 牙髓再生 - 治療過程中換藥	終身每顆牙 1 次

D3410	根尖切除術 / 根尖周外科手術 - 前齒	
D3421	根尖切除術 / 根尖周外科手術 - 雙尖齒	
D3425	根尖切除術 / 根尖周外科手術 - 白齒	
D3426	根尖切除術 / 根尖周外科手術 - 每多一個牙根	
D3430	根尖逆充填 - 每個齒根	
D3910	使用橡皮障隔離牙齒的外科程序	
D3999	未分類牙髓治療程序, 按報告	
牙周治療服務		
D4210	牙齦切除術 / 牙齦成形術, 每象限 4 顆牙以上	每 36 個月每部位 / 象限 1 次, 13 歲及以上
D4211	牙齦切除術 / 牙齦成形術, 每象限 1-3 顆牙	
D4249	臨床牙冠加長, 硬組織	
D4260	骨外科手術, 每象限 4 顆牙以上	
D4261	骨外科手術, 每象限 1-3 顆牙	
D4265	協助組織再生的生物材料	
D4341	牙周刮治和牙根整平, 每象限 4 顆牙以上	每 24 個月每部位 / 象限 1 次, 13 歲及以上
D4342	牙周刮治和牙根整平, 每象限 1-3 顆牙	
D4355	全口清創	
D4381	局部遞送抗微生物藥劑 / 每顆牙	
D4910	牙周維護	每 12 個月 1 次, 13 歲及以上
D4920	非約定更換敷料 / 非診療牙醫	13 歲及以上
D4999	未分類牙周治療程序, 按報告	
活動式義齒服務		
D5110	全口假牙, 上顎	每 5 年期間每牙弓 1 個
D5120	全口假牙, 下顎	
D5130	即裝假牙, 上顎	
D5140	即裝假牙, 下顎	
D5211	上顎局部假牙, 樹脂基	
D5212	下顎局部假牙, 樹脂基	
D5213	上顎局部假牙, 鑄造金屬 / 樹脂基	
D5214	下顎局部假牙, 鑄造金屬 / 樹脂基	
D5410	調整全口假牙, 上顎	每 12 個月每牙弓 2 次
D5411	調整全口假牙, 下顎	
D5421	調整局部假牙, 上顎	
D5422	調整局部假牙, 下顎	
D5510	修復壞損的全口假牙基托	每 12 個月每牙弓 2 次
D5520	替換缺牙 / 斷牙, 全口假牙	每 12 個月每牙弓 8 次
D5610	修復樹脂假牙基托	每 12 個月每牙弓 2 次
D5620	修復鑄造框架	
D5630	修復或替換壞損牙鉤	每 12 個月每牙弓 2 次

D5640	替換斷牙，每顆牙	每 12 個月每牙弓 2 次
D5650	原有局部假牙新增牙齒	每 5 年期間每顆牙 1 次
D5660	原有局部假牙新增牙鉤	每 5 年期間每顆牙 1 次
D5730	全口上顎假牙重襯，診椅邊	每 12 個月每牙弓 1 次
D5731	全口下顎假牙重襯，診椅邊	
D5740	上顎局部假牙重襯，診椅邊	
活動式義齒服務 (承前)		
D5741	下顎局部假牙重襯，診椅邊	每 12 個月每牙弓 1 次
D5750	全口上顎假牙重襯，牙科技工室	
D5751	全口下顎假牙重襯，牙科技工室	
D5760	上顎局部假牙重襯，牙科技工室	
D5761	下顎局部假牙重襯，牙科技工室	
D5850	組織調整，上顎	每 36 個月每牙弓 2 次
D5851	組織調整，下顎	
D5860	覆蓋式義齒，全口，按報告	每 5 年期間 1 個
D5862	精密覆蓋體，按報告	
D5899	未分類活動式義齒程序，按報告	
顎面修復體服務		
D5911	面部印模 (分段)	
D5912	面部印模 (完整)	
D5913	人工鼻	
D5914	人工耳	
D5915	人工眼眶	
D5916	人工眼睛	
D5919	人工顏面	
D5922	人工鼻中隔	
D5923	人工眼睛，臨時性	
D5924	人工顱骨	
D5925	顏面豐隆植體	
D5926	人工鼻，替換	
D5927	人工耳，替換	
D5928	人工眼眶，替換	
D5929	人工顏面，替換	
D5931	人工閉孔器，外科手術	
D5932	人工閉孔器，永久性	
D5933	人工閉孔器，修改	每 12 個月 2 次
D5934	下顎骨切除義體，含導向法蘭	
D5935	下顎骨切除義體，無導向法蘭	
D5936	人工閉孔器，臨時性	
D5937	牙關緊閉用具 (不是為了治療 TMD)	
D5951	進食輔具	18 歲以下
D5952	言語輔助義體，小兒	

D5953	言語輔助義體，成人	18 歲及以上
D5954	顎豐隆義體	
D5955	顎升高義體，永久性	
D5958	顎升高義體，臨時性	
D5959	顎升高義體，修改	每 12 個月 2 次
D5960	言語輔助義體，修改	每 12 個月 2 次
D5982	外科支架	
D5983	輻射載體	
D5984	輻射屏蔽	
D5985	輻射錐定位器	
D5986	氟化物凝膠載體	
D5987	連合固定夾	
D5988	外科固定夾	
D5991	外用藥物載體	
D5999	未分類顎面義體，按報告	
植牙服務		
D6010	外科手術植入植體，骨內	只有符合例外醫療條件時才是計畫福利需事先授權
D6040	外科手術植入：骨膜下植體	
D6050	外科手術植入：透骨式植體	
D6053	植體 / 基台支撐活動式假牙，全牙弓	
D6054	植體 / 基台支撐活動式假牙，局部牙弓	
D6055	連接桿，植體支撐式或基台支撐式	
D6056	預製基台，包括修改和植入	
D6057	訂製基台，包括植入	
D6058	基台支撐式陶瓷 / 瓷牙冠	
D6059	基台支撐式陶瓷 / 高貴金屬牙冠	
D6060	基台支撐式陶瓷 / 賤金屬牙冠	
D6061	基台支撐式陶瓷 / 貴金屬牙冠	
D6062	基台支撐式鑄造金屬牙冠，高貴金屬	
D6063	基台支撐式鑄造金屬牙冠，賤金屬	
D6064	基台支撐式鑄造金屬牙冠，貴金屬	
D6065	植體支撐式陶瓷 / 瓷牙冠	
D6066	植體支撐式陶瓷 / 金屬牙冠	
D6067	植體支撐式金屬牙冠	
D6068	基台支撐式固定器，陶瓷 / 瓷 FPD	
D6069	基台支撐式固定器，金屬 FPD，高貴金屬	
D6070	基台支撐式固定器，陶瓷 / 金屬 FPD，賤金屬	
D6071	基台支撐式固定器，陶瓷 / 金屬 FPD，貴金屬	
D6072	基台支撐式固定器，鑄造金屬 FPD，高貴金屬	

D6073	基台支撐式固定器，鑄造金屬 FPD，賤金屬	
D6074	基台支撐式固定器，鑄造金屬 FPD，貴金屬	
D6075	瓷 FPD 的植體支撐式固定器	
D6076	陶瓷 / 金屬 FPD 的植體支撐式固定器	
D6077	鑄造金屬 FPD 的植體支撐式固定器	
D6078	植體 / 基台支撐固定式假牙，完全缺牙牙弓	
D6079	植體 / 基台支撐固定式假牙，局部缺牙牙弓	
D6080	植體維持程序	
D6090	修復植體支撐式贗復體，按報告	
D6091	替換半精密或精密植體覆蓋體	
D6092	重新黏合植體 / 基台支撐式牙冠	
D6093	重新黏合植體 / 基台支撐固定式局部假牙	
D6094	基台支撐式牙冠	
D6095	修復植體基台，按報告	
D6100	移除植體，按報告	
D6190	X 光 / 外科手術植牙指標，按報告	
D6194	FAD 基台支撐式固定牙冠，鈦	
D6199	未分類植牙程序，按報告	
固定式義齒服務		
D6211	橋體，鑄造賤金屬為主	每 5 年期間每顆牙 1 個，13 歲及以上
D6241	橋體，陶瓷熔合賤金屬為主	
D6245	橋體，陶瓷 / 瓷	
D6251	橋體，樹脂與賤金屬為主	
D6721	牙冠，樹脂與賤金屬為主	
D6740	牙冠，陶瓷 / 瓷	
D6751	牙冠，陶瓷熔合賤金屬為主	
D6781	牙冠，3/4 冠，鑄造賤金屬為主	
D6783	牙冠，3/4 冠，陶瓷 / 瓷	
D6791	牙冠，全冠，鑄造賤金屬為主	
D6930	重新黏合固定式局部假牙	
固定式義齒服務 (承前)		
D6970	牙柱和牙心，FAD，間接製造	
D6972	預製牙柱和牙心，FAD	
D6973	固定器的牙心製作，含牙釘	
D6976	每多一根間接製造牙柱，同一顆牙	
D6977	每多一根預製牙柱，同一顆牙	
D6980	固定式局部假牙修復，修復材料失效	
D6999	未分類固定式義齒程序，按報告	
口腔顎面外科手術服務		

D7111	拔牙，殘餘齒冠，乳牙	
D7140	拔牙，萌生齒或曝露牙根	
D7210	外科手術移除萌生齒	
D7220	移除阻生齒，軟組織	
D7230	移除阻生齒，部分骨性阻生	
D7240	移除阻生齒，完全骨性阻生	
D7241	移除阻生齒，完全骨性阻生，併發症	
D7250	外科手術移除殘餘牙根，切除程序	
D7260	口腔上顎竇瘻閉合	
D7261	竇穿孔初步閉合	
D7270	重新植入 / 穩固牙齒，意外	每牙弓終身 1 次，僅限恆齒前齒
D7280	外科手術接觸未萌生齒	
D7283	植入裝置以促進阻生齒萌生	
D7285	口腔組織切片，硬組織 (骨、齒)	每個服務日期每牙弓 1 次
D7286	口腔組織切片，軟組織	每個服務日期 3 次
D7290	外科手術牙齒重新定位	每牙弓終身 1 次，僅限積極齒列矯正治療
D7291	經膈膜纖維切斷術 / 齒槽上纖維切斷術，按報告	
D7310	齒槽成形術與拔牙，4 顆牙以上，每象限	
D7311	齒槽成形術與拔牙，1-3 顆牙，每象限	
D7320	齒槽成形術，無拔牙，4 顆牙以上，每象限	
D7321	齒槽成形術，無拔牙，1-3 顆牙，每象限	
D7340	口腔前庭成形術，牙脊延展 (次級上皮化)	每 5 年期間每牙弓 1 次
D7350	口腔前庭成形術，牙脊延展	每牙弓終身 1 次
D7410	切除良性病變組織，小於等於 1.25 公分	
D7411	切除良性病變組織，大於 1.25 公分	
D7412	切除良性病變組織，複雜	
D7413	切除惡性病變組織，小於等於 1.25 公分	
D7414	切除惡性病變組織，大於 1.25 公分	
D7415	切除惡性病變組織，複雜	
D7440	切除惡性腫瘤，小於等於 1.25 公分	
D7441	切除惡性腫瘤，大於 1.25 公分	
D7450	移除良性牙源性囊腫 / 腫瘤，小於等於 1.25 公分	
D7451	移除良性牙源性囊腫 / 腫瘤，大於 1.25 公分	
D7460	移除良性非牙源性囊腫 / 腫瘤，小於等於 1.25 公分	
D7461	移除良性非牙源性囊腫 / 腫瘤，大於 1.25 公分	
D7465	使用物理或化學方法摧毀病變組織，按	

	報告	
D7471	移除橫向外生骨贅，上顎或下顎	
D7472	移除上顎隆凸	
D7473	移除下顎隆凸	
D7485	外科手術縮減骨粗隆	
D7490	上顎或下顎根治性切除術	
D7510	腫膿切開和引流，口腔內軟組織	
D7511	腫膿切開和引流，口腔內軟組織，複雜	
D7520	腫膿切開和引流，口腔外軟組織	
口腔顎面外科手術服務 (承前)		
D7521	腫膿切開和引流，口腔外軟組織，複雜	
D7530	移除異物，黏膜、皮膚或組織	
D7540	移除產生異物的反應，肌肉骨骼系統	
D7550	部分截骨術 / 死骨切除術以移除非活性骨	
D7560	上顎竇切除術，移除牙齒片段 / 異物	
D7610	上顎，切開復位	
D7620	上顎，閉合復位	
D7630	下顎，切開復位	
D7640	下顎，閉合復位	
D7650	顴骨和(或)顴弓，切開復位	
D7660	顴骨和(或)顴弓，閉合復位	
D7670	牙槽骨，閉合復位，包括穩固牙齒	
D7671	牙槽骨，切開復位，包括穩固牙齒	
D7680	臉骨，複雜復位，使用固定術	
D7710	上顎，切開復位	
D7720	上顎，閉合復位	
D7730	下顎，切開復位	
D7740	下顎，閉合復位	
D7750	顴骨和(或)顴弓，切開復位	
D7760	顴骨和(或)顴弓，閉合復位	
D7770	牙槽骨，切開復位，包括穩固牙齒	
D7771	牙槽骨，閉合復位，包括穩固牙齒	
D7780	臉骨，複雜復位，使用固定術	
D7810	錯位切開復位	
D7820	錯位閉合復位	
D7830	麻醉下操作	
D7840	髁狀突切除術	
D7850	外科椎間盤切除術，有 / 無植體	
D7852	椎間盤修復	
D7854	滑膜切除術	
D7856	肌切開術	
D7858	關節重建	

D7860	關節切開術	
D7865	關節成形術	
D7870	關節穿刺術	
D7871	非關節鏡下灌洗和溶解粘連	
D7872	關節鏡 - 診斷，有或無切片	
D7873	關節鏡 - 外科手術：灌洗和溶解粘連	
D7874	關節鏡 - 外科手術：椎間盤重新定位和穩定	
D7875	關節鏡 - 外科手術：滑膜切除術	
D7876	關節鏡 - 外科手術：椎間盤切除術	
D7877	關節鏡 - 外科手術：清創	
D7880	咬合矯形裝置，按報告	
D7899	未分類 TMD 治療，按報告	
D7910	縫合最新小傷口，小於等於 5 公分	
D7911	複雜縫合 - 小於等於 5 公分	
D7912	複雜縫合 - 大於 5 公分	
D7920	皮膚移植	
D7940	骨成形術 - 用於齒顎矯正畸形	
D7941	骨切開術 - 下顎支	
D7943	骨切開術 - 下顎支，有骨移植	
D7944	骨切開術 - 分段或根尖下	
D7945	骨切開術 - 下顎體	
口腔顎面外科手術服務 (承前)		
D7946	LeFort I (上顎 - 全部)	
D7947	LeFort I (上顎 - 分段)	
D7948	LeFort II 或 LeFort III，無骨移植	
D7949	LeFort II 或 LeFort III - 有骨移植	
D7950	骨骼、骨骨膜或軟骨移植，按報告	
D7951	竇豐隆，有骨、骨替代物	
D7955	修復顎面軟組織和 (或) 硬組織缺損	
D7960	繫帶切整術 (繫帶切除術或繫帶切斷術)，單獨程序	
D7963	繫帶成形術	每個服務日期每牙弓 1 次
D7970	切除增生組織，每牙弓	
D7971	切除冠周牙齦	
D7972	外科手術縮減纖維粗隆	
D7980	唾液腺結石切開術	
D7981	切除唾液腺，按報告	
D7982	唾液腺成形術	
D7983	唾液瘻閉合術	
D7990	緊急氣管切開術	
D7991	冠狀突切除術	

D7995	人工移植植物 - 下顎或臉骨，按報告	
D7997	移除用具(不是由置入用具的牙醫執行)，包括移除牙弓桿	每個服務日期每牙弓 1 次
D7999	未分類口腔外科程序，按報告	
齒列矯正服務		
D8080	青少年齒列的綜合齒列矯正治療	
D8210	活動式用具治療	
D8220	固定式用具治療	
D8660	齒列矯正治療前看診	
D8670	定期齒列矯正治療看診	
D8680	齒列矯正固位	
D8691	修復齒列矯正用具	每個用具終身 1 次
D8692	替換遺失或斷裂固定器	每牙弓終身 1 次
D8693	重裝或重新黏合；和(或)修復，視需要	
D8999	未分類齒列矯正程序，按報告	
一般輔助服務		
D9110	緩解(急診)治療，小程序	每個服務日期 1 次
D9120	固定式局部假牙切段	
D9210	非與手術 / 外科程序同時進行的局部麻醉	每個服務日期 1 次
D9211	區域性阻斷麻醉	
D9212	三叉神經阻斷麻醉	
D9215	與手術 / 外科程序同時進行的局部麻醉	
D9220	深度鎮靜 / 全身麻醉，最初 30 分鐘	
D9221	深度鎮靜 / 全身麻醉，每多 15 分鐘	
D9230	吸入笑氣 / 鎮痛、鎮靜	
D9241	靜脈注射清醒鎮靜 / 鎮痛，最初 30 分鐘	
D9242	靜脈注射清醒鎮靜 / 鎮痛，每多 15 分鐘	
D9248	非靜脈注射清醒鎮靜	
D9310	諮詢，非要求服務的牙醫提供	
D9410	住家 / 長期照護機構電話	
D9420	醫院或門診外科手術中心電話	
D9430	觀察門診，正常看診時間內，未執行其他服務	
D9440	門診，正常看診時間後	每個服務日期 1 次
D9610	腸外治療藥物，單次施用	每個服務日期 4 次
D9910	使用減敏藥劑	每 12 個月每顆牙 1 次，限恆齒
D9930	治療併發症，外科手術後，異常狀況	每個服務日期 1 次

一般輔助服務 (承前)		
D9950	咬合分析，安裝個案	
D9951	咬合調整，局部	每 12 個月每象限 1 次，14 歲及以上
D9952	咬合調整，全口	每 12 個月 1 次，14 歲及以上
D9999	未分類輔助程序，按報告	

