

Pediatric Report

Clinic Name: [REDACTED]	Tax ID:	Verified By: System System
Verification Date: 0 [REDACTED]	Patient Account Number: [REDACTED]	

Primary Insurance

Patient Name: [REDACTED]	DOB: [REDACTED]	Relationship to Subscriber:
Subscriber Name: N [REDACTED]	Subscriber DOB: [REDACTED]	Insured Id Number: [REDACTED]
SSN: [REDACTED]	Insurance Name: [REDACTED]	Insurance Payer ID: \$ [REDACTED]
Insurance Mailing Address: [REDACTED]		Insurance Phone Number:
Insurance Group Number: [REDACTED]	Insurance Group Name: [REDACTED]	Insurance Effective Date: 1 [REDACTED]
Calendar or Fiscal Policy: [REDACTED]	Insurance Waiting Period: [REDACTED]	In or Out Network: [REDACTED]
Insurance Fee Schedule Used:	Does policy have OON Benefits: [REDACTED]	Individual Annual Deductible: [REDACTED]
Individual Deductible Met: \$ [REDACTED]	Family Deductible: \$ [REDACTED]	Family Deductible Met: [REDACTED]
Annual Maximum Benefits: \$ [REDACTED]	Benefits Used to Date: \$ [REDACTED]	Remaining Benefit: \$ [REDACTED]
Coordination of Benefits: [REDACTED]	If Yes, Coordination Benefits Type: Non Duplication of Benefits - If the primary payment is greater than or equal to the secondary plan's liability, secondary will make no payment.	

Primary Insurance Benefits Breakdown

Procedure	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
Periodic oral evaluation - established patient	D0120	100%	No	Benefit is limited to two of any oral evaluation procedure within a calendar year	06/14/2022, 12/07/2021, 05/25/2021
Limited oral evaluation - problem focused	D0140	100%	No	Benefit is limited to two problem focused evaluations within a calendar year	08/03/2022
Comprehensive oral evaluation - new or established patient	D0150	100%	No	[Limitations Apply]	09/24/2019
	D0170				
Intraoral - comprehensive series of radiographic images	D0210	100%	No	Benefit is limited to either one (D0210) intraoral complete series, or (D0330) panoramic radiographic image within a 3 year period from the last date performed	
Intraoral - periapical first radiographic image	D0220	100%	No	Benefit is based on professional determination	06/14/2022, 05/25/2021, 09/24/2019
Intraoral - periapical each additional radiographic image	D0230	100%	No	Benefit is limited by other services performed on same date	06/14/2022, 05/25/2021, 09/24/2019
Intraoral - occlusal radiographic image	D0240	100%	No	Benefit is limited to twice per date of service	

Procedure	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
Bitewings - two radiographic images	D0272	100%	No	Benefit is limited to two of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 12 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries.	06/14/2022, 05/25/2021, 09/24/2019
Bitewings - four radiographic images	D0274	100%	No	Benefit is limited to two of any bitewing x-ray procedure within a calendar year. Bitewing radiographic images that follow an intraoral complete series (D0210) in less than 12 months by the same provider are not chargeable to member except when special circumstances are present, such as active periodontal disease or rampant caries.	
Panoramic radiographic image	D0330	100%	No	Benefit is limited to either one (D0210) intraoral complete series, or (D0330) panoramic radiographic image within a 3 year period from the last date performed	

Procedure	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
Prophylaxis (cleaning) - adult	D1110	100%	No	Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed.	
Prophylaxis (cleaning) - child	D1120	100%	No	Benefit is limited to two of any prophylaxis procedures within a calendar year for codes D1110, D1120, D4346, D4355, and D4910. Prophylaxis procedures are a benefit following active periodontal therapy once a 30 day post-operative period has completed.	06/14/2022, 12/07/2021, 05/25/2021, 09/24/2019, 01/02/2019
Topical application of fluoride varnish	D1206	100%	No	Benefit is limited to two fluoride procedures within a calendar year	06/14/2022, 12/07/2021, 05/25/2021
Topical application of fluoride - excluding varnish	D1208	100%	No	Benefit is limited to two fluoride procedures within a calendar year	09/24/2019, 01/02/2019
	D1351				
Application of caries arresting medicament - per tooth	D1354	100%	No	Benefit is limited to twice per tooth within a calendar year	
Space maintainer - fixed - bilateral, maxillary	D1516	100%	No	Benefit is limited to once per arch per lifetime	
Space maintainer - fixed - bilateral, mandibular	D1517	100%	No	Benefit is limited to once per arch per lifetime	

Procedure	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
Amalgam - one surface, primary or permanent	D2140	75%	No	Benefit is limited to once per surface, per tooth within a 24 month period[Limitations Apply]	
Amalgam - two surfaces, primary or permanent	D2150	75%	No	Benefit is limited to once per surface, per tooth within a 24 month period[Limitations Apply]	
Amalgam - three surfaces, primary or permanent	D2160	75%	No	Benefit is limited to once per surface, per tooth within a 24 month period[Limitations Apply]	
Amalgam - four or more surfaces, primary or permanent	D2161	75%	No	Benefit is limited to once per surface, per tooth within a 24 month period[Limitations Apply]	
Resin-based composite - one surface, posterior	D2391	75%	No	Benefit is limited to once per surface, per tooth within a 24 month period[Limitations Apply]	09/24/2021,09/24/2021
Resin-based composite - two surfaces, posterior	D2392	75%	No	Benefit is limited to once per surface, per tooth within a 24 month period[Limitations Apply]	09/24/2021,09/24/2021
Resin-based composite - three surfaces, posterior	D2393	75%	No	Benefit is limited to once per surface, per tooth within a 24 month period[Limitations Apply]	
Resin-based composite - four or more surfaces, posterior	D2394	75%	No	Benefit is limited to once per surface, per tooth within a 24 month period[Limitations Apply]	
Prefabricated stainless steel crown - primary tooth	D2930	75%	No	[Limitations Apply]	09/24/2021

Procedure	Code	% Covered	Deductible Applicable	Frequency/Limitation	History
Prefabricated stainless steel crown with resin window	D2933	75%	No	[Limitations Apply]	
Prefabricated esthetic coated stainless steel crown - primary tooth	D2934	75%	No	[Limitations Apply]	
Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	D3220	75%	No	Benefit is limited to once per tooth per lifetime[Limitations Apply]	09/24/2021
Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	D7140	75%	No	Benefit is limited to once per tooth per lifetime[Limitations Apply]	
Palliative treatment of dental pain - per visit	D9110	75%	No	Benefit is limited to once per date of service	
Inhalation of nitrous oxide / anxiolysis, analgesia	D9230	75%	No	Benefit is based on professional determination	

Call Ref#:	Insurance Representative Name:
Insurance Comments:	