

B. Dental Health Maintenance Organization (DHMO)

The DHMO plan provides access to a select network of dentists from which members can choose a general dentist to perform or coordinate all their dental care. Routine cleanings and other preventive services are provided at little or no cost to the member, and many basic and major services are available at low, affordable copayments. Prior authorizations are required prior to rendering Major Services.

To identify DHMO Plan members, the member ID cards include “Den HMO” next to the dental coverage code. If a member has HMSA DHMO, they must seek dental services from a DHMO provider.

The image displays two HMSA member ID cards. The top card is for KIMO HMO DENTAL (Group 1823) and the bottom card is for HCR DENTAL HMO (Group 26665). Both cards show their respective dental coverage codes: 'DEN HMO L51' for the top card and 'DEN HMO 209' for the bottom card. Arrows from a blue callout box on the right point to these codes, indicating that the DHMO member identification is shown as 'Den HMO' followed by the specific Plan code.

Subscriber Name	Group	Dental Coverage Code
KIMO HMO DENTAL	1823	DEN HMO L51
HCR DENTAL HMO	26665	DEN HMO 209

NOTE: These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber’s plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.