SelectHealth Dental
Frequently Asked Questions

The following information applies solely to SelectHealth Dental® plans. Medical plans may have different coverage and limitations than what is listed below. If you still have questions about dental or medical coverage, please call Member Services at 800-538-5038.

Note: This document is provided for convenience purposes only. If there are any differences between this document and a member’s policy, the terms or conditions in the policy will govern.

Q: Does SelectHealth® cover services for congenitally missing teeth?
A: No, services for congenitally missing teeth are not covered.

Q: Does SelectHealth cover CDT D9944, D9945, or D9946 Occlusal guard, by report?
A: No, occlusal guards are not covered on any SelectHealth Dental plan (even if billed under D9944, D9945, or D9946).

Q: Does SelectHealth cover services for all four quadrants of the mouth for scaling and root planing on the same day?
A: Yes, services for all four quadrants of the mouth on the same day are covered.

Q: Are periodontal maintenance/treatment, endodontic services, and oral surgery applied to the major or basic benefit level?
A: For group plans, these services will be administered as either major or basic benefits, depending on how the employer group has defined their benefits. For Individual plans, these services are covered under the major benefits. Please refer to the member’s Dental Payment Summary (DPS) for more details.

Q: How many periapical (PA) X-rays can a patient have before SelectHealth considers it a full-mouth X-ray (FMX)?
A: An FMX is defined as 14 or more PA X-rays or bitewings.

Q: Does SelectHealth have specific guidelines for anesthesia?
A: General anesthesia* and IV sedation are considered dentally necessary and are covered under dental benefits when performed in conjunction with one or more of the following covered dental procedures or circumstances:

- Removal of a full and/or partial bony impacted tooth or teeth
- Surgical extraction of three or more teeth performed on the same day
- Full edentulous arch alveoloplasty or alveolectomy
- One or more quadrants of periodontal (osseous) surgery performed on the same day
- Surgical exposure of bone impacted or unerupted cuspids (i.e., impacted bicuspids or canine teeth)
- Placement of one or more implants
- A child younger than 7 with a dental condition of significant complexity

*Note: Dental providers must be appropriately credentialed to perform anesthesia.
Q: Are preventive services included in the member’s annual maximum?
A: Any charges paid for preventive services are applied to the member’s annual maximum. Some exceptions may apply; please contact SelectHealth Member Services for details.

Q: If a member’s annual maximum has been met, will SelectHealth process claims according to the contracted allowed amount or the billed amount?
A: If we make payment on a code that helps to meet the member’s annual maximum, our payment in addition to member responsibility should not exceed the contractual allowed amount. A member will be responsible for the full cost of all services received after their annual maximum is met.

Q: Does SelectHealth require the preparation or seat date to be reported for dental crowns?
A: Only the preparation date should be reported for dental crowns.

Q: What is an APOP?
A: An Automatic Periodic Orthodontia Payment (APOP) is the method by which we establish automatic monthly payments on a total case fee for orthodontic appliances.

Q: Does SelectHealth pay any amount at the time of banding for braces?
A: No, we will pay for orthodontia appliances on an automatic monthly basis via an APOP according to calculations between the member’s benefits and the total case fee billed by an orthodontic provider. Therefore, the charges for banding should be billed as part of the total case fee. To verify whether or not the SelectHealth Dental plan includes coverage for orthodontia, contact SelectHealth Member Services. Certain limitations and exclusions may apply.

Q: Does SelectHealth require a downgrade from composite to amalgam material?
A: We do not require a downgrade from composite to amalgam materials for fillings or crowns.

Q: What is the SelectHealth Payer ID?
A: The SelectHealth Payer ID may vary due to a variety of factors. For information regarding the SelectHealth payer ID, please contact Member Services.

Q: How does SelectHealth coordinate benefits?
A: Generally, we coordinate benefits in accordance with the same Coordination of Benefits (COB) type as the member’s medical plan. Some exceptions may apply; please contact SelectHealth Member Services for details.

Q: What is the SelectHealth mailing address?
A: Please send claims, appeals, notes, and other essential claim information to:

SelectHealth
P.O. Box 30192
Salt Lake City, UT 84130

Limitations and other exclusions may vary according to the member’s benefits. Please call our Member Services to learn more about specific policy limitations.