

A healthy smile just got easier with our dental benefit!

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

ACCESS

How do I access the benefit?

A

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

To find a DentaQuest dental provider close to you:

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

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

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

BENEFIT

What is the benefit?

B

For Molina Medicare Medicaid STAR+PLUS Plan non-waiver Members in the Community

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

For Molina Medicare Medicaid STAR+PLUS Plan waiver Members in the Community

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

BENEFIT

What is the benefit?



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

Schedule of Covered Supplemental Dental Services

There is no co-pay for office visits.

For STAR+PLUS non-waiver Members in the Community

Oral Exams –

- D0120 – periodic oral evaluation – established patient
- D0140 – limited oral evaluation – problem focused
- D0150 – comprehensive oral evaluation – new or established patient

Dental X-Rays –

- D0210 – intraoral – complete series of radiographic images
- D0220 – intraoral – periapical – first radiographic image
- D0230 – intraoral – periapical – each additional radiographic image
- D0272 – bitewings – two radiographic images
- D0274 – bitewings – four radiographic images
- D0330 – panoramic – radiographic image

Cleanings –

- D1110 – prophylaxis – adult

Periodontics (Deep Cleanings) –

- D4341 – periodontal scaling and extracoronary root planing – four or more teeth, per quadrant
- D4355 – full mouth debridement to enable comprehensive evaluation and diagnosis – subsequent visit

Periodontal Maintenance –

- D4910 – periodontal maintenance

BENEFIT

What is the benefit?



Restorative Services (Fillings) –

- D2140-D2161 – amalgam (silver) fillings
 - D2140 – amalgam – one surface, primary or permanent
 - D2150 – amalgam – two surfaces, primary or permanent
 - D2160 – amalgam – three surfaces, primary or permanent
 - D2161 – amalgam – four or more surfaces, primary or permanent
- D2330-D2335 – resin-based composite (tooth-colored) fillings for the front teeth
 - D2330 – resin-based composite – one surface, anterior
 - D2331 – resin-based composite – two surfaces, anterior
 - D2332 – resin-based composite – three surfaces, anterior
 - D2335 – resin-based composite – four or more surfaces or involving incisal angle (anterior)
- D2391-D2394 – resin-based composite (tooth-colored) fillings for the back teeth
 - D2391 – resin-based composite – one surface, posterior
 - D2392 – resin-based composite – two surfaces, posterior
 - D2393 – resin-based composite – three surfaces, posterior
 - D2394 – resin-based composite – four or more surfaces, posterior

Extractions –

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

Other Surgical Procedures:

- D7260 – oroantral fistula closure
- D7261 – primary closure of a sinus perforation
- D7286 – incisional biopsy of oral tissue-soft
- D7310 – alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
- D7320 – alveoloplasty – ridge extension (secondary epithelialization)
- D7510 – incision and drainage of abscess – intraoral soft tissue
- D7520 – incision and drainage of abscess – extraoral soft tissue
- D7970 – excision of hyperplastic tissue – per arch

BENEFIT

What is the benefit?



Denture Allowance –

- D5110 – complete denture – maxillary
- D5120 – complete denture – mandibular
- D5130 – Immediate denture – maxillary
- D5140 – Immediate denture – mandibular
- D5211 – maxillary partial denture – resin base
- D5212 – mandibular partial denture – resin base
- D5213 – maxillary partial denture – cast metal/resin base
- D5214 – mandibular partial denture – cast metal/resin base

Denture Adjustments –

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

Denture Repairs –

- D5511-D5520 – repairs to complete dentures
 - D5511 – repair broken complete denture base – mandibular
 - D5512 – repair broken complete denture base – maxillary
 - D5520 – replace missing or broken teeth – complete denture
- D5611-D5671 – repairs to partial dentures
 - D5611 – repair resin partial denture base – mandibular
 - D5612 – repair resin partial denture base – maxillary
 - D5621 – repair cast partial framework – mandibular
 - D5622 – repair cast partial framework – maxillary
 - D5630 – Repair or replace broken retentive/clasping materials per tooth
 - D5640 – replace – broken teeth – per tooth
 - D5650 – add – tooth to existing partial denture
 - D5660 – add – clasp to existing partial denture
- D5730-D5765 – denture reline procedures
 - D5730 – reline – complete maxillary denture – chairside
 - D5731 – reline – complete mandibular denture – chairside
 - D5740 – reline – maxillary partial denture – chairside
 - D5741 – reline – mandibular partial denture – chairside
 - D5750 – reline – complete maxillary denture – laboratory
 - D5751 – reline – complete mandibular denture – laboratory
 - D5760 – reline – maxillary partial denture – laboratory
 - D5761 – reline – mandibular partial denture – laboratory
 - D5765 – soft liner for complete or partial removable denture – indirect

BENEFIT

What is the benefit?



Crowns –

- *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*
- *D2790 – crown – full cast high noble metal*
- *D2791 – crown – full cast predominantly base metal*
- *D2792 – crown – full cast noble metal*

Crown Repair –

- *D2920 – re-cement or re-bond crown*
- *D2940 – protective restoration*

BENEFIT

What is the benefit?



For STAR+PLUS Waiver Members in the Community

Oral Exams –

- D0120 – periodic oral evaluation – established patient
- D0140 – limited oral evaluation – problem focused
- D0150 – comprehensive oral evaluation – new or established patient
- D0160 – detailed and extensive oral eval-problem focused, by report
- D0170 – re-evaluation, limited problem focused
- D0180 – comprehensive periodontal evaluation – new or established patient

Dental X-Rays –

- D0210 – intraoral – complete series of radiographic images
- D0220 – intraoral – periapical – first radiographic image
- D0230 – intraoral – periapical – each additional radiographic image
- D0240 – intraoral – occlusal radiographic image
- D0250 – extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
- D0270 – bitewing – single radiographic image
- D0272 – bitewings – two radiographic images
- D0273 – bitewings – three radiographic images
- D0274 – bitewings – four radiographic images
- D0330 – panoramic – radiographic image
- D0350 – 2D oral/facial photographic image obtained intra-orally or extra-orally

Cleanings –

- D1110 – prophylaxis – adult
- D1206 – topical application of fluoride varnish
- D1208 – topical application of fluoride –excluding varnish

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What is the benefit?



Periodontics (Deep Cleanings) –

- D4210 – gingivectomy or gingivoplasty – four or more teeth per quadrant
- D4211 – gingivectomy or gingivoplasty – one to three teeth per quadrant
- D4212 – gingivectomy or gingivoplasty – restorative procedure – per tooth
- D4230 – anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant
- D4231 – anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant
- D4240 – gingival flap procedure – four or more teeth per quadrant
- D4241 – gingival flap procedure – one to three teeth per quadrant
- D4245 – apically positioned flap
- D4249 – clinical crown lengthening – hard tissue
- D4260 – osseous surgery – four or more teeth per quadrant
- D4261 – osseous surgery – one to three teeth per quadrant
- D4266 – guided tissue regenerate – resorbable barrier, per site, per tooth
- D4267 – guided tissue regeneration – non-resorbable barrier, per site, per tooth
- D4270 – pedicle soft tissue graft procedure
- D4273 – autogenous connective tissue graft procedure – first tooth
- D4274 – mesial/distal wedge procedure – single tooth
- D4275 – non-autogenous connective tissue graft – first tooth
- D4276 – combined connective tissue and double pedicle graft
- D4277 – free soft tissue graft – first tooth
- D4278 – free soft tissue graft – each additional tooth
- D4283 – autogenous connective tissue graft procedure – each additional tooth, per site
- D4285 – non-autogenous connective tissue graft procedure – each additional tooth, per site
- D4322- splint – intra-coronal; natural teeth or prosthetic crowns
- D4323 splint – extra-coronal; natural teeth or prosthetic crowns
- D4341 – periodontal scaling and extracoronary root planing – four or more teeth, per quadrant
- D4342 – periodontal scaling of and root planing – one to three teeth, per quadrant
- D4346 – scaling in presence moderate or severe inflammation – full mouth after evaluation
- D4355 – full mouth debridement to enable comprehensive evaluation and diagnosis – subsequent visit
- D4381 – localized delivery of antimicrobial agents

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What is the benefit?



Periodontal Maintenance –

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

Restorative Services (Fillings) –

- D2140-D2161 – amalgam (silver) fillings
 - D2140 – amalgam – one surface, primary or permanent
 - D2150 – amalgam – two surfaces, primary or permanent
 - D2160 – amalgam – three surfaces, primary or permanent
 - D2161 – amalgam – four or more surfaces, primary or permanent
- D2330-D2335 – resin-based composite (tooth-colored) fillings for the front teeth
 - D2330 – resin-based composite – one surface, anterior
 - D2331 – resin-based composite – two surfaces, anterior
 - D2332 – resin-based composite – three surfaces, anterior
 - D2335 – resin-based composite – four or more surfaces or involving incisal angle (anterior)
- D2391-D2394 – resin-based composite (tooth-colored) fillings for the back teeth
 - D2391 – resin-based composite – one surface, posterior
 - D2392 – resin-based composite – two surfaces, posterior
 - D2393 – resin-based composite – three surfaces, posterior
 - D2394 – resin-based composite – four or more surfaces, posterior

Extractions –

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

Other Surgical Procedures:

- D7260 – oroantral fistula closure
- D7261 – primary closure of a sinus perforation
- D7270 – tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
- D7272 – tooth transplantation (includes reimplantation from one site to another)
- D7280 – surgical access of an unerupted tooth

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Other Surgical Procedures:

- D7282 – mobilization of erupted or malpositioned tooth to aid eruption
- D7283 – placement of device to facilitate eruption of impacted tooth
- D7285 – incisional biopsy of oral tissue-hard (bone, tooth)
- D7286 – incisional biopsy of oral tissue-soft
- D7290 – surgical repositioning of teeth
- D7291 – transseptal fiberotomy, by report
- D7310 – alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
- D7320 – alveoloplasty – ridge extension (secondary epithelialization)
- D7340 – vestibuloplasty – ridge extension (secondary epithelialization)
- D7350 – vestibuloplasty – ridge extension
- D7410 – radical excision – lesion diameter up to 1.25 cm
- D7411 – excision of benign lesion greater than 1.25 cm
- D7413 – excision of malignant lesion up to 1.25 cm
- D7414 – excision of malignant lesion greater than 1.25 cm
- D7440 – excision of malignant tumor – lesion diameter up to 1.25cm
- D7441 – excision of malignant tumor – lesion diameter greater than 1.25cm
- D7450 – removal of odontogenic cyst or tumor – lesion diameter up to 1.25cm
- D7451 – removal of odontogenic cyst or tumor – lesion greater than 1.25cm
- D7460 – removal of nonodontogenic cyst or tumor – lesion diameter up to 1.25cm
- D7461 – removal of nonodontogenic cyst or tumor – lesion greater than 1.25cm
- D7465 – destruction of lesion(s) by physical or chemical method, by report
- D7472 – removal of torus palatinus
- D7510 – incision and drainage of abscess – intraoral soft tissue
- D7520 – incision and drainage of abscess – extraoral soft tissue
- D7530 – removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
- D7540 – removal of reaction-producing foreign bodies, musculoskeletal system
- D7550 – partial ostectomy/sequestrectomy for removal of non-vital bone
- D7560 – maxillary sinusotomy for removal of tooth fragment or foreign body

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Other Surgical Procedures:

- D7670 – alveolus stabilization of teeth, closed reduction splinting
- D7820 – closed reduction dislocation
- D7880 – occlusal orthotic device, by report
- D7899 – unspecified TMD therapy, by report
- D7910 – suture small wounds – up to 5 cm
- D7911 – complicated suture – up to 5 cm
- D7912 – complex suture – greater than 5cm
- D7955 – repair of maxillofacial soft and/or hard tissue defect
- D7961 – buccal / labial frenectomy (frenulectomy)
- D7962 – lingual frenectomy (frenulectomy)
- D7970 – excision of hyperplastic tissue - per arch
- D7971 – excision of pericoronal gingiva
- D7972 – surgical reduction of fibrous tuberosity
- D7980 – surgical sialolithotomy
- D7983 – closure of salivary fistula
- D7997 – appliance removal (not by dentist who placed appliance), includes removal of archbar
- D7999 – unspecified oral surgery procedure, by report

Denture Allowance –

- D5110 – complete denture – maxillary
- D5120 – complete denture – mandibular
- D5130 – Immediate denture – maxillary
- D5140 – Immediate denture – mandibular
- D5211 – maxillary partial denture – resin base
- D5212 – mandibular partial denture – resin base
- D5213 – maxillary partial denture – cast metal/resin base
- D5214 – mandibular partial denture – cast metal/resin base
- D5281 – removable unilateral partial denture – one piece cast metal

Denture Adjustments –

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

Denture Repairs –

- D5511-D5520 – repairs to complete dentures
 - D5511 – repair broken complete denture base – mandibular
 - D5512 – repair broken complete denture base – maxillary
 - D5520 – replace missing or broken teeth – complete denture
- D5611-D5671 – repairs to partial dentures
 - D5611 – repair resin partial denture base – mandibular
 - D5612 – repair resin partial denture base – maxillary
 - D5621 – repair cast partial framework – mandibular
 - D5622 – repair cast partial framework – maxillary

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What is the benefit?



Denture Repairs continued –

- D5630 – Repair or replace broken retentive/clasping materials per tooth
- D5640 – replace – broken teeth – per tooth
- D5650 – add – tooth to existing partial denture
- D5660 – add – clasp to existing partial denture
- D5710-D5721 – denture rebase procedures
- D5710 – rebase – complete maxillary denture
- D5711 – rebase – complete mandibular denture
- D5720 – rebase – maxillary partial denture
- D5721 – rebase – mandibular partial denture
- D5730-D5765 – denture reline procedures
 - D5730 – reline – complete maxillary denture – chairside
 - D5731 – reline – complete mandibular denture – chairside
 - D5740 – reline – maxillary partial denture – chairside
 - D5741 – reline – mandibular partial denture – chairside
 - D5750 – reline – complete maxillary denture – laboratory
 - D5751 – reline – complete mandibular denture – laboratory
 - D5760 – reline – maxillary partial denture – laboratory
 - D5761 – reline – mandibular partial denture – laboratory
 - D5765 – soft liner for complete or partial removable denture – indirect
- D5810-D5821 – interim prosthesis
 - D5810 – interim complete denture – maxillary
 - D5811 – interim complete denture – mandibular
 - D5820 – interim partial denture – maxillary
 - D5821 – interim partial denture – mandibular
- D5850-D5899 – other removable prosthetic services
 - D5850 – tissue conditioning – maxillary
 - D5851 – tissue conditioning – mandibular
 - D5862 – precision attachment, by report
 - D5863 – overdenture – complete maxillary
 - D5864 – overdenture – partial maxillary
 - D5865 – overdenture – complete mandibular
 - D5866 – overdenture – partial mandibular
 - D5899 – unspecified removable prosthodontic procedure, by report

Adjunctive General Services –

- D9110 – palliative (emergency) treatment of dental pain– minor procedure
- D9120 – fixed partial denture sectioning
- D9210 – local anesthesia not in conjunction with operative or surgical procedures
- D9211 – regional block anesthesia
- D9212 – trigeminal division block anesthesia
- D9222 – deep sedation/general anesthesia – first 15 minute increment

BENEFIT

What is the benefit?



Adjunctive General Services continued –

- D9223 – deep sedation/general anesthesia – each subsequent 15 minute increment
- D9230 – inhalation of nitrous oxide/analgesia, anxiolysis
- D9239 – intravenous moderate (conscious) sedation/analgesia – first 15 minute increment
- D9243 – intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
- D9248 – non-intravenous moderate (conscious) sedation
- D9310 – consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
- D9410 – house/extended care facility call
- D9420 – hospital or ambulatory surgical center call
- D9430 – office visit for observation - no other services performed
- D9440 – office visit - after regularly scheduled hours
- D9610 – therapeutic drug injection, by report
- D9612 – therapeutic drug injection - 2 or more medications by report
- D9630 – other drugs and/or medicaments, by report
- D9910 – application of desensitizing medicament
- D9920 – behavior management, by report
- D9944 – occlusal guard – hard appliance, full arch
- D9945 – occlusal guard – soft appliance, full arch
- D9946 – occlusal guard – hard appliance partial arch
- D9950 – occlusal guard – hard appliance, partial arch
- D9951 – occlusal adjustment - limited
- D9952 – occlusal adjustment - complete
- D9970 – enamel microabrasion
- D9974 – internal bleaching – per tooth
- D9999 – unspecified adjunctive procedure, by report

Crowns –

- 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
- D2790 – crown – full cast high noble metal
- D2791 – crown – full cast predominantly base metal
- D2792 – crown – full cast noble metal

BENEFIT

What is the benefit?



Crown Repair –

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

Endodontics Services –

- D3110 – pulp cap, direct – excluding final restoration
- D3120 – pulp cap, indirect – excluding final restoration
- D3220 – therapeutic pulpotomy – excluding final restoration
- D3221 – pulpal debridement – primary and permanent teeth
- D3310 – endodontic therapy – anterior tooth – excluding final restoration
- D3320 – endodontic therapy – premolar tooth – excluding final restoration
- D3330 – endodontic therapy – molar tooth – excluding final restoration
- D3346 – retreatment of previous root canal therapy – anterior
- D3347 – retreatment of previous root canal therapy – premolar
- D3348 – retreatment of previous root canal therapy – molar
- D3351 – apexification/recalcification – initial visit
- D3352 – apexification/recalcification – interim medication replacement
- D3353 – apexification/recalcification – final visit
- D3410 – apicoectomy – anterior
- D3421 – apicoectomy – premolar – first root
- D3425 – apicoectomy – molar – first root
- D3426 – apicoectomy – each additional root
- D3430 – retrograde filling – per root
- D3450 – root amputation – per root
- D3460 – endodontic endosseous implant
- D3470 – intentional reimplantation
- D3910 – surgical procedure for isolation of tooth with rubber dam

BENEFIT

What is the benefit?



Endodontics Services continued –

- D3920 – hemisection (including any root removal), not including root canal therapy
- D3921 – decoronation or submergence of an erupted tooth
- D3950 – canal preparation and fitting of preformed dowel or post
- D3999 – unspecified endodontic procedure, by report

Bridge and Bridge Repairs –

- D6210 – pontic – cast high noble metal
- D6211 – pontic – cast predominately base metal
- D6212 – pontic – cast noble metal
- D6240 – pontic – porcelain fused to high noble metal
- D6241 – pontic – porcelain fused to predominantly base metal
- D6242 – pontic – porcelain fused to noble metal
- D6245 – pontic – porcelain / ceramic
- D6250 – pontic – resin with high noble metal
- D6251 – pontic – resin with predominantly base metal
- D6252 – pontic – resin with noble metal
- D6545 – retainer – cast metal for resin bonded fixed prosthesis
- D6548 – retainer – porcelain/ceramic, resin bonded fixed prosthesis
- D6549 – resin retainer – for resin bonded fixed prosthesis
- D6710 – retainer crown – indirect resin-based composite
- D6720 – retainer crown – resin with high noble metal
- D6721 – retainer crown – resin with predominantly base metal
- D6722 – retainer crown – resin with noble crown
- D6740 – retainer crown – porcelain / ceramic
- D6750 – retainer crown – porcelain fused to high noble metal
- D6751 – retainer crown – porcelain fused to predominantly base metal
- D6752 – retainer crown – porcelain fused to noble metal
- D6780 – crown – $\frac{3}{4}$ cast high noble metal
- D6781 – prosthodontics fixed, crown $\frac{3}{4}$ cast predominantly based metal
- D6782 – prosthodontics fixed, crown $\frac{3}{4}$ cast noble metal
- D6783 – prosthodontics fixed, crown $\frac{3}{4}$ porcelain/ceramic
- D6790 – retainer crown – full cast high noble metal
- D6791 – retainer crown – full cast predominately base metal
- D6792 – retainer crown – full cast noble metal

Bridge Repairs –

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

BENEFIT

What is the benefit?



Maxillofacial Prosthetics –

- D5911 – facial moulage (sectional)
- D5912 – facial moulage (complete)
- D5913 – nasal prosthesis
- D5914 – auricular prosthesis
- D5915 – orbital prosthesis
- D5916 – ocular prosthesis
- D5919 – facial prosthesis
- D5922 – nasal septal prosthesis
- D5923 – ocular prosthesis, interim
- D5924 – cranial prosthesis
- D5925 – facial augment implant prosthesis
- D5926 – nasal prosthesis, replacement
- D5927 – auricular prosthesis, replace
- D5928 – orbital prosthesis, replace
- D5929 – facial prosthesis, replacement
- D5931 – facial prosthesis, replacement
- D5932 – obturator prosthesis, definitive
- D5933 – obturator prosthesis, modification
- D5934 – mandibular resection prosthesis with guide flange
- D5935 – mandibular resection prosthesis without guide flange
- D5936 – obturator prosthesis, interim
- D5937 – trismus appliance (not for TMD treatment)
- D5951 – feeding aid
- D5952 – speech aid prosthesis, pediatric
- D5953 – speech aid prosthesis, adult
- D5954 – palatal augment prosthesis
- D5955 – palatal lift prosthesis, definitive
- D5958 – palatal lift prosthesis, interim
- D5959 – palatal lift prosthesis, modification
- D5960 – speech aid prosthesis, modification
- D5982 – surgical stent
- D5983 – radiation carrier
- D5984 – radiation shield
- D5985 – radiation cone locator
- D5986 – fluoride gel carrier
- D5987 – commissure splint
- D5988 – surgical splint
- D5999 – unspecified maxillofacial prosthesis, by report

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

CONTACT

How do I contact DentaQuest?



Remember you must use a DentaQuest dental network provider.

DentaQuest

Customer Service Phone

(833) 479-0205, TTY: 711

Customer Service Hours

Monday – Friday, 8 a.m. to 8 p.m., CT

Who do I call if I have problems?



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

Molina Medicare Medicaid STAR+PLUS Plan Member Services

Member Services Phone

(866) 856-8699, TTY: 711

Member Services Hours

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

Website

MolinaHealthcare.com/Duals

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

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

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

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

Molina Medicare Medicaid STAR+PLUS Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.