

SECTION 11: MEDICARE ADVANTAGE (MA) PLANS

A. 2024 HMSA Akamai Advantage Plans

As of JAN 1, 2023, select Akamai Advantage Medical plans include preventative and basic dental coverage.

If you are a participating dentist in HMSA's Medicare Advantage network, you are considered in-network for members of the HMSA Akamai Advantage plans. You will be reimbursed at your current HMSA contracted MA fee schedule. Please refer to the [Medicare Advantage Manual](#).

To check eligibility and benefits, Providers may go online to mydentalcoverage.com or contact Dental Customer Service from Oahu at **(808) 948-6440** or from neighboring islands at **(800) 792-4672**.

Dental Claims should be submitted electronically using Payor ID HMSA1 or mailed to the following address:

HMSA Dental Claims
P.O. Box 69436
Harrisburg, PA 17106-9436

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.

B. Covered services embedded in member's HMSA Akamai Advantage Plans

PROC CODE	CLASS	PROCEDURE DESCRIPTION	FREQUENCY/LIMITATION	Standard (N07) Complete (N09) PAR / NONPAR	Standard Plus (N08) Complete Plus (N10) PAR / NONPAR
D0120	DIAG	Periodic oral evaluation – established patient	2 per calendar year (combined frequency with 0140 and 0150)	100% / 60%	100% / 60%
D0140	DIAG	Limited oral evaluation – problem focused	1 per calendar year (combined frequency with 0120 and 0150)	100% / 60%	100% / 60%
D0150	DIAG	Comprehensive oral evaluation – new or established patient	1 per lifetime (combined frequency with 0120 and 0140)	100% / 60%	100% / 60%
D0270	DIAG	Bitewing – single radiographic image	1 set per calendar year (any of these codes 0270, 0272, 0273, 0274, 0277 constitute a set, except when done within 12 months of 0210 or 0330) NOTE: Bitewings done within 12 months of an FMX or Pano will not be covered.	100% / 60%	100% / 60%
D0272	DIAG	Bitewings – two radiographic images			
D0273	DIAG	Bitewings – three radiographic images			
D0274	DIAG	Bitewings – four radiographic images			
D0277	DIAG	Vertical bitewings – 7-8 radiographic images			
D0210	DIAG	Intraoral – complete series of radiographic images	1 set per five years (any of these codes 0210 or 0330 constitute a set)	100% / 60%	100% / 60%
D0330	DIAG	Panoramic radiographic image			
D1110	PREV	Prophylaxis - adult	2 per calendar year (Combined with D4346 - Max of 2 cleanings total)	100% / 60%	100% / 60%
D1206	PREV	Topical application of fluoride varnish	2 per calendar year (No age limit)	100% / 60%	100% / 60%
D1208	PREV	Topical application of fluoride – excluding varnish			
D2140	BASIC	Amalgam – 1 surface, primary or permanent	Two (2) restorations per calendar year	100% / 60%	100% / 60%
D2150	BASIC	Amalgam – 2 surfaces, primary or permanent			
D2160	BASIC	Amalgam – 3 surfaces, primary or permanent			
D2161	BASIC	Amalgam – 4 surfaces, primary or permanent			
D2330	BASIC	Resin-based composite – 1 surface, anterior			

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PROC CODE	CLASS	PROCEDURE DESCRIPTION	FREQUENCY/LIMITATION	Standard (N07) Complete (N09) PAR / NONPAR	Standard Plus (N08) Complete Plus (N10) PAR / NONPAR
D2331	BASIC	Resin-based composite – 2 surfaces, anterior	Two (2) restorations per calendar year	100% / 60%	100% / 60%
D2332	BASIC	Resin-based composite – 3 surfaces, anterior			
D2335	BASIC	Resin-based composite – 4 or more surfaces, or involving incisal angle (anterior)			
D2391	BASIC	Resin based composite – 1 surface, posterior			
D2392	BASIC	Resin based composite – 2 surfaces, posterior			
D2393	BASIC	Resin based composite – 3 surfaces, posterior			
D2394	BASIC	Resin based composite – 4 or more surfaces, posterior			
D2740	MAJOR	Crown – porcelain/ceramic	One (1) crown per calendar year following root canal procedure on the same tooth Does not have to be done in the same calendar year Replacement crowns once every 5 yrs with history of root canal	Not Covered	100% / 60%
D2750	MAJOR	Crown – porcelain fused to high noble metal			
D2751	MAJOR	Crown – porcelain fused to predominantly base metal			
D2752	MAJOR	Crown – porcelain fused to noble metal			
D2790	MAJOR	Crown – full cast high noble metal			
D2791	MAJOR	Crown – full cast predominantly base metal			
D2792	MAJOR	Crown – full cast noble metal			
D3310	BASIC	Endodontic Therapy, anterior tooth	One (1) root canal treatment per calendar year.	Not Covered	100% / 60%
D3320	BASIC	Endodontic Therapy, premolar tooth			
D3330	BASIC	Endodontic Therapy – molar tooth			
D4346	PREV	Scaling in the presence of generalized moderate or severe gingival inflammation	2 per calendar year Combined with D1110 - Max of 2 cleanings total	100% / 60%	100% / 60%
D7140	BASIC	Extraction, erupted tooth or exposed root	Four (4) extractions per calendar year	100% / 60%	100% / 60%
D7210	BASIC	Extraction, (surgical removal of) erupted tooth requiring removal of bone and/or sectioning of tooth			

PROCEDURE CODES NOT LISTED ABOVE ARE NOT COVERED FOR THIS PLAN

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C. Key Highlights

All services payable at 100% for PAR providers and 60% for NON-Par providers. This maximum applies to in-and out-of-network preventive and additional comprehensive dental services.

HMSA Akamai Advantage Dental Plans offer Oral Health for Total Health enhanced dental benefits as of JAN 1, 2023.

D. Sample – HMSA Akamai Advantage Card

		Standard (PPO)				hmsa.com/advantage	
Subscriber Name KIMO M ALOHA		Group M12440 MedicareRx <small>Prescription Drug Coverage</small> H3832 007		Customer Service: (808) 948-6000 or 1 (800) 660-4672 TTY 711		For care when traveling out of state call: Blue Card 1 (800) 810-BLUE	
Subscriber ID XLLA000012345678		Primary Care Provider DR. MOKI HANA		Do NOT bill Medicare. Claims for covered services must be filed with HMSA. Payment will be based on the member's eligibility at the time services are received. Medicare limiting charges may apply.		Pharmacy/Help Desk: 1 (866) 693-4620	
PLAN (SOG40) RXBIN 004336 RXPCN MEDDADV RXGRP RX3982 RXID A000012345678	MEDICAL 708 PART D 725	DENTAL N07 VISION OMA DMPCARE S01		Submit claims to: HMSA - CLAIMS P.O. Box 860 Honolulu, HI 96808-0860		Dental Help Desk: 1 (800) 792-4672	
<small>Gen effective 10/15/2022</small> HMSA Akamai Advantage®				Services rendered out-of-state, mail claims to: Medicare Part D Claims P.O. Box 52066 Phoenix, AZ 85072-2066		Blue Cross Blue Shield of Hawaii 810 Keasomoku St. Honolulu, HI 96814-2985 An Independent Licensee of the Blue Cross and Blue Shield Association Business hours: 7 days a week 8 a.m. to 8 p.m.	

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