Elite Health Plan **POLICY AND PROCEDURE**	Elite Health
Name: Elite Health Plan Policy for Dental Services	Policy Number: **UM-MED-02**
Department: Utilization Management	Effective Date: 3/20/2026 Date Revised: 10/5/2026 Date Reviewed: 10/5/2026
Reviewed and Accepted By: Sunil Shivaram, M.D. Sri Gorty, M.D., Kristina Fletcher UM Manager	**Chief Medical Officer Signature:**  Page **1** of **5**

PURPOSE:

This policy defines the scope, limitations, and requirements for dental services covered under the Elite Signature HMO plan, including Medicare-covered dental services and routine (non-Medicare-covered) dental benefits. The policy is designed to ensure compliance with CMS Medicare Advantage requirements and Elite Health Plan benefit design. Elite Health Plan, Inc. has established this policy to define key requirements associated with our contractual obligations to the Centers for Medicare and Medicaid Services (CMS) as a Medicare Advantage Prescription Drug (MAPD) plan.

SCOPE:

This policy applies to the CMS Medicare Advantage Prescription Drug (MAPD) Program and outlines the Utilization Management requirements and associated processes. It applies to all enrolled members of the Elite Health Plan HMO and to all dental services provided by Elite Health Plan–contracted dental providers. Services rendered by non-contracted providers are not covered unless otherwise required by applicable law. This policy is followed by applicable personnel of Elite Health Plan, Inc., including Delegated IPAs, Medical Groups, and supplemental benefit providers, and describes the processes necessary to meet regulatory requirements in effect as of the stated effective date.

DEFINITIONS:

Term	Description
CMS	Centers for Medicare and Medicaid Services – The agency within the US Federal Government that is charged with the execution and maintenance of

	the law definingthe prescription drug program for senior citizens, the disabled, and the infirm.
MA	Medicare Advantage
Medically Necessary	Services or supplies that are reasonable and necessary for the diagnosis or treatment of illness or injury and meet accepted standards of medical practice.
Contracted Provider	A healthcare provider or vendor with an active agreement with Elite Health Plan.
Supplemental Benefit	A benefit offered by Elite Health Plan that is not covered under Original Medicare.
NCD	National Coverage Determination is a nationwide policy issued by Centers for Medicare & Medicaid Services that specifies whether or not the service is reasonable, medically necessary, and evidence based to cover services for a member.
LCD	Local Coverage Determination is a regional Medicare policy that specifies whether the service is reasonable, medically necessary, and evidence based to cover services for a member.
EOC	Evidence of Coverage

POLICY:

Elite Health Plan provides coverage for certain dental services in accordance with Medicare regulations and plan-specific benefits. Coverage is divided into Medicare-covered dental services and routine dental services. All services covered are subject to applicable frequency limits and exclusions as outlined in this policy.

Medicare-Covered Dental Services

Dental services are covered by Medicare only when the service is an integral part of a covered medical procedure or treatment of a primary medical condition. Covered Medicare dental services include, but are not limited to:

- Reconstruction of the jaw following fracture or traumatic injury
- Tooth extractions required in preparation for radiation therapy involving the jaw
- Oral examinations performed prior to organ transplantation

Routine Dental Services (Non-Medicare Supplemental Covered Services)
Elite Health Plan provides routine dental benefits through Elite Health Plan–contracted dental providers only through Delta Dental. Comprehensive dental services, orthodontic services, and dental implant services are excluded.

Members who have not received routine dental care within the prior six (6) months or who have been diagnosed with periodontal disease may be required to undergo periodontal scaling, root planing, or full-mouth debridement prior to receiving routine cleanings.

Covered Routine Dental Services and Diagnostic and Preventive Services

- **Oral Examinations**
    - Two (2) evaluations per calendar year
    - Applicable codes include D0120, D0140, D0160, and limited re-evaluation D0170
    - Postoperative visits (D0171) are not reimbursable as separate services.
- **Dental X-Rays**
    - One panoramic or full-mouth series every two (2) calendar years (D0210 or D0330)
    - Two (2) periapical X-rays per calendar year (D0220 or D0230)
    - One (1) set of bitewing X-rays per calendar year (D0220, D0230, D0270, D0272 D0273, D0274 or D0277).
- **Other Diagnostic Services**
    - Salivary flow assessment, pulp vitality tests, and caries risk assessments (D0419, D0460, D0601, D0602, D0603, Not a separately payable service D0701, D0702, D0703, D0705, D0706, D0707, D0708, and D0709).
    - Covered once every two (2) calendar years
- **Dental Cleanings (Prophylaxis)**
    - Two (2) cleanings per calendar year (D1110, D4346 or D4910)
- **Fluoride Treatments**
    - Two (2) applications per calendar year (D1206 or D1208)
- **Preventive Counseling**

- Nutritional counseling and oral hygiene instruction (D1310 and D1330).

Restorative Services

- **Fillings**
  - Up to two (2) filling procedures per calendar year (D2330, D2140, D2391, D2331, D2150, D2332, D2392, D2160, D2393, D2335, D2161, D2394, and D2390).

Periodontal Services

- **Periodontal Scaling and Root Planing**
  - One (1) procedure per quadrant every two (2) calendar years (D4341 or D4342)
- **Periodontal Maintenance**
  - Two (2) visits per calendar year (D1110, D4346 or D4910)

Oral and Maxillofacial Surgery

- **Tooth Extractions**
  - Up to three (3) extractions per calendar year (D7140, D7210, D7250, D7220, D7230, D7240, D7251 and D7241)

Adjunctive General Services

- Services related to palliative treatment of dental pain and anesthesia (D9211, D9212, D9215 and D9110).

Exclusions and Limitations

- Orthodontic services
- Dental implants
- Comprehensive dental procedures not specifically listed as covered
- Services received from non-contracted providers
- Services exceeding frequency or annual limits
- Must utilize Delta Dental PPO Medicare Advantage Dental Network
- $2000 per year allowance. Must be used by 12/31/2027 or upon disenrollment.

Services Not Covered Under Any Circumstances

Dental splints, dental implants, dental prostheses, and any dental treatment involving the teeth, gums, or jaw, including services related to temporomandibular joint (TMJ) disorders.

Compliance and Regulatory Alignment

This policy is aligned with:

- CMS Medicare Advantage benefit guidelines
- CMS Evidence of Coverage (EOC) standards
- CMS Marketing and Supplemental Benefit requirements

This policy does not expand coverage beyond CMS-approved benefit filings.

Policy Administration

Elite Health Plan reserves the right to:

- Update contracted providers and vendors
- Modify benefit offerings consistent with CMS approval
- Interpret and apply this policy in accordance with plan documents

In the event of a conflict, the Evidence of Coverage (EOC) governs.

REFERENCE:

Medicare Managed Care Manual Chapter 4 - Benefits and Beneficiary Protections
Plans & Benefits | Elite Health Plan

See Chapter 4, Addenda - Dental Supplemental Benefit Elite Signature HMO Limitations of Benefits

REVISION NOTES:

Date of Revision:	Revised by:	General Revision Notes
3/20/2026	Kristina Fletcher	Created
10/5/2026	Kristina Fletcher	Revised