



Delta Dental of New Jersey, Inc.  
Oral Health Enhancement Option  
Product Guide  
March 2010

The Oral Health Enhancement is a value-added feature that provides additional benefits for those members managing periodontal disease. This feature allows members to access additional cleanings/periodontal maintenance procedures under their benefit plan if they have history of periodontal surgery and/or periodontal scaling and planing.

***How Does It Work?***

In order for members to qualify for the Oral Health Enhancement Option, they must meet the standard qualifying conditions:

- 1) A history of **periodontal surgery** (CDT procedure code range D4210 through D4276) for any or all partial or complete quadrants; or
- 2) A history of **periodontal scaling and planing** (CDT procedure codes D4341-D4342) for any or all partial or complete quadrants;

Members meeting these conditions will be eligible to receive up to 4 dental cleanings (D1110-D1120) and/or periodontal maintenance procedures (D4910) in any combination per benefit period. The benefit period is governed by the group contract and may be a calendar year or contract year. The frequency type is also governed by the group contract.

To qualify for the additional benefits, a member must provide proof to Delta Dental of New Jersey of having received periodontal surgery or periodontal scaling and root planing. Many times, this information will be on file from having processed the claims earlier (most often for members in current groups).

If you have not had Delta Dental benefits in the past (beyond a period of two years) or are newly eligible: You may submit the information to us in one of three ways:

- Send us a copy of the explanation of benefits (EOB) from your previous insurance carrier showing the most recent dates of periodontal surgery or periodontal scaling and root planing; or
- Send us a copy of the bill from the treating dentist that shows most recent date(s) of periodontal surgery or periodontal scaling and root planing; or Have your dentist complete the [“Oral Health Enhancement Option Qualification Form”](#).

You can fax, mail, or email evidence of previous periodontal treatment to:  
Delta Dental of New Jersey, Inc.  
P.O. Box 222  
Parsippany, NJ 07054  
Fax: 973-285-4141  
Email: service@deltadentalnj.com

***What are the benefit designs available? How will benefits be paid?***

The benefit will allow for up to 4 cleanings and/or periodontal maintenance therapies in any combination. The benefit period is governed by the group contract and may be a calendar year or contract year. The frequency type is also governed by the group contract.

For those groups that provide 2 dental cleanings or periodontal maintenance procedures in a 12-month period, qualifying members can receive up to 4 of these procedures in any combination in 12 months. For those groups providing the same procedures based on a 1 in 6-month frequency schedule, qualifying members can receive these procedures on a 2 in 6 month basis.

***Please note that the exams associated with any cleaning and/or periodontal maintenance procedure performed in conjunction with these additional procedures are the responsibility of the patient. Exam frequencies will remain the same as in the group contract.***

The percentage payable for the additional cleanings and periodontal maintenance procedures is the same level specified in the group's contract. (For example, if a group covers periodontal services in the basic category at 80%, the additional periodontal maintenance procedure will be covered with 20% copayment paid by the member.)

The benefit is available with Delta Dental Premier®, Advantage Program (New Jersey only), Delta Dental PPO(SM), and Delta Dental PPO plus Premier. It is not available with DeltaCare® (Flagship) or DeltaCare USA.