

PROPHYLAXIS AND FLUORIDE TREATMENT — GENERAL GUIDELINES

1. Delta defines prophylaxis as scaling and polishing to include complete removal of calculus, soft deposits, plaque, stains and the smoothing of unattached tooth surfaces.
2. Benefits are limited to two prophylaxes and/or fluoride treatments in a calendar year in most Delta programs. Additional treatments are the patient's responsibility. Frequency is dependent on group-specific benefits.
3. Delta considers prophylaxis treatment to be included in procedure D4910 (periodontal maintenance).
4. When topical application of fluoride is provided on the same date, or in the same treatment series as prophylaxis, it should be submitted as either procedure D1201 or D1205.
5. Fluoride rinses and other materials or appliances to be used by the patient for home care are not covered in Delta programs. They should be listed on the claim as procedure D9999.
6. The application of fluoride separate from prophylaxis is a benefit for caries control only. The age limitation for topical fluoride treatments is limited by contract, usually up to age 19.
7. The use of fluoride or other medicaments for desensitization should be listed on the claim as procedure D9910. Their use for microbial control should be listed as procedure D9999. These procedures are not benefits of Delta programs, and any fees are the patient's responsibility.

DENTAL PROPHYLAXIS

PROCEDURE D1110

Prophylaxis — adult.

Delta considers this procedure to apply to patients age 14 and above.

PROCEDURE D1120

Prophylaxis — child.

Delta considers this procedure to apply to patients through age 13.

TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)

PROCEDURE D1201

Topical application of fluoride (including prophylaxis) — child.

Delta considers this procedure to apply to patients through age 13.

PROCEDURE D1203

Topical application of fluoride (prophylaxis not included) — child.

Delta considers this procedure to apply to patients through age 13.

PROCEDURE D1204

Topical application of fluoride (prophylaxis not included) — adult.

Delta considers this procedure to apply to patients age 14 and above.

PROCEDURE D1205

Topical application of fluoride (including prophylaxis) — adult.

Delta considers this procedure to apply to patients age 14 and above.

TIP

DETERMINING ALLOWED FREQUENCY OF CLEANINGS

You can get a printed, up-to-date summary of your patient's benefits, including frequency of cleanings. Follow the prompts on Delta's regular toll-free number (800-521-2651) or visit Delta's web site (click the Online Services button at www.deltadentalins.com).

DOTTIE



"I don't know what I need a cleaning for. My mom washes my mouth out with soap every day."

OTHER PREVENTIVE SERVICES

PROCEDURE D1310

Nutritional counseling for control of dental disease.

This procedure is not a benefit of most Delta programs.

PROCEDURE D1320

Tobacco counseling for the control and prevention of oral disease.

This procedure is not a benefit of most Delta programs.

PROCEDURE D1330

Oral hygiene instruction.

This procedure is not a benefit of most Delta programs.

PROCEDURE D1351

Sealant — per tooth.

1. Programs that include sealants generally limit the benefit to permanent first and second molars with no caries or restorations on the occlusal surface for children through age 15. If otherwise provided, the patient is responsible for the fee.

2. Under some Delta group programs, there is a maximum allowance payable per tooth, and the patient is responsible for the remainder of the allowed fee.

3. Delta considers this procedure to include any repair or replacement for two years.

SPACE MAINTENANCE — (PASSIVE APPLIANCES)

PROCEDURE D1510

Space maintainer — fixed — unilateral.

1. Delta defines this service as a unilateral space maintainer utilizing a stainless steel crown or band as the attachment for the loop or shoe.

NOTE

REPAIR OR REPLACEMENT NOT A BENEFIT

Repair or replacement is not a benefit for space maintenance procedures (D1510-D1525).

2. Delta considers the fee of the stainless steel crown or band to be included in the total fee for the space maintainer.

3. Please indicate any space being maintained by identifying the quadrant in the area marked "tooth number" with an abbreviation (UR, UL, LR, LL).

PROCEDURE D1515

Space maintainer — fixed — bilateral.

1. This procedure code should be used when the spaces to be maintained are bilateral. The attachments for the bar may be either bands or stainless steel crowns.

2. Please indicate the spaces being maintained by identifying the arch in the "tooth number" area with an abbreviation (U or L).

PROCEDURE D1520

Space maintainer — removable — unilateral.

1. Delta considers the fee for this procedure to include all necessary clasps.

2. Activating appliances are benefits only when the group program includes orthodontic coverage.

3. Please indicate the location of the space being maintained by identifying the quadrant in the "tooth number" area with an abbreviation (UR, UL, LR, LL).

PROCEDURE D1525

Space maintainer — removable — bilateral.

1. Delta considers the fee for this procedure to include all necessary clasps.

2. Activating appliances are benefits only when the group program includes orthodontic coverage.

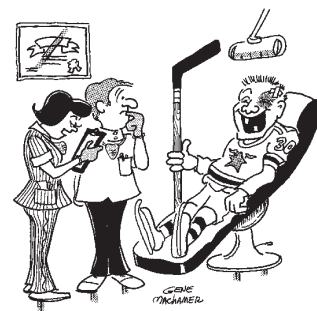
3. Please indicate any space being maintained by identifying the arch in the area marked "tooth number" with an abbreviation (U or L).

PROCEDURE D1550

Recementation of space maintainer.

This procedure is not a benefit of most Delta programs.

DOTTIE



"He says here that prevention isn't his highest priority at this time."