

## APPENDIX B: ELIGIBLE EXPENSES UNDER THE DMO

Under the **DMO**, benefits are paid for dental services **covered** by the **DMO**. When you receive care from your personal or specialty **DMO** participating dentist, benefits are paid directly to the provider.

Benefits are also paid directly to you for services, such as emergency care, when such services are performed by someone other than your personal or specialty **DMO** dentist, even if the provider participates in the **DMO**.

Participating personal or specialty **DMO** dentists are compensated based on separate, negotiated agreements, which may be less than or unrelated to the dentist's usual fee. These agreements also may vary among participating **DMO** providers.

The percentage of the **DMO** personal or specialty dentist's eligible charges paid directly to the provider is shown in the Schedule of Allowances.

Following is a schedule of eligible expenses under the **DMO**. For a complete description of terms described in this section, see Appendix D.

	<b>DMO Participating Personal and Specialty Dentists Benefit (percent of dentist's eligible charge)</b>
<b>Basic Services – Type A</b>	
• <b>Visits and Exams:</b>	
⇒ Office visit for oral examination (limited to four visits a year)	100%
⇒ Emergency palliative treatment	100%
⇒ Prophylaxis (cleaning) (limited to six treatments a year)	
o Adult	100%
o Child	100%
⇒ Topical application of fluoride (limited to one course of treatment a year and to children under age 18)	100%
⇒ Oral hygiene instruction	100%
⇒ Sealants (limited to once each tooth every three years, permanent molars only)	100%
⇒ Pulp vitality test	100%
⇒ Diagnostic casts	100%
• <b>X-rays and Pathology:</b>	
⇒ Bitewing X-rays (limited to two sets per year)	100%
⇒ Entire series; including bitewings; panoramic film (limited to one set every three years)	100%
⇒ Vertical bitewing X-ray (limited to one set every three years)	100%
⇒ Periapical X-rays	100%
⇒ Intra-oral, occlusal view, maxillary or mandibular	100%
⇒ Extra-oral upper or lower jaw	100%
⇒ Biopsy and histopathologic examination of oral tissue	100%

**DMO Participating  
Personal and  
Specialty Dentists  
Benefit (percent of  
dentist's eligible  
charge)**

**Basic Services – Type B**

- **Endodontics:**
  - ⇒ Pulp cap 100%
  - ⇒ Pulpotomy 100%
  - ⇒ Surgical exposure for rubber dam isolation 100%
  - ⇒ Root canal therapy  
(including necessary X-rays and cultures but excluding complex molar cases approved as specialty services):
    - Anterior 100%
    - Bicuspid 100%
- **Restoration and Repairs:**
  - ⇒ Amalgam restoration:
    - One surface 100%
    - Two surfaces 100%
    - Three or more surfaces 100%
  - ⇒ Resin restoration (other than for molars):
    - One surface 100%
    - Two surfaces 100%
    - Three or more surfaces or incisal angle 100%
  - ⇒ Retention pins 100%
  - ⇒ Sedative fillings 100%
  - ⇒ Stainless steel crowns 100%
  - ⇒ Prefabricated resin crowns (excluding temporary crowns) 100%
  - ⇒ Recementing inlays, crowns, bridges, space maintainers 100%
  - ⇒ Tissue conditioning for dentures 100%
- **Periodontics:**
  - ⇒ Emergency treatment (abscess, acute periodontitis, etc.) 100%
  - ⇒ Subgingival curettage (limited to four separate quadrants a year) 100%
  - ⇒ Scaling and root planing (limited to four separate quadrants a year) 100%
  - ⇒ Periodontal maintenance procedures following surgical therapy (limited to two a year) 100%
- **Oral Surgery:**  
(includes local anesthetics and routine post-operative care)
  - ⇒ Extractions, uncomplicated 100%
  - ⇒ Surgical removal of erupted tooth 100%
  - ⇒ Surgical removal of impacted tooth (soft tissue) 100%
  - ⇒ Excision of hyperplastic tissue 100%
  - ⇒ Excision of pericoronal gingiva 100%
  - ⇒ Incision and drainage of abscess 100%
  - ⇒ Crown exposure to aid eruption 100%
  - ⇒ Removal of foreign body from soft tissue 100%
  - ⇒ Suture of soft tissue injury 100%

## Basic Services – Type C

- **Restorations:**
  - ⇒ Inlays
    - One surface 75%
    - Two or more surfaces 75%
  - ⇒ Onlays
    - Two surfaces 75%
    - Three or more surfaces 75%
  - ⇒ Crowns (including build-ups when necessary) 75%
  - ⇒ Posts and core 75%
  - ⇒ Pontics 75%
- **Dentures and Partial:**  
(includes relines, rebases and adjustments within six months after installation)
  - ⇒ Complete (upper or lower) 75%
  - ⇒ Partial 75%
  - ⇒ Stress breakers (per unit) 75%
  - ⇒ Interim partial dentures (stayplates); anterior only 75%
  - ⇒ Crown and bridge repairs 75%
  - ⇒ Adding teeth to an existing partial denture 75%
  - ⇒ Full and partial denture repairs 75%
  - ⇒ Relining/rebasing dentures (includes adjustments within six months after installation) 75%
  - ⇒ Occlusal guard (for bruxism only) 75%
- **Space Maintainers:**  
(includes all adjustments within six months after installation)
  - ⇒ Fixed, band type 75%
  - ⇒ Removable acrylic with round wire clasp 75%
  - ⇒ Removable appliance to correct habits 75%
  - ⇒ Fixed or cemented appliance to correct habits 75%

## Specialty Services – Type B

- **Endodontics:**  
(includes local anesthetics when necessary)
  - ⇒ Apexification/recalcification – per visit 100%
  - ⇒ Apicoectomy (per tooth) – first root 100%
  - ⇒ Apicoectomy (per tooth) – each additional root 100%
  - ⇒ Retrograde filling 100%
  - ⇒ Root amputation 100%
  - ⇒ Hemisection 100%
- **Oral Surgery:**  
(includes local anesthetics when necessary and post-operative care)
  - ⇒ Removal of residual root 100%
  - ⇒ Removal of odontogenic cyst 100%
  - ⇒ Closure of oral fistula 100%
  - ⇒ Removal of foreign body from bone 100%
  - ⇒ Sequestrectomy 100%
  - ⇒ Frenectomy 100%
  - ⇒ Transplantation of tooth or tooth bud 100%
  - ⇒ Alveolectomy (in conjunction with extractions) – per quadrant 100%

- ⇒ Alveolectomy (not in conjunction with extractions) – per quadrant 100%
- ⇒ Removal of exostosis 100%
- ⇒ Sialolithotomy; removal of salivary calculus 100%
- ⇒ Closure of salivary fistula 100%

**Specialty Services – Type B (continued)**

- **Periodontics:**
  - ⇒ Gingivectomy or gingivoplasty – per quadrant 100%
  - ⇒ Gingivectomy or gingivoplasty – per tooth 100%
  - ⇒ Gingival flap procedures – per quadrant 100%
  - ⇒ Free soft tissue graft 100%
  - ⇒ Occlusal adjustment (other than with an appliance or by restoration):
    - Limited 100%
    - Entire mouth 100%

**Specialty Services – Type C**

- **Endodontics:**  
(includes local anesthetics when necessary)
  - ⇒ Complex molar root canal therapy 75%
- **Intravenous Sedation and General Anesthesia:**
  - ⇒ Per 15-minute segment 75%
- **Oral Surgery:**  
(includes local anesthetics when necessary and post-operative care)
  - ⇒ Surgical removal of impacted teeth:
    - Partially bony 75%
    - Completely bony 75%
    - Completely bony with unusual surgical complications 75%
- **Periodontics:**
  - ⇒ Osseous surgery (including flap entry and closure) – per quadrant 75%
- **Orthodontics:**
  - ⇒ Comprehensive orthodontic treatment
  - ⇒ Post treatment stabilization
  - ⇒ Interceptive orthodontic treatment
  - ⇒ Limited orthodontic treatment