



**OHP PLUS FOR MEMBERS OVER 21** — *2012 plan changes*

SERVICE	BENEFIT	CHANGE
Dentures	Resin partial dentures (D5211–D5212) for posterior teeth	New criteria for coverage: Six or more missing teeth, not including third molars, with documentation by the provider of resulting space causing serious impairment to mastication.
	Rebases and relines	Coverage limited to once every five years. There must be documentation of a failed reline for coverage of a rebase.
Periodontic services	Scaling and root planing (D4341, D4342) and full-mouth debridement (D4355)	Coverage limited to once every three years.
	Periodontal maintenance (D4910)	Coverage limited to once every 12 months, and only when following periodontal therapy within the past three years.
		New criteria for coverage: More frequent periodontic services that are medically/dentally necessary due to pregnancy will require prior authorization.
Restorative services	Posterior composites	Posterior composites will be reimbursed at the same amount as an amalgam.

**OHP PLUS FOR PREGNANT ADULTS** — *2012 plan changes*

SERVICE	BENEFIT	CHANGE
Dentures	Full dentures	New criteria for coverage (recent edentulousness and no-replacement full dentures), same as non-pregnant adults.
	Adjustments and repairs	Coverage now subject to the same maximum annual limits as non-pregnant adults.
Endodontic therapy	Molar endodontic therapy (D3330)	Coverage limited to first molars (not second molars).

**OHP PLUS** — Plan changes effective Jan. 1, 2012

SERVICE	BENEFIT	CHANGE
Diagnostic services	Cephalometric films (D0340); oral/facial photographic images (D0350); cone beam images (D0360, D0362, D0363); accession of tissue (D0472, D0473, D0474, D0480); accession of brush biopsy (D0486); other oral pathology procedures (D0502)	No longer covered.
Other restorative services, all ages	Recement cast or prefabricated post and core (D2915)	Covered for all ages.
	Core buildup (D2950)	No longer covered for members over the age of 21.
	Posterior composites	Posterior composites will be reimbursed at the same amount as an amalgam.
Crowns	3/4 resin-based composite (D2712) and provisional crown (D2799)	Now a covered benefit based on consultant review for members under the age of 21 or who are pregnant.
Endodontic therapy	Canal preparation and fitting of preformed dowel or post (D3950)	No longer covered.
Periodontic services	Gingival flap procedures (D4240, D4241); apically positioned flap (D4245); osseous surgery (D4260, D4261); or surgical revision (D4268)	No longer covered.
Dentures	Replace all teeth and acrylic on cast metal framework (D5670, D5671)	Covered for all ages.
	Fluoride gel carrier (D5986)	Covered, based on consultant review.
	Post and core, indirectly fabricated (D6970); core buildup (D6973); or prefabricated post — each additional (D6977)	Covered for members under the age of 21 or who are pregnant.
Oral surgery	Excision of malignant tumor (D7440, D7441); incision and drainage of abscess, complicated (D7511, D7521); simple fractures (D7610, D7620, D7630, D7640, D7650, D7660, D7680); compound fractures (D7710, D7720, D7730, D7740, D7750, D7760, D7780); skin graft (D7920); or osseous, osteoperiosteal or cartilage graft, autogenous or non-autogenous (D7950)	No longer covered.
	Frenulectomy (D7960); frenuloplasty (D7963)	Covered for members under the age of 21 or who are pregnant.
Orthodontics	Unspecified orthodontic procedure (D8999)	No longer covered.
Adjunctive general services	Office visit (D9430)	No longer covered.
Oral surgery	Primary closure of sinus perforation (D7261)	Covered, based on consultant review.

**OHP STANDARD** — Plan changes effective Jan. 1, 2012

SERVICE	BENEFIT	CHANGE
Oral surgery	Primary closure of sinus perforation (D7261)	Covered, based on consultant review.

Please refer to your policy for a complete listing of limitations and exclusions. Insurance products provided by Oregon Dental Service.

