

# Medicare Advantage Dental Benefit Plan Year 2023

The following plans will have preventive and comprehensive benefits included in their Medicare Advantage plan in 2023.

Univera SeniorChoice Extra (HMO)	Univera SeniorChoice Secure (HMO-POS)
Univera SeniorChoice Basic (HMO)	Univera Medicare Freedom (HMO-POS) *new name, formerly Univera SeniorChoice Select*
Univera SeniorChoice Advanced (HMO-POS)	Univera SeniorChoice Access (PPO) *New Plan*
Univera SeniorChoice Value Plus (HMO-POS)	

We are consolidating plans. Members will receive new Member cards in December

2022 Plan	2023 Plan
Univera SeniorChoice Value (HMO)	Univera SeniorChoice Value Plus (HMO-POS)

## **Benefits**

**Preventive Dental**: \$0 copay

- Oral Exams twice per calendar year.
- Routine Cleanings twice per calendar year.
- X-rays (bitewings) twice per calendar year (not to exceed maximum of four per year).
- X-rays (full mouth or panorax) once every 36 months.

### **Comprehensive Dental**

- No deductible
- No copay or coinsurance
- \$1,000 annual benefit maximum

#### Restorative

- Amalgam Restorations (once per tooth every 12 months)
- Resin Filling (once per tooth every 12 months)
- Composite Restorations (once per tooth every 12 months)

#### Periodontics

- Scaling and root planning (once per quadrant per 24 months)
- Periodontal Maintenance (twice every calendar year)
- Osseous Surgery
- Gingivectomy or Gingivoplasty
- Gingival Flap Procedure

#### Extractions/Oral Surgery

- Surgical Extractions
- Partial and Full Bony Extractions
- Simple Extractions
- Incisional Biopsy of Oral Tissue- hard or soft. This benefit covers biopsies of oral tissue that are not covered under the medical benefit.
- Alveoloplasty- without or without extractions. Only covered when preparing mouth for dentures
- Incision and Drainage of Abscess

#### **Endodontics**

- Root Canal
- Endodontics Therapy (once per tooth per lifetime)
- Apicoectomy
- Pulp Vitality Test

#### Prosthodontics

- Select Crowns (once per tooth every 5 years)
- Complete Dentures (once every 5 years)
- Partial Dentures (once every 5 years)
- Interim Partial Dentures Maxillary and Mandibular
- Inlays/Onlays Single (once per tooth every 5 years)
- Fixed Bridges (once per tooth every 5 years)

#### Prosthetic Maintenance

- Recement for Select Crowns
- Denture Adjustments
- Denture Repairs
- Denture Recline & Rebase (once every 36 months)
- Bridge Repairs
- Bridge Re-cementation
- Inlays/Onlays Re-cementation

We will follow the Univera Healthcare Corporate Dental Fee Schedule for all covered preventive and comprehensive procedure codes.

## **Covered Procedure Codes**

Preventive Dental	Procedure Code
Cleaning and exams - Twice per Calendar Year.	
Cleaning - adult prophylaxis. (Any combination of Exams: Twice per Calendar Year.)	D1110
Periodic Oral Evaluation.	D0120
Limited Oral Evaluation.	D0140
Comprehensive/New Patient Exam.	D0150
Palliative exam-pain relief.	D9110
X-rays (bitewings) – twice per calendar year (not to exceed maximum of four per year)	
Bitewings – Single film.	D0270
Bitewings – Two films.	D0272
Bitewings – Three films.	D0273
Bitewings – Four or more vertical films.	D0274
Bitewings- Vertical Bitewings, 7-8 radiographic images	D0277
X-rays (full mouth or panorax) once every 36 months	
Full Mouth – Intraoral Complete (includes individual and bitewing films).	D0210
Panoramic films.	D0330
Intraoral periapical - first film.	D0220
Intraoral - each additional film.	D0230
Intraoral - occlusal film.	D0240
Extraoral - first film.	D0250
Extraoral - each additional film.	D0251
Sialography.	D0310
Oral/Facial images - intra/extraoral.	D0350

# **Comprehensive Services**

Services	Procedure Code
Pulp Vitality Tests	D0460
amalgam - one surface, permanent	D2140
amalgam - two surfaces, permanent	D2150
amalgam - three surfaces, permanent	D2160
amalgam - four or more surfaces, permanent	D2161
resin - one surface, anterior	D2330
resin - two surfaces, anterior	D2331
resin - three surfaces, anterior	D2332
resin - four or more surfaces or involving incisal angle (anterior)	D2335
resin-based composite crown, anterior	D2390
resin-based Composite - one surface, posterior	D2391
resin-based composite - two surfaces, posterior	D2392
resin-based composite - three surfaces, posterior	D2393
resin-based composite - four or more surfaces, posterior	D2394
inlay - metallic - one surface	D2510
inlay - metallic - two surfaces	D2520
inlay - metallic - three or more surfaces	D2530
onlay metallic, two surfaces	D2542
onlay-metallic-three surfaces	D2543
onlay-metallic-four or more surfaces	D2544
inlay - porcelain/ceramic - one surface	D2610
inlay - porcelain/ceramic - two surfaces	D2620
inlay - porcelain/ceramic - three or more surfaces	D2630
onlay - porcelain/ceramic - two surfaces	D2642
onlay - porcelain/ceramic - three surfaces	D2643

onlay - porcelain/ceramic - four or more surfaces	D2644
inlay - composite/resin - one surface	D2650
inlay - composite/resin - two surfaces	D2651
inlay - composite/resin - three or more surfaces	D2652
onlay - composite/resin - two surfaces	D2662
onlay - composite/resin - three surfaces	D2663
onlay - composite/resin - four or more surfaces	D2664
crown - resin (laboratory)	D2710
crown - resin based composite (indirect)	D2712
crown - resin with high noble metal	D2720
crown - resin with predominantly base metal	D2721
crown - resin with noble metal	D2722
crown - porcelain/ceramic	D2740
crown - porcelain fused to high noble metal	D2750
crown - porcelain fused to predominantly base metal	D2751
crown - porcelain fused to noble metal	D2752
Crown Porcelain Fused to Titanium and Titanium Alloys	D2753
crown, 3/4 cast high noble metal	D2780
crown, 3/4 cast predominately base metal	D2781
crown, 3/4 cast noble metal	D2782
crown, 3/4 porcelain/ceramic	D2783
crown - full cast high noble metal	D2790
crown - full cast predominantly base metal	D2791
crown - full cast noble metal	D2792
crown - titanium	D2794
recement inlay	D2910
recement cast or prefabricated post and core	D2915

recement crown	D2920
prefabricated porcelain/ceramic crown permanent tooth	D2928
prefabricated porcelain/ceramic crown - primary tooth	D2929
prefabricated stainless steel crown - primary tooth	D2930
prefabricated stainless steel crown - permanent tooth	D2931
prefabricated resin crown	D2932
prefabricated stainless steel crown with resin window	D2933
prefabricated esthetic coated stainless steel crown with resin window	D2934
Protective Restoration	D2940
Core Buildup, including any Pins When Required	D2950
Pin Retention Per Tooth in Addition to Restoration	D2951
cast post and core in addition to crown	D2952
Prefabricated Post and Core in Addition to Crown	D2954
Coping	D2975
resin infiltration of incipient smooth surface lesions	D2990
pulp cap - direct (excluding final restoration)	D3110
pulp cap - indirect (excluding final restoration)	D3120
therapeutic pulpotomy (excluding final restoration)	D3220
gross pulpal debridement, primary and permanent teeth	D3221
partial pulpotomy for apexogenesis-permanent tooth with incomplete root development	D3222
pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final	
restoration) pulpal therapy (resorbable filling) - posterior, primary tooth (excluding	D3230
final restoration)	D3240
endodontic therapy - anterior tooth (excluding final restoration)	D3310
endodontic therapy - premolar tooth (excluding final restoration)	D3320
endodontic therapy - molar tooth (excluding final restoration)	D3330
incomplete endodontic therapy, inoperable or fractured tooth	D3332
retreatment of previous root canal therapy - anterior	D3346

retreatment of previous root canal therapy - premolar	D3347
retreatment of previous root canal therapy - molar	D3348
apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	D3351
apexification/recalcification - interim medication replacement	D3352
apexification/recalcification - final visit (includes completed root	D3353
Pulpal regeneration-initial	D3355
Pulpal regeneration-interim medication replacement	D3356
Pulpal regeneration-completion of treatment	D3357
apicoectomy - anterior	D3410
apicoectomy - premolar (first root)	D3421
apicoectomy - molar (first root)	D3425
apicoectomy (each additional root)	D3426
retrograde filling - per root	D3430
root amputation - per root	D3450
hemisection (including any root removal), not including root canal therapy	D3920
decoronation or submergence of an erupted tooth	D3921
Gingivectomy or Gingivoplasty- Four or More Teeth	D4210
Gingivectomy or Gingivoplasty- One to Three Teeth	D4211
Gingival Flap Procedure- Four or More Contiguous Teeth	D4240
Gingival Flap Procedure- One to Three Contiguous Teeth	D4241
clinical crown lengthening - hard tissue	D4249
Osseous Surgery- Four or More Contiguous Teeth	D4260
Osseous Surgery- One to Three Teeth	D4261
periodontal scaling and root planing, per quadrant	D4341
periodontal scaling and root planing - one - three teeth, per quadrant	D4342
periodontal maintenance procedures (following active therapy)	D4910
complete denture - maxillary	D5110

complete denture - mandibular	D5120
immediate denture - maxillary	D5130
immediate denture - mandibular	D5140
maxillary partial denture - resin based (including retentive clasping materials)	D5211
mandibular partial denture - resin based (including retentive clasping materials)	D5212
maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	D5213
mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	D5214
Immediate maxillary partial denture resin base (including any conventional clasps, rests and teeth)	D5221
Immediate mandibular partial denture resin base (including any conventional clasps, rests and teeth)	D5222
Immediate maxillary partial denture cast metal framework with resin denture bases (incl conv clasps, rests and teeth)	D5223
Immediate mandibular partial denture cast metal framework with resin denture bases (incl conv clasps, rests and teeth)	D5224
maxillary partial denture - flexible base (including any conventional clasps, rests and teeth)	D5225
mandibular partial denture - flexible base (including any conventional clasps, rests and teeth)	D5226
immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	D5227
immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	D5228
maxillary removable unilateral partial cast	D5282
mandibular removable unilateral partial cast  Removable Unilateral Partial Denture One Piece Flexible Base Per	D5283
Quadrant	D5284
Removable Unilateral Partial Denture One Piece Resin Per Quadrant	D5286
adjust complete denture - maxillary adjust complete denture - mandibular	D5410
adjust partial denture - maxillary	D5411
adjust partial denture - mandibular	D5421 D5422
Repair broken complete denture base, mandibular	D5511
Repair broken complete denture base, maxillary	D5512

replace missing or broken teeth - complete denture (each tooth)	D5520
Repair resin partial denture base, mandibular	D5611
Repair resin partial denture base, maxillary	D5612
Repair cast partial framework, mandibular	D5621
Repair cast partial framework, maxillary	D5622
repair or replace broken retentive/clasping materials - per tooth	D5630
replace broken teeth - per tooth	D5640
add tooth to existing partial denture	D5650
add clasp to existing partial denture	D5660
rebase complete maxillary denture	D5710
rebase complete mandibular denture	D5711
rebase maxillary partial denture	D5720
rebase mandibular partial denture	D5721
reline complete maxillary denture (chairside)	D5730
reline complete mandibular denture (chairside)	D5731
reline maxillary partial denture (chairside)	D5740
reline mandibular partial denture (chairside)	D5741
reline complete maxillary denture (laboratory)	D5750
reline complete mandibular denture (laboratory)	D5751
reline maxillary partial denture (laboratory)	D5760
reline mandibular partial denture (laboratory)	D5761
soft liner for complete or partial removable denture - indirect	D5765
interim partial denture (maxillary)	D5820
interim partial denture (mandibular)	D5821
tissue conditioning, maxillary	D5850
tissue conditioning, mandibular	D5851
Overdenture-complete maxillary	D5863

Overdenture-partial maxillary	D5864
Overdenture-complete mandibular	D5865
Overdenture-parital mandibular	D5866
add metal sub structure to acrylic full denture	D5876
pontic - indirect resin based composite	D6205
pontic - cast high noble metal	D6210
pontic - cast predominantly base metal	D6211
pontic - cast noble metal	D6212
pontic - titanium	D6214
pontic - porcelain fused to high noble metal	D6240
pontic - porcelain fused to predominantly base metal	D6241
pontic - porcelain fused to noble metal	D6242
pontic Porcelain Fused to Titanium and Titanium Alloys	D6243
pontic-porcelain/ceramic	D6245
pontic - resin with high noble metal	D6250
pontic - resin with predominantly base metal	D6251
pontic - resin with noble metal	D6252
retainer - cast metal for resin bonded fixed prosthesis	D6545
retainer-porcelain/ceramic for resin bonded fixed prosthesis	D6548
Resin retainer for resin bonded fixed prosthesis	D6549
inlay-porcelain/ceramic, two surfaces	D6600
inlay - porcelain/ceramic, three or more surfaces	D6601
inlay - cast high noble metal, two surfaces	D6602
inlay - cast high noble metal, three or more surfaces	D6603
inlay - cast predominantly base metal, two surfaces	D6604
inlay - cast predominantly base metal, three or more surfaces	D6605
inlay - cast noble metal, two surfaces	D6606

inlay - cast noble metal, three or more surfaces	D6607
onlay - porcelain/ceramic, two surfaces	D6608
onlay - porcelain/ceramic, three or more surfaces	D6609
onlay - cast high noble metal, two surfaces	D6610
onlay - cast high noble metal, three or more surfaces	D6611
onlay - cast predominantly base metal, two surfaces	D6612
onlay - cast predominantly base metal, three or more surfaces	D6613
onlay - cast noble metal, two surfaces	D6614
onlay - cast noble metal, three or more surfaces	D6615
inlay - titanium	D6624
onlay - titanium	D6634
crown - indirect resin based composite	D6710
crown - resin with high noble metal	D6720
crown - resin with predominantly base metal	D6721
crown - resin with noble metal	D6722
crown-porcelain/ceramic	D6740
crown - porcelain fused to high noble metal	D6750
crown - porcelain fused to predominantly base metal	D6751
crown - porcelain fused to noble metal	D6752
Retainer Crown- Porcelain Fused to Titanium and Titanium Alloys	D6753
crown - 3/4 cast high noble metal	D6780
crown-3/4 cast predominately based metal	D6781
crown-3/4 cast noble metal	D6782
crown-3/4 porcelain/ceramic	D6783
Retainer Crown- 3/4 Titanium and Titanium Alloys	D6784
crown - full cast high noble metal	D6790
crown - full cast predominantly base metal	D6791

crown - full cast noble metal	D6792
crown - titanium	D6794
recement fixed partial denture	D6930
fixed partial denture repair, by report	D6980
extraction, coronal remnants - primary tooth	D7111
extraction, erupted tooth or exposed root (elevation and/or forceps re	D7140
surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	D7210
removal of impacted tooth - soft tissue	D7220
removal of impacted tooth - partially bony	D7230
removal of impacted tooth - completely bony	D7240
removal of impacted tooth - completely bony, with unusual surgical	D7241
surgical removal of residual tooth roots (cutting procedure)	D7250
Incisional Biopsy of Oral Tissue- Hard	D7285
Incisional Biopsy of Oral Tissue- Soft	D7286
Alveoloplasty with Extractions, Four or More Teeth Per Quad	D7310
Alveoloplasty with Extractions, One to Three Teeth Per Quad	D7311
Alveoloplasty not in Conjunction with Extractions Four or More Teeth	D7320
Alveoloplasty not in Conjunction with Extractions One to Three Teeth	D7321
Incision and Drainage of Abscess- Intraoral Soft Tissue	D7510
Incision and Drainage of Abscess- Complicated	D7511
Deep sedation/general anesthesia - first 15 minutes	D9222
deep sedation/general anesthesia - each subsequent 15 minute increment	D9223
Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	D9239
intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	D9243
house/extended care facility call	D9410
hospital call	D9420