# Dental4Health Services

| CDT | Description | Standard dental benefit frequency* | Dental4Health |
|---|---|---|---|
| **All conditions** | | | |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | Once every 36 months (coinsurance/copayments may apply) | Once every 24 months (covered 100%) |
| D1110 | Prophylaxis—adult | Twice per calendar year age 13 and older | If member is enrolled in D4H, D1110/D1120 or D4910 is covered once every three months (can be any combination of services up to four times per calendar year) |
| D1120 | Prophylaxis—child | Twice per calendar year age 12 and younger | |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation | Twice per calendar year age 13 and older | |
| D4910 | Periodontal maintenance | Twice per calendar year in addition to regular prophy | |
| **Coronary artery disease | COPD | Diabetes | End-stage renal disease | Metabolic syndrome | Pregnancy | Stroke** | | | |
| D4341 | Periodontal scaling and root planing— four or more teeth per quadrant | Once per quadrant in a two-year period, age 18 and older | If member is enrolled in D4H, D4341 or D4342 is covered once per quadrant every 24 months |
| D4342 | Periodontal scaling and root planing— one to three teeth per quadrant | | |
| **Oral cancer | Head and neck cancers | Sjögren's syndrome** | | | |
| D1206 | Topical application of fluoride varnish | Twice per calendar year through age 18 | If member is enrolled in D4H, D1206 or D1208 is covered once every three months. *IMPORTANT: Fluoride is available to adult enrolled members despite the plan not covering as a standard benefit* |
| D1208 | Topical application of fluoride | | |
| D0120 | An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation, periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately. | Twice per calendar year | If member is enrolled in D4H, D0120 is covered four times per calendar year |

*Standard dental benefit frequency based on group plan age limitations and will vary based on plan types. Please see policy for more information. When seeing a nonparticipating provider, coinsurance will apply; deductibles will not apply, nor will services count toward the annual maximum.