

Member Handbook

For the Dental Maintenance Organization (DMO[®]) Plan
for



Benefiting Texans Since 1947

Employees Retirement System of Texas



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Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. In Texas, the Aetna company that offers DMO benefits coverage is Aetna Dental Inc.

“Primary Care Dentist” may also be referred to as “General Dentist”, “Primary Dentist” or “Personal Dentist”.

Not all dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. For more information about the Aetna ERS plan, refer to www.ers.state.tx.us.

The Advantages of Aetna's DMO

The Aetna Dental Maintenance Organization (DMO) provides you and your covered family members with broad-based dental coverage. Coverage includes:

- Preventive care (cleanings, bitewing X-rays, full-mouth X-rays, and more)
- Restorative care (fillings)
- Major restorative (bridges, crowns, dentures, and more)
- Implants
- Orthodontics

With the Aetna DMO plan for the State of Texas and Higher Education employees, retirees and eligible dependents, there are:

- No annual maximums
- No annual or lifetime deductibles (patient payments may apply)
- No waiting periods
- No patient payments for most diagnostic and preventive services. Other procedures have some out-of-pocket expense
- Virtually no claim forms, except for out-of-area emergencies

Participating dentists are located in most, but not all areas of Texas. Each eligible family member may select a different participating primary care dentist. The DMO Participating Dentist list for the ERS plan can be viewed via the ERS website at www.ers.state.tx.us, select "Insurance," "Dental," then "Aetna". You may also call Aetna Customer Service at 1-800-275-1794 and request a list of participating primary care dentists in your area. When selecting a participating primary care dentist, you may take advantage of:

- Monthly switches, no explanation required
- Family-style ID cards displaying information for up to four covered family members.

Participation in the Aetna DMO includes access to following value-added programs:

- Aetna VisionSM Discounts
- Aetna FitnessSM Discount
- Aetna Natural Products and ServicesSM
- Simple Steps to Better Dental Health[®]

Note: ERS cannot and does not guarantee the length of time that a specific or type of value-added product will be offered or that a product will be offered in the future. If you have questions or concerns about these products, please contact the carrier directly.

Aetna Customer Service is available from 8 a.m. to 5:30 p.m. CT, Monday through Friday, at 1-800-275-1794. You can also email us if you have questions or would like to change your primary care dentist. Go to the ERS website at www.ers.state.tx.us, select "Insurance," "Dental," then "Aetna." Once on the Aetna Dental website, select "Aetna Customer Service" and follow the prompts.

This plan year is effective September 1, 2008.

Active Employees

If you are currently enrolled in the Aetna DMO, you will automatically be re-enrolled. ***If you are not currently enrolled***, you may enroll from July 28 through August 22, 2008, through the ERS website, www.ers.state.tx.us. You may also enroll by calling ERS in Austin at 512-867-7711 or toll free at 1-877-275-4377.

During Summer Enrollment, you may choose a primary care dentist for yourself and your eligible dependents online via ERS OnLine. If you prefer, you may choose a primary care dentist by printing and completing the Dentist Selection Form found on the website. Mail your completed Dentist Selection form to Aetna Dental at this address:

Aetna Dental Inc., P.O. Box 3238, Sugar Land, TX 77487-3238

Once you are enrolled, if you decide to change your participating primary care dentist, you may do so by calling Aetna Customer Service at 1-800-275-1794, or you may email us through the ERS website at www.ers.state.tx.us. Once you are on the website, select “Insurance,” “Dental,” then “Aetna.” From the Aetna DMO website, select “Aetna Customer Service” and follow the prompts. If you contact us by the 15th of any month, the dentist change will be effective the first day of the following month.

Retired Employees

If you are currently enrolled in the Aetna DMO, you will automatically be re-enrolled. ***If you are not currently enrolled***, you may enroll during the head start period of July 14 - 26, 2008 or during the Summer Enrollment period ending August 22, 2008, through the ERS website, www.ers.state.tx.us. You may also enroll by calling ERS in Austin at 512-867-7711 or toll-free at 1-877-275-4377, or by using the enrollment form sent with your Personal Enrollment Statement. Return the completed form to ERS.

During Summer Enrollment, you may choose a primary care dentist for yourself and your eligible dependents online through ERS OnLine. You may also select a primary care dentist by printing and completing the Dentist Selection Form available on the website. Mail your completed Dentist Selection Form to Aetna Dental at this address:

Aetna Dental Inc., P.O. Box 3238, Sugar Land, TX 77487-3238

Once you are enrolled, if you decide to change your participating primary care dentist, you may do so by calling Aetna Customer Service at 1-800-275-1794, or you may email us through the ERS website at www.ers.state.tx.us, select “Insurance,” “Dental,” then “Aetna.” If you contact us by the 15th of any month, the dentist change will be effective the first day of the following month.

Whom do I call if I have a question?

Our Customer Service department is available to help you from 8 a.m. to 5:30 p.m. CT, Monday through Friday, at 1-800-275-1794. Call this toll-free number if you:

- Need to replace your ID card,
- Want to switch participating primary care dentists,
- Have a question or concern about your dental plan or participating dentist,
- Have an emergency and cannot reach your participating primary care dentist,
- Have an emergency and are out of the service area.

A telecommunication device for the deaf (TDD) is available at 1-800-234-3730. Operating hours for this service are 8 a.m. to 4:30 p.m. CT, Monday through Friday.

General Information About This Plan

1. A retiree must live or reside within the DMO service area, and an active employee must live, reside, or work within the DMO service area to be eligible to enroll in the DMO plan. Please see the Service Area Map and County Listings on pages 13 and 14 for a complete description of the service area.
2. Your primary care dentist will arrange for emergency dental care services for 24-hour emergency treatment. Emergency care is defined as dental services for palliative treatment only (emergency treatment of dental pain). Emergency care is also defined as the dental services administered in a dentist's office, dental clinic, or other comparable facility to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing average knowledge of dentistry to believe that immediate care is needed.
 - a) What is not considered an emergency?

Some examples include, but are not limited to, the following:

 - i. Lost filling.
 - ii. Lost or loose crown or bridge.
 - iii. Broken partial or full dentures.
 - b) What if a member has an emergency?
 - i. Contact your selected participating DMO primary care dentist, who will arrange for 24-hour emergency coverage.
 - ii. If your selected participating DMO primary care dentist or designated covering dentist is unavailable, contact us at 1-800-275-1794 for guidance or help in locating a participating DMO primary care dentist for palliative treatment.
 - iii. If a participating DMO provider is not available or if you are out of the service area, you will be authorized to seek emergency palliative treatment from any licensed dentist. You must receive any needed follow-up treatment from your selected participating DMO primary care dentist.

If you see a dentist for emergency dental care who does not participate in the DMO and you obtain prior authorization from Aetna DMO, the services provided ***for palliative treatment only*** will be covered at 100 percent of the usual and prevailing charge, minus the applicable patient payments under the plan.

3. We have complaint procedures to resolve member concerns and to settle differences in a fair and timely manner. Aetna Dental Customer Service works to resolve complaints informally with the member.

If the results of an informal process are unsatisfactory, there is a formal procedure. Refer to pages 15 and 16 for complete details of the complaint and appeal process.

The DMO must not retaliate against any member or participating dentist for filing a complaint against the DMO.

General Information About This Plan

4. When your group coverage ends, you and any covered dependents have the right to convert to an Individual DMO Conversion Plan. The DMO must receive the application and first premium payment within 31 days of termination of group coverage. The Individual DMO Conversion Plan will take effect on the day after the group dental care coverage ends. Please call Aetna Customer Service at 1-800-275-1794 for more information.
5. Covered procedures are listed in the "Dental Care Schedule" on pages 9 through 12. Plan member payments ("Patient Pays") are required at the time the service is rendered. The patient payments listed apply only when your selected participating primary care dentist performs services.

When your participating primary care dentist cannot perform a covered dental procedure because of individual case circumstances or the severity of your condition, you may seek care from a participating specialty dentist. You can see a participating specialty dentist without a referral.

6. If a participating specialty dentist treats you, the patient cost is 75 percent of the dentist's usual and prevailing charge for the service. Payment is due at the time the service is rendered.

Specialty dentists have advanced training in the following types of services:

Endodontics	The diagnosis, prevention, and treatment of pathological conditions within the pulp chamber or apical area of a tooth root, including root canal treatment.
Oral Surgery	Surgical procedures, including extractions, in and around the oral cavity and jaws.
Periodontics	The examination, diagnosis, and treatment of diseases affecting the tissues that support the teeth.
Orthodontics	The detection, prevention, and correction of abnormalities in the positioning of the teeth in their relationship to the jaws, including full braces.
Pedodontics	Children's dentistry.
Prosthodontics	The restoration and maintenance of function by replacement of natural teeth, including crowns, bridges, and dentures.

7. We recommend that before you start any dental treatment, you and your participating general or specialty dentist discuss all charges relative to the services the dentist will provide.
8. You should ask your participating dentist for a treatment plan that lists each specific service and applicable "Patient Pays" amount before you begin treatment.

General Information About This Plan

9. Please take your Aetna ID card with you when visiting your selected participating primary care dentist. If you have misplaced your card, please call Aetna Customer Service at 1-800-275-1794 to request a replacement.

If you need to cancel a dental appointment, please call at least 24 hours in advance. Your dentist may charge you a fee for broken or missed appointments.

10. Only services included on the Dental Care Schedule are covered under the plan. Any service not specifically listed is the responsibility of the member and is payable at the dentist's usual and prevailing charge for the service.
11. While enrolled in the DMO, if you are treated by a primary care dentist who is not your selected participating primary care dentist, these dental services will NOT be covered by the plan. The only exception is when Aetna DMO gives prior approval for emergency palliative treatment specifically for the treatment of dental pain.
12. Exclusions and Limitations:
 - a. Services not reasonably necessary for diagnosis and treatment.
 - b. Services not listed in the "Dental Care Schedule."
 - c. Treatment for malignancies or neoplasms.
 - d. Prescription drugs are not covered by the DMO plan.
 - e. A charge for a service not provided by a dentist (unless the service is performed by a licensed dental hygienist under the direction of a dentist).
 - f. A charge greater than the usual charge by the provider for the same service when there is no coverage.
 - g. A charge for a service above the usual and prevailing charge in the area for dental care of a comparable nature.
 - h. A charge for any procedure not performed in a participating primary care dentist's or specialty dentist's office, except for emergency care and certain charges for nonparticipating dentists as provided in the coverage, including but not limited to hospitalization, outpatient centers, IV sedation, and general anesthesia.
13. Continuity of treatment: If your participating general or specialty dentist discontinues participation in the DMO and you are currently under active dental treatment, your dentist may continue providing care until the treatment in progress is completed. If orthodontic treatment began before the participating general or specialty dentist left the network, the dentist may continue to provide care throughout the course of active orthodontic treatment.

General Information About This Plan

Selecting a Primary Care Dentist

You can see a list of primary care dentists participating in your area on the ERS website at www.ers.state.tx.us, select “Insurance,” “Dental,” then “Aetna.” Participating dentists are located in most, but not all, areas of Texas. A member will not be required to travel more than 75 miles to obtain covered services from a participating primary care dentist.

To be selected for the DMO network, dentists must complete our initial credentialing process and be recredentialed at least every three years. Each participating primary care dentist should be able to take care of most of your dental care needs.

You should select a participating primary care dentist for yourself and your covered eligible dependents. For your convenience, each eligible family member may choose a different participating DMO primary care dentist. You may select a dentist by calling Aetna Customer Service at 1-800-275-1794, or you may email us through the ERS website. Go to www.ers.state.tx.us, select “Insurance,” “Dental,” then “Aetna.” Once you are on the Aetna DMO website, select “Aetna Customer Service” and follow the prompts. Please remember to contact Aetna Customer Service to change dentists, not ERS.

Once enrolled, you and your family will receive family-style DMO ID cards. Each family ID card displays information for up to four covered family members in a single family. The employee and covered spouse each receive a DMO ID card with the selected participating primary care dentist's name, phone number and the Aetna Customer Service phone number, 1-800-275-1794, printed on the front of the card.

If you have any questions about the plan, Aetna Customer Service is available 8 a.m. to 5:30 p.m. CT, Monday through Friday.

Switching Dentists

You can switch participating primary care dentists monthly, no explanation required. Simply call Aetna Customer Service at 1-800-275-1794 or you may email us through the ERS website. Go to www.ers.state.tx.us, select “Insurance,” “Dental,” then “Aetna.” Once you are on the Aetna DMO website, select “Aetna Customer Service” and follow the prompts. A family-style DMO ID card will be issued showing your new primary care dentist information. If you call the DMO by the 15th of any month, the change becomes effective on the first of the following month.

Internet Address for DMO Participating Dentist List

You can see the DMO participating dentist list on the ERS website. Go to www.ers.state.tx.us, select “Insurance,” “Dental,” then “Aetna.” Once on the Aetna website, select “Provider Look-up.”

General Information About This Plan

Scheduling Appointments

Once you have selected your participating primary care dentist, make an appointment as you would with any other dentist. Please mention that you are covered under the DMO plan for State of Texas and Higher Education employees, retirees and eligible dependents when you call. At your first visit, please show your DMO ID card.

Simplified Paperwork

When using your selected participating primary care dentist, you will rarely have to fill out a claim form. In most instances, administration and paperwork are handled by the DMO. A patient signature verifying that the services were performed is usually all that is necessary.

Patient Payments

Many diagnostic and preventive dental care procedures performed by your selected participating primary care dentist require no payment on your part. A “patient pay” amount may be required for other dental care procedures. (See "Dental Care Schedule" on pages 9 - 12.) **While enrolled in the DMO, if you choose to see a dentist who is not your selected participating primary care dentist, dental services will NOT be covered by the plan. Therefore, you will be responsible for the full cost. The only exception is when you have obtained prior approval from Aetna DMO for emergency palliative treatment specifically for the treatment of dental pain.**

Customer Service

Our Customer Service department is available to help you from 8 a.m. to 5:30 p.m. CT, Monday through Friday. Our Customer Service representatives can answer general questions or address concerns. In addition, these representatives can help in the selection of a new participating dentist or requests for new ID cards.

You can reach Customer Service at 1-800-275-1794. The initial greeting provides access to instructions in either English or Spanish. If you need a translator, just request one. Aetna Customer Service has access to the AT&T language lines, which provide interpreters in 140 languages.

A telecommunication device for the deaf (TDD) is available at 1-800-234-3730. Operating hours for this service are 8 a.m. to 4:30 p.m. CT, Monday through Friday.

A computer system gives Aetna Customer Service instant access to your telephone and correspondence history. This means you should not have to repeat your inquiry when speaking with more than one Aetna Customer Service representative. Since all departments share access to the system, one area can forward information to another area in a matter of seconds.

Dental Care Schedule for the State of Texas DMO Plan

Applies to Covered Services Provided by Aetna DMO Primary Care Dentists Only

Dental Maintenance Organization (DMO®) plan benefits apply when dental services are performed by your selected participating primary care dentist. Treatment costs may be calculated by totaling the amount shown in the “Patient Pays” column for the procedures performed during your dental visit. You are responsible for payment to the **primary care dentist** at the time services are performed.

Only services included on the schedule below are covered under the plan. Any services not specifically listed are the responsibility of the member and are payable at the dentist’s usual and prevailing charge.

While enrolled in the DMO, if you receive services from a primary care dentist who is not your selected participating primary care dentist, these dental services will NOT be covered by the plan. The only exception is when approved by Aetna for emergency palliative treatment specifically for the treatment of dental pain.

Specialty Dentists: When your participating **primary care dentist** cannot perform a covered dental procedure because of individual case circumstances or the severity of your condition, you may seek care from a participating **specialty dentist**. You can see a participating **specialty dentist** without a referral. **Specialty dentists** include oral surgeons, orthodontists, endodontists, periodontists, pedodontists, and prosthodontists.

If you receive services from a participating **specialty dentist**, the cost is 75 percent of the dentist’s usual and prevailing charge for the service. Payment is due at the time the service is rendered.

The Aetna DMO Participating Dentist Listing for the State of Texas DMO Plan can be viewed on the ERS website at www.ers.state.tx.us, select “Insurance,” “Dental,” then “Aetna.” Once on the Aetna Dental website, select “Provider Look-up.” You may also contact Aetna Customer Service at 1-800-275-1794 and request a list of participating primary care dentists in your area.

If you wish to select or change your **primary care dentist** or need assistance with selecting a **specialty dentist**, please contact Aetna Customer Service at 1-800-275-1794 for assistance.

ADA Code	Procedure	Patient Pays
DIAGNOSTIC DENTISTRY		
D0120	Periodic oral evaluation (2 per plan year*)	No Charge
D0140	Limited oral evaluation – problem focused	\$22
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
D0150	Clinical oral exam/evaluation (initial)	No Charge
D0160	Detailed and extensive oral evaluation – problem focused, by report	No Charge
D0170	Re-evaluation – limited, problem focused	No Charge
D0180	Comprehensive periodontal evaluation – new or established patient	No Charge
D0210	X-ray intraoral - complete series (including bitewings)	No Charge
D0220	X-ray intraoral - periapical - first film	No Charge
D0230	X-ray intraoral - periapical - each additional film	No Charge
D0240	X-ray intraoral - occlusal film	No Charge
D0250	X-ray extraoral - first film	No Charge
D0260	X-ray extraoral - each additional film	No Charge
D0270	X-ray bitewing - single film	No Charge
D0272	X-ray bitewings - two films	No Charge
D0273	X-ray bitewings – three films	No Charge
D0274	X-ray bitewings - four films	No Charge
D0277	X-ray vertical bitewings – 7 to 8 films	No Charge
D0330	X-ray panoramic	No Charge
D0350	Oral/facial images	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts (excluding ortho)	No Charge
D0472- D0480	Oral pathology procedures	No Charge
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$42
D0502	Other oral pathology procedures, by report	No Charge
D0999	Unspecified diagnostic procedures, by report	No Charge
D4999	Periodontal probing	\$13
D9430	Office visit	No Charge
D9440	Office visit after regularly scheduled hours	\$30
D9999	Sterilization fee	\$7
PREVENTIVE		
D1110	Dental cleaning / prophylaxis - adult (2 per plan year*)	\$12
D1120	Dental cleaning / prophylaxis - child (12 years and under) (2 per plan year*)	\$12
D1203	Topical application of fluoride - child	No Charge
D1204	Topical application of fluoride - adult	No Charge
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	No Charge

ADA Code	Procedure	Patient Pays
PREVENTIVE - CONTINUED		
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	\$10
D1510	Space maintainer - fixed - unilateral	\$90
D1515	Space maintainer - fixed – bilateral	\$90
D1520	Space maintainer - removable – unilateral	\$90
D1525	Space maintainer - removable – bilateral	\$90
D1550	Recementation of space maintainer	\$10
D1555	Removal of fixed space maintainer (by original dentist)	No Charge
D1555	Removal of fixed space maintainer (by different dentist)	\$12
RESTORATIVE		
D2140	Amalgam - 1 surface, primary or permanent	\$22
D2150	Amalgam - 2 surfaces, primary or permanent	\$27
D2160	Amalgam - 3 surfaces, primary or permanent	\$32
D2161	Amalgam - 4 or more surfaces, primary or permanent	\$37
D2330	Resin-based composite - 1 surface, anterior	\$27
D2331	Resin-based composite - 2 surfaces, anterior	\$32
D2332	Resin-based composite - 3 surfaces, anterior	\$37
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior)	\$52
D2390	Resin-based composite crown, anterior	\$40
D2391	Resin-based composite – 1 surface, posterior	\$47
D2392	Resin-based composite – 2 surfaces, posterior	\$57
D2393	Resin-based composite – 3 surfaces, posterior	\$67
D2394	Resin-based composite – 4 or more surfaces, posterior	\$74
D2410	Gold foil restoration - 1 surface	\$60
D2420	Gold foil restoration - 2 surfaces	\$140
D2430	Gold foil restoration - 3 surfaces	\$180
MAJOR RESTORATIVE		
D2510	Inlay – metallic - 1 surface	\$140
D2520	Inlay – metallic - 2 surfaces	\$170
D2530	Inlay – metallic - 3 or more surfaces	\$200
D2542	Onlay – metallic - 2 surfaces	\$250
D2543	Onlay – metallic - 3 surfaces	\$260
D2544	Onlay – metallic - 4 or more surfaces	\$270
D2610	Inlay - porcelain/ceramic - 1 surface	\$247
D2620	Inlay - porcelain/ceramic - 2 surfaces	\$297
D2630	Inlay - porcelain/ceramic - 3 or more surfaces	\$297
D2642	Onlay - porcelain/ceramic - 2 surfaces	\$317
D2643	Onlay - porcelain/ceramic - 3 surfaces	\$317
D2644	Onlay - porcelain/ceramic - 4 or more surfaces	\$327
D2650	Inlay - resin-based composite - 1 surface	\$172
D2651	Inlay - resin-based composite - 2 surfaces	\$182
D2652	Inlay - resin-based composite - 3 or more surfaces	\$212

Dental Care Schedule for the State of Texas DMO Plan

Applies to Covered Services Provided by Aetna DMO Primary Care Dentists Only

ADA Code	Procedure	Patient Pays
MAJOR RESTORATIVE - CONTINUED		
D2662	Onlay-resin-based composite - 2 surfaces	\$212
D2663	Onlay-resin-based composite - 3 surfaces	\$222
D2664	Onlay-resin-based composite - 4 or more surfaces	\$237
D2710	Crown resin based composite (indirect)	\$318
D2712	Crown - ¾ resin based composite (indirect)	\$318
D2720	Crown resin with high noble metal	\$368
D2721	Crown resin with predominantly base metal	\$260
D2722	Crown resin with noble metal	\$299
D2740	Crown - porcelain/ceramic substrate	\$410
D2750	Crown - porcelain fused to high noble metal	\$410
D2751	Crown - porcelain fused to predominantly base metal	\$360
D2752	Crown - porcelain fused to noble metal	\$399
D2780	Crown - ¾ cast high noble metal	\$399
D2781	Crown - ¾ cast predominantly base metal	\$350
D2782	Crown - ¾ cast noble metal	\$389
D2783	Crown - ¾ cast porcelain/ceramic	\$350
D2790	Crown - full cast high noble metal	\$410
D2791	Crown - full cast predominantly base metal	\$360
D2792	Crown - full cast noble metal	\$399
D2794	Crown - titanium ..	\$410
D2910	Recement inlay, onlay or partial coverage restoration (by original dentist)	No Charge
D2910	Recement inlay, onlay or partial coverage restoration (by new dentist)	\$5
D2915	Recement cast or prefabricated post and core	\$5
D2920	Recement crown (by original dentist)	No Charge
D2920	Recement crown (by new dentist)	\$5
D2930	Prefabricated stainless steel crown - primary tooth	\$50
D2931	Prefabricated stainless steel crown - permanent tooth	\$55
D2932	Prefabricated resin crown	No Charge
D2933	Prefabricated stainless steel crown with resin window	\$65
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$65
D2940	Sedative filling	\$5
D2950	Core buildup, including any pins	\$65
D2951	Pin retention - per tooth, in addition to restoration	No Charge
D2952	Post and core, in addition to crown, indirectly fabricated	\$62
D2953	Each additional indirectly fabricated post - same tooth	\$18
D2954	Prefabricated post and core, in addition to crown	\$58
D2957	Each additional prefabricated post - same tooth	\$15
D2961	Labial veneer (resin laminate) - laboratory	\$297
D2962	Labial veneer (porcelain laminate) - laboratory	\$380
D2970	Temporary crown (fractured tooth)	\$25
D2971	Additional procedures to construct new crown under existing partial denture framework	\$15
D2975	Coping	\$148
D2980	Crown repair, by report	\$30
D2999	Unspecified restorative procedure, by report	No Charge
D2999	Temporary metal crown (with permanent)	No Charge
ENDODONTICS		
D3999	Endodontic consultation	No Charge
D3110	Pulp cap direct (excluding final restoration)	No Charge
D3120	Pulp cap indirect (excluding final restoration)	No Charge
D3220	Therapeutic pulpotomy (excluding final restoration)	\$35
D3310	Root canal therapy - anterior	\$170
D3320	Root canal therapy - bicuspid	\$190
D3330	Root canal therapy - molar	\$250
D3351 - D3353	Apexification/recalcification	No Charge
D3410	Apicoectomy/periradicular surgery - anterior	\$140
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$140
D3425	Apicoectomy/periradicular surgery molar (first root)	\$170
D3426	Apicoectomy/periradicular surgery (each add'l root)	\$90
D3430	Retrograde filling - per root	\$35
D3450	Root amputation - per root	\$55
D3470	Intentional replantation (including necessary splinting)	\$55
D3910	Surgical procedure for isolation of tooth with rubber dam	\$3
D3920	Hemisection (including any root removal), not including root therapy	\$66

ADA Code	Procedure	Patient Pays
ENDODONTICS - CONTINUED		
D3999	Unspecified endodontic procedure, by report	No Charge
D3999	Culturing canal	No Charge
PERIODONTICS		
D4999	Periodontal consultation, evaluation and treatment plan	No Charge
D4210	Gingivectomy or gingivoplasty - 4 or more contiguous teeth or bounded teeth spaces per quadrant	\$156
D4211	Gingivectomy or gingivoplasty - 1 to 3 contiguous teeth or bounded teeth spaces, per quadrant	\$94
D4240	Gingival flap procedure, including root planing - 4 or more contiguous teeth or bounded teeth spaces per quadrant	\$220
D4241	Gingival flap procedure, including root planing, 1 to 3 contiguous teeth or bounded teeth spaces, per quadrant	\$132
D4260	Osseous surgery (incl. flap entry and closure) - 4 or more contiguous teeth or bounded spaces by quadrant	\$220
D4261	Osseous surgery (incl. flap entry and closure) - 1 to 3 contiguous teeth or bounded teeth spaces, per quadrant	\$132
D4263	Bone replacement graft - first site in quadrant	\$150
D4264	Bone replacement graft - each add'l site in quadrant	\$150
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$150
D4320	Provisional splinting - intracoronal	\$60
D4321	Provisional splinting - extracoronal	\$60
D4341	Periodontal scaling and root planing - 4 or more teeth per quadrant	\$50
D4342	Periodontal scaling and root planing - 1 to 3 teeth, per quadrant	\$32
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$42
D4910	Periodontal maintenance procedures (following active therapy)	\$37
D4920	Unscheduled dressing change (other than treating dentist)	No Charge
D4999	Unspecified periodontal procedure (by report)	No Charge
D4999	Home care instructions for periodontal management	No Charge
D4999	Post-therapeutic evaluation	No Charge
D4999	Non-surgical service periodontal	No Charge
PROSTHODONTICS - REMOVABLE		
D5110	Complete denture - maxillary	\$490
D5120	Complete denture - mandibular	\$490
D5110	Complete denture, maxillary (duplicate)	\$260
D5120	Complete denture, mandibular (duplicate)	\$260
D5130	Immediate denture - maxillary	\$518
D5140	Immediate denture - mandibular	\$518
D5211	Maxillary partial denture - resin base (incl. any conventional clasps, rests and teeth)	\$503
D5212	Mandibular partial denture - resin base (incl. any conventional clasps, rests and teeth)	\$503
D5213	Maxillary partial denture - cast metal framework with resin denture bases (incl. any conventional clasps, rests and teeth)	\$578
D5214	Mandibular partial denture - cast metal framework with resin denture bases (incl. any conventional clasps, rests and teeth)	\$578
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$538
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$538
D5410	Adjust complete denture - maxillary (by original dentist)	No Charge
D5410	Adjust complete denture - maxillary (by new dentist)	\$10
D5411	Adjust complete denture - mandibular (by original dentist)	No Charge
D5411	Adjust complete denture - mandibular (by new dentist)	\$10
D5421	Adjust partial denture - maxillary (by original dentist)	No Charge
D5421	Adjust partial denture - maxillary (by new dentist)	\$10
D5422	Adjust partial denture - mandibular (by original dentist)	No Charge
D5422	Adjust partial denture - mandibular (by new dentist)	\$10
D5510	Repair broken complete denture base	\$35
D5520	Repair missing or broken teeth - complete denture (each tooth)	\$20
D5610	Repair resin denture base	\$78
D5620	Repair cast framework	\$78
D5630	Repair or replace broken clasp	\$78

Dental Care Schedule for the State of Texas DMO Plan

Applies to Covered Services Provided by Aetna DMO Primary Care Dentists Only

ADA Code	Procedure	Patient Pays
PROSTHODONTICS – REMOVABLE - CONTINUED		
D5640	Replace broken teeth – per tooth	\$78
D5650	Add tooth to existing partial denture	\$78
D5660	Add clasp to existing partial denture	\$78
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$164
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$164
D5710	Rebase complete maxillary denture	\$164
D5711	Rebase complete mandibular denture	\$164
D5720	Rebase maxillary partial denture	\$164
D5721	Rebase mandibular partial denture	\$164
D5730	Reline complete maxillary denture (chairside)	\$60
D5731	Reline complete mandibular denture (chairside)	\$60
D5740	Reline maxillary partial denture (chairside)	\$60
D5741	Reline mandibular partial denture (chairside)	\$60
D5750	Reline complete maxillary denture (laboratory)	\$75
D5751	Reline complete mandibular denture (laboratory)	\$75
D5760	Reline maxillary partial denture (laboratory)	\$75
D5761	Reline mandibular partial denture (laboratory)	\$75
D5810	Interim complete denture (maxillary)	\$60
D5811	Interim complete denture (mandibular)	\$60
D5820	Interim partial denture (maxillary)	\$90
D5821	Interim partial denture (mandibular)	\$90
D5850	Tissue conditioning, maxillary	\$20
D5851	Tissue conditioning, mandibular	\$20
D5862	Precision attachment, by report	\$150
D5899	Unspecified removable prosthodontic procedure, by report	No Charge
IMPLANT SERVICES		
D6010	Surgical placement of implant body: endosteal implant	\$900
IMPLANT SUPPORTED PROSTHETICS		
D6053	Implant/abutment supported removable denture for completely edentulous arch	\$590
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$687
D6058	Abutment supported porcelain/ceramic crown	\$461
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$461
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$412
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$451
D6062	Abutment supported cast metal crown (high noble metal)	\$461
D6063	Abutment supported cast metal crown (predominantly base metal)	\$412
D6064	Abutment supported cast metal crown (noble metal)	\$451
D6065	Implant supported porcelain/ceramic crown	\$461
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, or high noble metal)	\$461
D6067	Implant supported metal crown (titanium, titanium alloy, or high noble metal)	\$461
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	\$461
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	\$461
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	\$412
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	\$451
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	\$461
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	\$412
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	\$451
D6075	Implant supported retainer for ceramic fixed partial denture	\$461
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, or high noble metal)	\$461

ADA Code	Procedure	Patient Pays
IMPLANT SUPPORTED PROSTHETICS - CONTINUED		
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, or high noble metal)	\$461
D6091	Replacement of semi-precision or precision attachment	\$155
D6092	Recement implant / abutment supported crown	\$20
D6093	Recement implant / abutment supported fixed partial denture	\$20
D6094	Abutment supported crown – titanium	\$461
D6194	Abutment supported retainer crown for FPD – titanium	\$461
PROSTHODONTICS - FIXED		
The following bridge prices are listed on a per unit basis. A unit equals each tooth restored or replaced.		
D6205	Pontic – indirect resin based composite	\$350
D6210	Pontic - cast high noble metal	\$410
D6211	Pontic - cast predominantly base metal	\$360
D6212	Pontic - cast noble metal	\$399
D6214	Pontic – titanium	\$410
D6240	Pontic - porcelain fused to high noble metal	\$410
D6241	Pontic - porcelain fused to predominantly base metal	\$360
D6242	Pontic - porcelain fused to noble metal	\$399
D6245	Pontic - porcelain/ceramic	\$360
D6250	Pontic - resin with high noble metal	\$399
D6251	Pontic - resin with predominantly base metal	\$350
D6252	Pontic - resin with noble metal	\$389
D6253	Provisional pontic (interim of at least 6 months)	\$200
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$236
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	\$236
D6600	Inlay – porcelain / ceramic, two surfaces	\$297
D6601	Inlay - porcelain / ceramic, three or more surfaces	\$297
D6602	Inlay - cast high noble metal, two surfaces	\$200
D6603	Inlay - cast high noble metal, three and more surfaces	\$230
D6604	Inlay - cast predominantly base metal, two surfaces	\$170
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$200
D6606	Inlay - cast noble metal, two surfaces	\$190
D6607	Inlay - cast noble metal, three or more surfaces	\$220
D6608	Onlay - porcelain / ceramic, two surfaces	\$317
D6609	Onlay - porcelain / ceramic, three or more surfaces	\$317
D6610	Onlay - cast high noble metal, two surfaces	\$280
D6611	Onlay - cast high noble metal, three or more surfaces	\$290
D6612	Onlay - cast predominantly base metal, two surfaces	\$250
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$260
D6614	Onlay - cast noble metal, two surfaces	\$270
D6615	Onlay - cast noble metal, three or more surfaces	\$280
D6624	Inlay – titanium	\$200
D6634	Onlay – titanium	\$280
D6710	Crown – indirect resin based composite	\$260
D6720	Crown – resin with high noble metal	\$368
D6721	Crown – resin with predominantly base metal	\$260
D6722	Crown – resin with noble metal	\$299
D6740	Crown – porcelain/ceramic	\$410
D6750	Crown – porcelain fused to high noble metal	\$410
D6751	Crown – porcelain fused to predominantly base metal	\$360
D6752	Crown – porcelain fused to noble metal	\$399
D6780	Crown - ¾ cast high noble metal	\$399
D6781	Crown - ¾ cast predominantly base metal	\$350
D6782	Crown - ¾ cast noble metal	\$389
D6783	Crown - ¾ porcelain/ceramic	\$350
D6790	Crown – full cast high noble metal	\$410
D6791	Crown – full cast predominantly base metal	\$360
D6792	Crown – full cast noble metal	\$399
D6793	Provisional retainer crown (interim of at least 6 months)	\$200
D6794	Crown – titanium	\$410
D6930	Recement fixed partial denture (by original dentist)	No Charge
D6930	Recement fixed partial denture (by new dentist)	\$15
D6940	Stress breaker	\$148
D6950	Precision attachment	\$145

Dental Care Schedule for Plan Year 2009.

* Plan year is a year starting September 1st and extending through August 31st. This limit will not apply if needed more frequently due to medical necessity as determined by your Primary Care Dentist.

Dental Care Schedule for the State of Texas DMO Plan

Applies to Covered Services Provided by Aetna DMO Primary Care Dentists Only

ADA Code	Procedure	Patient Pays
PROSTHODONTICS – FIXED - CONTINUED		
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	\$62
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$58
D6973	Core build up for retainer, including any pins	\$65
D6975	Coping - metal	\$148
D6976	Each additional indirectly fabricated post - same tooth	\$18
D6977	Each additional prefabricated post - same tooth	\$15
D6980	Fixed partial denture repair, by report	\$123
ORAL SURGERY		
D7111	Extraction, coronal remnants – deciduous tooth	\$15
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$28
D7210	Surgical removal of erupted tooth	\$42
D7220	Removal of impacted tooth, soft tissue	\$64
D7230	Removal of impacted tooth, partially bony	\$78
D7240	Removal of impacted tooth, completely bony	\$115
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$126
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$50
D7280	Surgical access of an unerupted tooth to aid eruption	\$90
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$75
D7283	Placement of device to facilitate eruption of impacted tooth	\$18
D7285	Biopsy of oral tissue – hard (bone, tooth)	\$150
D7286	Biopsy of oral tissue – soft	\$150
D7287	Exfoliative cytologically sample collection	\$40
D7288	Brush biopsy – transepithelial sample collection	\$40
D7310	Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$50
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$25
D7320	Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	\$75
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$38
D7471	Removal of lateral exostosis (maxilla or mandible)	\$150
D7472	Removal of torus palatinus	\$150
D7473	Removal of torus mandibularis	\$150
D7485	Surgical reduction of osseous tuberosity	\$150
D7510	Incision and drainage per abscess – intraoral soft tissue	\$35
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$38
D7520	Incision and drainage per abscess – extraoral soft tissue	\$40
D7521	Incision and drainage of abscess – extraoral soft tissue – complicated (includes drainage of multiple fascial spaces)	\$44
D7950	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible or facial bones – autogenous or nonautogeneous, by report	\$150
D7953	Bone replacement graft for ridge preservation – per site	\$18
D7960	Frenulectomy (frenectomy or frenotomy) separate procedure	\$84
D7963	Frenuloplasty	\$86
D7970	Excision of hyperplastic tissue, per arch	\$100
D7972	Surgical reduction of fibrous tuberosity	\$50

ADA Code	Procedure	Patient Pays
ORTHODONTICS		
D8999	Orthodontic exam (including consultation)	\$126
D8010	Limited orthodontic treatment of the primary dentition	\$500
D8020	Limited orthodontic treatment of the transitional dentition	\$500
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,800
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$2,100
D8090	Comprehensive orthodontic treatment of the adult dentition	\$2,100
D8220	Fixed appliance therapy (habit appliance)	\$250
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$100
D8999	Adjusting retainers	No Charge
D8999	Elastics	No Charge
D8999	Final orthodontic records	No Charge
D8999	Reattach brackets and bands (limit 3)	No Charge
D8999	Replace broken ligature wires (limit 3)	No Charge
OTHER SERVICES		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$15
D9120	Fixed partial denture sectioning	\$125
D9211	Regional block anesthesia	No Charge
D9212	Trigeminal division block anesthesia	No Charge
D9215	Local anesthesia	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$10
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	No Charge
D9450	Case presentation, detailed and extensive treatment planning	No Charge
D9940	Occlusal guard, by report	\$150
D9942	Repair and/or relining of an occlusal guard	\$39
D9951	Occlusal adjustment - limited	\$10
D9952	Occlusal adjustment - complete	\$40
D9999	Preparatory fee	No Charge

Any services not specifically listed are the responsibility of the member and are payable at the participating dentist's usual and prevailing fees. If in doubt, ask your dentist.

Service Area

The following partial counties within the specific zip codes listed:

Brewster County - Zip Code 79830, 79831, 79832, & 79842
Jeff Davis County - Zip Code 79734

The following full counties in the state of Texas:

Anderson	Childress	Fayette	Hood	Lipscomb	Panola	Swisher
Andrews	Clay	Fisher	Hopkins	Live Oak	Parker	Tarrant
Angelina	Cochran	Floyd	Houston	Llano	Parmer	Taylor
Aransas	Coke	Foard	Howard	Loving	Pecos	Terry
Archer	Coleman	Fort Bend	Hudspeth	Lubbock	Polk	Throckmorton
Armstrong	Collin	Franklin	Hunt	Lynn	Potter	Titus
Atascosa	Collingsworth	Freestone	Hutchinson	Madison	Rains	Tom Green
Austin	Colorado	Frio	Irion	Marion	Randall	Travis
Bailey	Comal	Gaines	Jack	Martin	Reagan	Trinity
Bandera	Comanche	Galveston	Jackson	Mason	Real	Tyler
Bastrop	Concho	Garza	Jasper	Matagorda	Red River	Upshur
Baylor	Cooke	Gillespie	Jefferson	Maverick	Reeves	Upton
Bee	Coryell	Glasscock	Jim Hogg	McCulloch	Refugio	Uvalde
Bell	Cottle	Goliad	Jim Wells	McLennan	Roberts	Van Zandt
Bexar	Crane	Gonzales	Johnson	McMullen	Robertson	Victoria
Blanco	Crockett	Gray	Jones	Medina	Rockwall	Walker
Borden	Crosby	Grayson	Karnes	Menard	Runnels	Waller
Bosque	Dallam	Gregg	Kaufman	Midland	Rusk	Ward
Bowie	Dallas	Grimes	Kendall	Milam	Sabine	Washington
Brazoria	Dawson	Guadalupe	Kenedy	Mills	San Augustine	Webb
Brazos	DeWitt	Hale	Kent	Mitchell	San Jacinto	Wharton
Briscoe	Deaf Smith	Hall	Kerr	Montague	San Patricio	Wheeler
Brooks	Delta	Hamilton	Kimble	Montgomery	San Saba	Wichita
Brown	Denton	Hansford	King	Moore	Schleicher	Wilbarger
Burleson	Dickens	Hardeman	Kleberg	Morris	Scurry	Willacy
Burnet	Dimmit	Hardin	Knox	Motley	Shackelford	Williamson
Caldwell	Donley	Harris	La Salle	Nacogdoches	Shelby	Wilson
Calhoun	Duval	Harrison	Lamar	Navarro	Sherman	Winkler
Callahan	Eastland	Hartley	Lamb	Newton	Smith	Wise
Cameron	Ector	Haskell	Lampasas	Nolan	Somervell	Wood
Camp	Edward	Hays	Lavaca	Nueces	Starr	Yoakum
Carson	El Paso	Hemphill	Lee	Ochiltree	Stephens	Young
Cass	Ellis	Henderson	Leon	Oldham	Sterling	Zapata
Castro	Erath	Hidalgo	Liberty	Orange	Stonewall	Zavala
Chambers	Falls	Hill	Limestone	Palo Pinto	Sutton	
Cherokee	Fannin	Hockley				

See the ERS website for a list of the names and addresses of participating DMO primary care and specialty dentists.

Complaint / Appeal Procedures

If you have a complaint, you may contact Aetna Dental by phone or in writing:

Telephone:	Write to:
1-800-275-1794	Aetna Dental Inc. (DMO) P.O. Box 14597 Lexington, KY 40512

"Complaint" means any dissatisfaction expressed by you orally or in writing to Aetna Dental with any aspect of DMO's operation, including but not limited to dissatisfaction with plan administration; appeal of an adverse determination; the denial, reduction, or termination of a service; the way a service is provided; or disenrollment decisions.

In no event may the DMO retaliate against a contract holder or covered person because that person has filed a complaint against the DMO or appealed a decision made by the DMO, nor may DMO retaliate against a general or specialty dentist who has filed a complaint against or appealed a decision by the DMO.

When you notify us orally or in writing of a complaint, we will, no later than the fifth business day after the date we receive the complaint, send you a letter acknowledging the complaint. If the complaint was received orally, we will send you a one-page complaint form clearly stating that the complaint form must be returned to us for prompt resolution.

After we receive the written complaint or one-page complaint form from you, we will investigate and send you a letter with the resolution. The total time for acknowledging, investigating, and resolving your complaint will not exceed 30 calendar days after the date we receive your complaint.

Your complaint concerning an emergency will be resolved in one business day of receipt of your complaint. The investigation and resolution shall be concluded in accordance with the dental immediacy of the case.

You may use our Appeals Process to resolve a dispute regarding the resolution of your complaint.

Appeals to the DMO

If the complaint is not resolved to your satisfaction, you have the right to either appear in person before a complaint appeal panel where you normally receive dental services, unless another site is agreed to by you, or to address a written appeal to the complaint appeal panel. We will complete the appeals process no later than the thirtieth (30th) calendar day after the date we receive the request for appeal.

We will send an acknowledgment letter to you no later than the fifth business day after the date we receive the request for appeal.

We will appoint members to the complaint appeal panel, which will advise us on the resolution of the dispute. The complaint appeal panel will be composed of an equal number of DMO staff, dentists, and enrollees.

No later than the fifth business day before the scheduled meeting of the panel, unless you agree otherwise, we will provide to you or your designated representative:

1. any documentation to be presented to the panel by DMO staff;
2. the specialties of any dentists consulted during the investigation;
3. the name and affiliation of each of the DMO representatives on the panel.

You, or your designated representative if you are a minor or disabled, are entitled to:

1. appear in person before the complaint appeal panel;
2. present alternative expert testimony;
3. request the presence of and question any person responsible for making the prior determination that resulted in the appeal.

Complaint / Appeal Procedures

Investigation and resolution of appeals relating to ongoing emergencies will be concluded in accordance with the dental immediacy of the case, but in no event to exceed one business day after your request for appeal.

Due to the ongoing emergency and at your request, we will provide, in lieu of a complaint appeal panel, a review by a dentist who has not previously reviewed the case and is of the same or similar specialty as typically manages the dental condition, procedure, or treatment under discussion for review of the appeal.

The dentist reviewing the appeal may interview you or your designated representative and shall render a decision on the appeal. Initial notice of the decision may be delivered orally, if followed by written notice of the determination within three days.

Notice of our final decision on the appeal must include a statement of the specific dental determination, clinical basis, and contractual criteria used to reach the final decision.

Filing Complaints with the Texas Department of Insurance

Any person, including those who have tried to resolve complaints through the DMO complaint system process and who are dissatisfied with the resolution, may report an alleged violation to:

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104

Phone: 1-800-252-3439
Fax: 512-475-1771

Web: <http://www.tdi.state.tx.us>

Email: ConsumerProtection@tdi.state.tx.us

The commissioner will investigate a complaint against the DMO to determine compliance within 60 days after the Texas Department of Insurance receives the complaint and all information necessary for the department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur:

1. additional information is needed;
2. an on-site review is necessary;
3. the DMO, the dentist, or you do not provide all documentation necessary to complete the investigation;
or
4. other circumstances beyond the control of the department occur.

