



Schedule of Covered Services and Copayments

Family Dental HMO CCSB Plan

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
	Actuarial Value	84.8%	Not Calculated
	Individual Deductible	None	None
	Family Deductible (Two or more children)	None	None
	Out of Pocket Maximum - Individual	350	None
	Out of Pocket Maximum - Family (Two or more children)	700	None
D9543	Office Visit Copay	0	0
	Waiting Period	None	None
	Annual Benefit Limit	None	None

All procedures listed other than those indicated as "Not Covered" are pediatric essential health benefit services and apply to the out of pocket maximum. The family out of pocket maximum applies to two or more pediatric children per plan.

Pediatric coverage is through the end of the 18th year, (up to age 19).

Administration of this plan design must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Period Screening, Diagnosis and Treatment (EPSDT) benefit.

Services must be performed by your selected Dental Health Services participating dentist. Please contact your Member Services Specialist at 855-495-0905 if you need assistance in choosing a dentist.

All referrals for specialist services must be requested by your participating dentist and pre-authorized by Dental Health Services.

Diagnostic Procedures

Please see the attached Exclusions and Limitations for more information.

D0120	periodic oral evaluation - established patient	No Charge	No Charge
D0140	limited oral evaluation - problem focused	No Charge	No Charge
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge	Not Covered
D0150	comprehensive oral evaluation - new or established patient	No Charge	No Charge
D0160	detailed and extensive oral evaluation - problem focused, by report	No Charge	No Charge
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Charge	No Charge
D0171	re-evaluation – post-operative office visit	No Charge	No Charge
D0180	comprehensive periodontal evaluation - new or established patient	No Charge	No Charge
D0190	screening of a patient	Not Covered	No Charge
D0191	assessment of a patient	Not Covered	No Charge

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D0210	intraoral - complete series of radiographic images	No Charge	No Charge
D0220	intraoral - periapical first radiographic image	No Charge	No Charge
D0230	intraoral - periapical each additional radiographic image	No Charge	No Charge
D0240	intraoral - occlusal radiographic image	No Charge	No Charge
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	No Charge	No Charge
D0251	extra-oral posterior dental radiographic image	No Charge	Not Covered
D0270	bitewing - single radiographic image	No Charge	No Charge
D0272	bitewings - two radiographic images	No Charge	No Charge
D0273	bitewings - three radiographic images	No Charge	No Charge
D0274	bitewings - four radiographic images	No Charge	No Charge
D0277	vertical bitewings - 7 to 8 radiographic images	No Charge	No Charge
D0310	sialography	No Charge	No Charge
D0320	temporomandibular joint arthrogram, including injection	No Charge	No Charge
D0322	tomographic survey	No Charge	No Charge
D0330	panoramic radiographic image	No Charge	No Charge
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	No Charge	No Charge
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	No Charge	No Charge
D0351	3D photographic image	No Charge	No Charge
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Not Covered	No Charge
D0460	pulp vitality tests	No Charge	No Charge
D0470	diagnostic casts	No Charge	No Charge
D0502	other oral pathology procedures, by report	No Charge	No Charge

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D0601	caries risk assessment and documentation, with a finding of low risk	No Charge	No Charge
D0602	caries risk assessment and documentation, with a finding of moderate risk	No Charge	No Charge
D0603	caries risk assessment and documentation, with a finding of high risk	No Charge	No Charge
D0999	unspecified diagnostic procedure, by report	No Charge	No Charge

Preventive Procedures

Prophylaxis cleanings and fluoride for pediatric children are covered one (1) in a six (6) month period. Prophylaxis cleanings for adults are covered two (2) in a twelve (12) month period and fluoride is covered one (1) in a twelve (12) month period.

D1110	prophylaxis - adult	No Charge	No Charge
D1120	prophylaxis - child	No Charge	Not Covered
D1206	topical application of fluoride varnish	No Charge	No Charge
D1208	topical application of fluoride – excluding varnish	No Charge	No Charge
D1310	nutritional counseling for control of dental disease	No Charge	No Charge
D1320	tobacco counseling for the control and prevention of oral disease	No Charge	No Charge
D1330	oral hygiene instructions	No Charge	No Charge
D1351	sealant - per tooth	No Charge	No Charge
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	No Charge	Not Covered
D1353	sealant repair – per tooth	No Charge	No Charge
D1354	Interim caries arresting medicament application per tooth	No Charge	No Charge
D1510	space maintainer - fixed - unilateral	No Charge	No Charge
D1516	space maintainer - fixed - bilateral, maxillary	No Charge	No Charge
D1517	space maintainer - fixed, bilateral, mandibular	No Charge	No Charge
D1520	space maintainer - removable - unilateral	No Charge	No Charge
D1526	space maintainer - removable - bilateral, maxillary	No Charge	No Charge
D1527	space maintainer - removable - bilateral, mandibular	No Charge	No Charge
D1550	re-cement or re-bond space maintainer	No Charge	No Charge
D1555	removal of fixed space maintainer	No Charge	No Charge
D1575	distal shoe space maintainer – fixed – unilateral	No Charge	No Charge

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older

Restorative Procedures

Amalgam and resin composite restorations are limited to one (1) in a twelve (12) month period for primary teeth and one (1) in a thirty-six (36) month period for permanent teeth. Please see the attached Exclusions and Limitations for more information about crowns.

D2140	amalgam - one surface, primary or permanent	25	25
D2150	amalgam - two surfaces, primary or permanent	30	30
D2160	amalgam - three surfaces, primary or permanent	40	40
D2161	amalgam - four or more surfaces, primary or permanent	45	45
D2330	resin-based composite - one surface, anterior	30	30
D2331	resin-based composite - two surfaces, anterior	45	45
D2332	resin-based composite - three surfaces, anterior	55	55
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	60	60
D2390	resin-based composite crown, anterior	50	50
D2391	resin-based composite - one surface, posterior	30	30
D2392	resin-based composite - two surfaces, posterior	40	40
D2393	resin-based composite - three surfaces, posterior	50	50
D2394	resin-based composite - four or more surfaces, posterior	70	70
D2542	onlay - metallic - two surfaces	Not Covered	185
D2543	onlay - metallic - three surfaces	Not Covered	200
D2544	onlay - metallic - four or more surfaces	Not Covered	215
D2642	onlay - porcelain/ceramic - two surfaces	Not Covered	250
D2643	onlay - porcelain/ceramic - three surfaces	Not Covered	275
D2644	onlay - porcelain/ceramic - four or more surfaces	Not Covered	300
D2662	onlay - resin-based composite - two surfaces	Not Covered	160
D2663	onlay - resin-based composite - three surfaces	Not Covered	180
D2664	onlay - resin-based composite - four or more surfaces	Not Covered	200
D2710	crown - resin-based composite (indirect)	140	140

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D2712	crown - ¾ resin-based composite (indirect)	190	200
D2720	crown - resin with high noble metal	Not Covered	300
D2721	crown - resin with predominantly base metal	300	300
D2722	crown - resin with noble metal	Not Covered	300
D2740	crown - porcelain/ceramic	300	300
D2750	crown - porcelain fused to high noble metal	Not Covered	300
D2751	crown - porcelain fused to predominantly base metal	300	300
D2752	crown - porcelain fused to noble metal	Not Covered	300
D2780	crown - 3/4 cast high noble metal	Not Covered	300
D2781	crown - 3/4 cast predominantly base metal	300	300
D2782	crown - 3/4 cast noble metal	Not Covered	300
D2783	crown - 3/4 porcelain/ceramic	310	310
D2790	crown - full cast high noble metal	Not Covered	300
D2791	crown - full cast predominantly base metal	300	300
D2792	crown - full cast noble metal	Not Covered	300
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	25	25
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	25	25
D2920	re-cement or re-bond crown	25	15
D2921	reattachment of tooth fragment, incisal edge or cusp	45	45
D2929	prefabricated porcelain/ceramic crown – primary tooth	95	Not Covered
D2930	prefabricated stainless steel crown - primary tooth	65	Not Covered
D2931	prefabricated stainless steel crown - permanent tooth	75	75
D2932	prefabricated resin crown	75	Not Covered
D2933	prefabricated stainless steel crown with resin window	80	Not Covered
D2940	protective restoration	25	20
D2941	interim therapeutic restoration – primary dentition	30	Not Covered
D2949	restorative foundation for an indirect restoration	45	Not Covered
D2950	core buildup, including any pins when required	20	20

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D2951	pin retention - per tooth, in addition to restoration	25	20
D2952	post and core in addition to crown, indirectly fabricated	100	60
D2953	each additional indirectly fabricated post - same tooth	30	30
D2954	prefabricated post and core in addition to crown	90	60
D2955	post removal	60	Not Covered
D2957	each additional prefabricated post - same tooth	35	35
D2971	additional procedures to construct new crown under existing partial denture framework	35	Not Covered
D2980	crown repair necessitated by restorative material failure	50	50
D2999	unspecified restorative procedure, by report	40	40

Endodontic Procedures

D3110	pulp cap - direct (excluding final restoration)	20	20
D3120	pulp cap - indirect (excluding final restoration)	25	25
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	40	35
D3221	pulpal debridement, primary and permanent teeth	40	50
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	60	60
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	55	Not Covered
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	55	Not Covered
D3310	endodontic therapy, anterior tooth (excluding final restoration)	195	200
D3320	endodontic therapy, premolar tooth (excluding final restoration)	235	235
D3330	endodontic therapy, molar tooth (excluding final restoration)	300	300
D3331	treatment of root canal obstruction; non-surgical access	50	50
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not Covered	85
D3333	internal root repair of perforation defects	80	80
D3346	retreatment of previous root canal therapy - anterior	240	245

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D3347	retreatment of previous root canal therapy - premolar	295	295
D3348	retreatment of previous root canal therapy - molar	365	365
D3351	apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	85	85
D3352	apexification/recalcification – interim medication replacement	45	50
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	Not Covered	Not Covered
D3410	apicoectomy - anterior	240	240
D3421	apicoectomy - premolar (first root)	250	250
D3425	apicoectomy - molar (first root)	275	275
D3426	apicoectomy (each additional root)	110	110
D3427	periradicular surgery without apicoectomy	160	160
D3430	retrograde filling - per root	90	90
D3450	root amputation - per root	Not Covered	110
D3910	surgical procedure for isolation of tooth with rubber dam	30	50
D3920	hemisection (including any root removal), not including root canal therapy	Not Covered	120
D3950	canal preparation and fitting of preformed dowel or post	Not Covered	60
D3999	unspecified endodontic procedure, by report	100	100

Periodontal Procedures

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	150	150
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	50	50
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Not Covered	135
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Not Covered	70
D4249	clinical crown lengthening – hard tissue	165	200
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	265	265
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	140	140

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D4263	bone replacement graft – retained natural tooth – first site in quadrant	Not Covered	105
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	Not Covered	75
D4265	biologic materials to aid in soft and osseous tissue regeneration	80	80
D4266	guided tissue regeneration - resorbable barrier, per site	Not Covered	145
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Not Covered	175
D4270	pedicle soft tissue graft procedure	Not Covered	155
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Not Covered	220
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Not Covered	190
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not Covered	185
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not Covered	175
D4341	periodontal scaling and root planing - four or more teeth per quadrant	55	55
D4342	periodontal scaling and root planing - one to three teeth per quadrant	30	25
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	220	220
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	40	40
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	10	10
D4910	Periodontal maintenance (limited to 1 every 3 months)	30	30
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	15	Not Covered
D4999	unspecified periodontal procedure, by report	350	350

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
Prosthetic (Removal) Procedures			
<i>Adjustments and repairs for complete and partial dentures are covered two(2) in a twelve (12) month period. Please see attached Exclusions and Limitation for more information.</i>			
D5110	complete denture - maxillary	300	400
D5120	complete denture - mandibular	300	400
D5130	immediate denture - maxillary	300	400
D5140	immediate denture - mandibular	300	400
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	300	325
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	300	325
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	335	375
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	335	375
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	275	300
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	275	300
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	330	370
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	330	370
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	375
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not Covered	375
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) maxillary	Not Covered	250
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) mandibular	Not Covered	250
D5410	adjust complete denture - maxillary	20	20
D5411	adjust complete denture - mandibular	20	20
D5421	adjust partial denture - maxillary	20	20
D5422	adjust partial denture - mandibular	20	20
D5511	repair broken complete denture base, mandibular	40	30
D5512	repair broken complete denture base, maxillary	40	30

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D5520	replace missing or broken teeth - complete denture (each tooth)	40	30
D5611	repair resin partial denture base, mandibular	40	30
D5612	repair resin partial denture base, maxillary	40	30
D5621	repair cast partial framework, mandibular	40	35
D5622	repair cast partial framework, maxillary	40	35
D5630	repair or replace broken clasp - per tooth	50	30
D5640	replace broken teeth - per tooth	35	30
D5650	add tooth to existing partial denture	35	35
D5660	add clasp to existing partial denture - per tooth	60	45
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	Not Covered	195
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	Not Covered	195
D5710	rebase complete maxillary denture	Not Covered	155
D5711	rebase complete mandibular denture	Not Covered	155
D5720	rebase maxillary partial denture	Not Covered	150
D5721	rebase mandibular partial denture	Not Covered	150
D5730	reline complete maxillary denture (chairside)	60	80
D5731	reline complete mandibular denture (chairside)	60	80
D5740	reline maxillary partial denture (chairside)	60	75
D5741	reline mandibular partial denture (chairside)	60	75
D5750	reline complete maxillary denture (laboratory)	90	120
D5751	reline complete mandibular denture (laboratory)	90	120
D5760	reline maxillary partial denture (laboratory)	80	110
D5761	reline mandibular partial denture (laboratory)	80	110
D5850	tissue conditioning, maxillary	30	35
D5851	tissue conditioning, mandibular	30	35
D5862	precision attachment, by report	90	100
D5863	overdenture – complete maxillary	300	300
D5864	overdenture – partial maxillary	300	300
D5865	overdenture – complete mandibular	300	300
D5866	overdenture – partial mandibular	300	300
D5876	add metal substructure to acrylic full denture (per arch)	Not Covered	30
D5899	unspecified removable prosthetic procedure, by report	350	400

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
Maxillofacial Prosthetic Procedures			
<i>Please see the attached Exclusions and Limitations for more information.</i>			
D5911	facial moulage (sectional)	285	Not Covered
D5912	facial moulage (complete)	350	Not Covered
D5913	nasal prosthesis	350	Not Covered
D5914	auricular prosthesis	350	Not Covered
D5915	orbital prosthesis	350	Not Covered
D5916	ocular prosthesis	350	Not Covered
D5919	facial prosthesis	350	Not Covered
D5922	nasal septal prosthesis	350	Not Covered
D5923	ocular prosthesis, interim	350	Not Covered
D5924	cranial prosthesis	350	Not Covered
D5925	facial augmentation implant prosthesis	200	Not Covered
D5926	nasal prosthesis, replacement	200	Not Covered
D5927	auricular prosthesis, replacement	200	Not Covered
D5928	orbital prosthesis, replacement	200	Not Covered
D5929	facial prosthesis, replacement	200	Not Covered
D5931	obturator prosthesis, surgical	350	Not Covered
D5932	obturator prosthesis, definitive	350	Not Covered
D5933	obturator prosthesis, modification	150	Not Covered
D5934	mandibular resection prosthesis with guide flange	350	Not Covered
D5935	mandibular resection prosthesis without guide flange	350	Not Covered
D5936	obturator prosthesis, interim	350	Not Covered
D5937	trismus appliance (not for TMD treatment)	85	Not Covered
D5951	feeding aid	135	Not Covered
D5952	speech aid prosthesis, pediatric	350	Not Covered
D5953	speech aid prosthesis, adult	350	Not Covered
D5954	palatal augmentation prosthesis	135	Not Covered

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D5955	palatal lift prosthesis, definitive	350	Not Covered
D5958	palatal lift prosthesis, interim	350	Not Covered
D5959	palatal lift prosthesis, modification	145	Not Covered
D5960	speech aid prosthesis, modification	145	Not Covered
D5982	surgical stent	70	Not Covered
D5983	radiation carrier	55	Not Covered
D5984	radiation shield	85	Not Covered
D5985	radiation cone locator	135	Not Covered
D5986	fluoride gel carrier	35	Not Covered
D5987	commissure splint	85	Not Covered
D5988	surgical splint	95	Not Covered
D5991	vesiculobullous disease medicament carrier	70	Not Covered
D5999	unspecified maxillofacial prosthesis, by report	350	Not Covered

Implant Service Procedures

Please see the attached Exclusions and Limitations for more information.

D6010	surgical placement of implant body: endosteal implant	350	Not Covered
D6011	second stage implant surgery	350	Not Covered
D6013	surgical placement of mini implant	350	Not Covered
D6040	surgical placement: epostal implant	350	Not Covered
D6050	surgical placement: transosteal implant	350	Not Covered
D6052	semi-precision attachment abutment	350	Not Covered
D6055	connecting bar – implant supported or abutment supported	350	Not Covered
D6056	prefabricated abutment – includes modification and placement	135	Not Covered
D6057	custom fabricated abutment – includes placement	180	Not Covered
D6058	abutment supported porcelain/ceramic crown	320	Not Covered
D6059	abutment supported porcelain fused to metal crown (high noble metal)	315	Not Covered
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	295	Not Covered

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D6061	abutment supported porcelain fused to metal crown (noble metal)	300	Not Covered
D6062	abutment supported cast metal crown (high noble metal)	315	Not Covered
D6063	abutment supported cast metal crown (predominantly base metal)	300	Not Covered
D6064	abutment supported cast metal crown (noble metal)	315	Not Covered
D6065	implant supported porcelain/ceramic crown	340	Not Covered
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	335	Not Covered
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	340	Not Covered
D6068	abutment supported retainer for porcelain/ceramic FPD	320	Not Covered
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	315	Not Covered
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	290	Not Covered
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	300	Not Covered
D6072	abutment supported retainer for cast metal FPD (high noble metal)	315	Not Covered
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	290	Not Covered
D6074	abutment supported retainer for cast metal FPD (noble metal)	320	Not Covered
D6075	implant supported retainer for ceramic FPD	335	Not Covered
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	330	Not Covered
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	350	Not Covered
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	30	Not Covered
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	30	Not Covered
D6085	provisional implant crown	300	Not Covered
D6090	repair implant supported prosthesis, by report	65	Not Covered

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	40	Not Covered
D6092	re-cement or re-bond implant/abutment supported crown	25	Not Covered
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	35	Not Covered
D6094	abutment supported crown - (titanium)	295	Not Covered
D6095	repair implant abutment, by report	65	Not Covered
D6096	remove broken implant retaining screw	60	Not Covered
D6100	implant removal, by report	110	Not Covered
D6110	implant /abutment supported removable denture for edentulous arch - maxillary	350	Not Covered
D6111	– implant /abutment supported removable denture for edentulous arch – mandibular	350	Not Covered
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	350	Not Covered
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	350	Not Covered
D6114	implant /abutment supported fixed denture for edentulous arch – maxillary	350	Not Covered
D6115	implant /abutment supported fixed denture for edentulous arch – mandibular	350	Not Covered
D6116	implant /abutment supported fixed denture for partially edentulous arch – maxillary	350	Not Covered
D6117	implant /abutment supported fixed denture for partially edentulous arch – mandibular	350	Not Covered
D6190	radiographic/surgical implant index, by report	75	Not Covered
D6194	abutment supported retainer crown for FPD (titanium)	265	Not Covered
D6199	unspecified implant procedure, by report	350	Not Covered

Fixed Prosthodontic Procedures

Please see the attached Exclusions and Limitations for more information.

D6205	pontic - indirect resin based composite	Not Covered	165
D6210	pontic - cast high noble metal	Not Covered	300
D6211	pontic - cast predominantly base metal	300	300
D6212	pontic - cast noble metal	Not Covered	300

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older 300
D6214	pontic - titanium	Not Covered	300
D6240	pontic - porcelain fused to high noble metal	Not Covered	300
D6241	pontic - porcelain fused to predominantly base metal	300	300
D6242	pontic - porcelain fused to noble metal	Not Covered	300
D6245	pontic - porcelain/ceramic	300	300
D6250	pontic - resin with high noble metal	Not Covered	300
D6251	pontic - resin with predominantly base metal	300	300
D6252	pontic - resin with noble metal	Not Covered	300
D6545	retainer - cast metal for resin bonded fixed prosthesis	Not Covered	130
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not Covered	145
D6549	resin retainer – for resin bonded fixed prosthesis	Not Covered	130
D6608	retainer onlay - porcelain/ceramic, two surfaces	Not Covered	200
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	Not Covered	200
D6610	retainer onlay - cast high noble metal, two surfaces	Not Covered	200
D6611	retainer onlay - cast high noble metal, three or more surfaces	Not Covered	200
D6612	retainer onlay - cast predominantly base metal, two surfaces	Not Covered	200
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	Not Covered	200
D6614	retainer onlay - cast noble metal, two surfaces	Not Covered	200
D6615	retainer onlay - cast noble metal, three or more surfaces	Not Covered	200
D6634	retainer onlay - titanium	Not Covered	200
D6710	retainer crown - indirect resin based composite	Not Covered	200
D6720	retainer crown - resin with high noble metal	Not Covered	300
D6721	retainer crown - resin with predominantly base metal	300	300
D6722	retainer crown - resin with noble metal	Not Covered	300
D6740	retainer crown - porcelain/ceramic	300	300
D6750	retainer crown - porcelain fused to high noble metal	Not Covered	300
D6751	retainer crown - porcelain fused to predominantly base metal	300	300
D6752	retainer crown - porcelain fused to noble metal	Not Covered	300
D6781	retainer crown - 3/4 cast predominantly base metal	300	300
D6782	retainer crown - 3/4 cast noble metal	Not Covered	300

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D6783	retainer crown - 3/4 porcelain/ceramic	300	300
D6791	retainer crown - full cast predominantly base metal	300	300
D6930	re-cement or re-bond fixed partial denture	40	40
D6980	fixed partial denture repair necessitated by restorative material failure	95	95
D6999	unspecified fixed prosthodontic procedure, by report	350	400

Oral and Maxillofacial Surgery Procedures

D7111	extraction, coronal remnants - primary tooth	40	40
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	65	65
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	120	115
D7220	removal of impacted tooth - soft tissue	95	85
D7230	removal of impacted tooth - partially bony	145	145
D7240	removal of impacted tooth - completely bony	160	160
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	175	175
D7250	removal of residual tooth roots (cutting procedure)	80	75
D7260	oroantral fistula closure	280	280
D7261	primary closure of a sinus perforation	285	285
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	185	185
D7280	exposure of an unerupted tooth	220	220
D7283	placement of device to facilitate eruption of impacted tooth	85	85
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	180	180
D7286	incisional biopsy of oral tissue-soft	110	110
D7287	exfoliative cytological sample collection	Not Covered	35
D7288	brush biopsy - transepithelial sample collection	Not Covered	35
D7290	surgical repositioning of teeth	185	185
D7291	transseptal fibrotomy/supra crestal fibrotomy, by report	80	80
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	85	85
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50	50

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	120	120
D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	65	65
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	350	350
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	350	350
D7410	excision of benign lesion up to 1.25 cm	75	75
D7411	excision of benign lesion greater than 1.25 cm	115	115
D7412	excision of benign lesion, complicated	175	175
D7413	excision of malignant lesion up to 1.25 cm	95	95
D7414	excision of malignant lesion greater than 1.25 cm	120	120
D7415	excision of malignant lesion, complicated	255	255
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	105	105
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	185	200
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	180	180
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	330	330
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	155	180
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	250	250
D7465	destruction of lesion(s) by physical or chemical method, by report	40	50
D7471	removal of lateral exostosis (maxilla or mandible)	140	140
D7472	removal of torus palatinus	145	140
D7473	removal of torus mandibularis	140	140
D7485	reduction of osseous tuberosity	105	105
D7490	radical resection of maxilla or mandible	350	350
D7510	incision and drainage of abscess - intraoral soft tissue	70	55
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	70	69

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D7520	incision and drainage of abscess - extraoral soft tissue	70	70
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	80	80
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	45	45
D7540	removal of reaction producing foreign bodies, musculoskeletal system	75	75
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	125	125
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	235	235
D7610	maxilla - open reduction (teeth immobilized, if present)	140	140
D7620	maxilla - closed reduction (teeth immobilized, if present)	250	250
D7630	mandible - open reduction (teeth immobilized, if present)	350	580
D7640	mandible - closed reduction (teeth immobilized, if present)	350	480
D7650	malar and/or zygomatic arch - open reduction	350	270
D7660	malar and/or zygomatic arch - closed reduction	350	580
D7670	alveolus - closed reduction, may include stabilization of teeth	170	170
D7671	alveolus - open reduction, may include stabilization of teeth	230	230
D7680	facial bones - complicated reduction with fixation and multiple surgical approaches	350	500
D7710	maxilla - open reduction	110	110
D7720	maxilla - closed reduction	180	180
D7730	mandible - open reduction	350	390
D7740	mandible - closed reduction	290	290
D7750	malar and/or zygomatic arch - open reduction	220	220
D7760	malar and/or zygomatic arch - closed reduction	350	1100
D7770	alveolus - open reduction stabilization of teeth	135	135
D7771	alveolus, closed reduction stabilization of teeth	160	160
D7780	facial bones - complicated reduction with fixation and multiple approaches	350	440
D7810	open reduction of dislocation	350	730
D7820	closed reduction of dislocation	80	80
D7830	manipulation under anesthesia	85	85
D7840	condylectomy	350	930

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D7850	surgical discectomy, with/without implant	350	900
D7852	disc repair	350	400
D7854	synovectomy	350	390
D7856	myotomy	350	600
D7858	joint reconstruction	350	860
D7860	arthrotomy	350	350
D7865	arthroplasty	350	510
D7870	arthrocentesis	90	90
D7871	non-arthroscopic lysis and lavage	150	150
D7872	arthroscopy - diagnosis, with or without biopsy	350	350
D7873	arthroscopy: lavage and lysis of adhesions	350	1200
D7874	arthroscopy: disc repositioning and stabilization	350	410
D7875	arthroscopy: synovectomy	350	410
D7876	arthroscopy: discectomy	350	270
D7877	arthroscopy: debridement	350	430
D7880	occlusal orthotic device, by report	120	120
D7881	occlusal orthotic device adjustment	30	50
D7899	unspecified TMD therapy, by report	350	350
D7910	suture of recent small wounds up to 5 cm	35	50
D7911	complicated suture - up to 5 cm	55	75
D7912	complicated suture - greater than 5 cm	130	150
D7920	skin graft (identify defect covered, location and type of graft)	120	Not Covered
D7940	osteoplasty - for orthognathic deformities	160	Not Covered
D7941	osteotomy - mandibular rami	350	Not Covered
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	350	Not Covered
D7944	osteotomy - segmented or subapical	275	Not Covered
D7945	osteotomy - body of mandible	350	Not Covered
D7946	LeFort I (maxilla - total)	350	Not Covered
D7947	LeFort I (maxilla - segmented)	350	Not Covered
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	350	Not Covered
D7949	LeFort II or LeFort III - with bone graft	350	Not Covered
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	190	Not Covered

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	290	Not Covered
D7952	sinus augmentation via a vertical approach	175	Not Covered
D7955	repair of maxillofacial soft and/or hard tissue defect	200	Not Covered
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	120	120
D7963	frenuloplasty	120	120
D7970	excision of hyperplastic tissue - per arch	175	176
D7971	excision of pericoronal gingiva	80	80
D7972	surgical reduction of fibrous tuberosity	100	Not Covered
D7979	non- surgical sialolithotomy	155	155
D7980	surgical sialolithotomy	155	155
D7981	excision of salivary gland, by report	120	120
D7982	sialodochoplasty	215	215
D7983	closure of salivary fistula	140	140
D7990	emergency tracheotomy	350	Not Covered
D7991	coronoidectomy	345	Not Covered
D7995	synthetic graft - mandible or facial bones, by report	150	Not Covered
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	60	Not Covered
D7999	unspecified oral surgery procedure, by report	350	350

Adjunctive Service Procedures

D9110	palliative (emergency) treatment of dental pain - minor procedure	30	28
D9120	fixed partial denture sectioning	95	95
D9210	local anesthesia not in conjunction with operative or surgical procedures	10	10
D9211	regional block anesthesia	20	20
D9212	trigeminal division block anesthesia	60	60
D9215	local anesthesia in conjunction with operative or surgical procedures	15	15
D9222	deep sedation/general anesthesia – first 15 minutes	45	45
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	45	45
D9230	inhalation of nitrous oxide/analgesia, anxietyolysis	15	Not Covered
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	60	45

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	60	45
D9248	non-intravenous conscious sedation	65	Not Covered
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	50	45
D9311	consultation with a medical health care professional	No Charge	No Charge
D9410	house/extended care facility call	50	Not Covered
D9420	hospital or ambulatory surgical center call	135	Not Covered
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	20	12
D9440	office visit - after regularly scheduled hours	45	40
D9450	case presentation, detailed and extensive treatment planning	Not Covered	No Charge
D9610	therapeutic parenteral drug, single administration	30	Not Covered
D9612	therapeutic parenteral drugs, two or more administrations, different medications	40	Not Covered
D9910	application of desensitizing medicament	20	22
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	35	50
D9942	repair and/or reline of occlusal guard	Not Covered	35
D9943	occlusal guard adjustment	Not Covered	35
D9944	occlusal guard - hard appliance, full arch	Not Covered	115
D9945	occlusal guard - soft appliance, full arch	Not Covered	115
D9946	occlusal guard - hard appliance, partial arch	Not Covered	115
D9950	occlusion analysis - mounted case	120	Not Covered
D9951	occlusal adjustment - limited	45	45
D9952	occlusal adjustment - complete	210	210
D9995	teledentistry - synchronous: real-time encounter	Not Covered	No Charge
D9996	teledentistry - asynchronous: information stored and forwarded to dentist for subsequent review	Not Covered	No Charge
D9999	unspecified adjunctive procedure, by report	No Charge	No Charge

Code	Description	Copayment	
		Pediatric Dental EHB Up to 19	Adult Dental Age 19 and Older

Orthodontic Procedures

**Medically Necessary Orthodontia is covered at a \$350 copayment for children up to age 19 only. Member cost share for Medically Necessary Orthodontia services applies to the course of treatment, not individual benefit years within a multi-year course of treatment. Member cost share applies to the course of treatment as long as the member remains enrolled in the plan. The following services are included:*

D8080	Comprehensive orthodontic treatment of the adolescent dentition		Not Covered
D8210	Removable appliance therapy		Not Covered
D8220	Fixed appliance therapy		Not Covered
D8660	Pre-orthodontic treatment examination to monitor growth and development		Not Covered
D8670	Periodic orthodontic treatment visit		Not Covered
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))		Not Covered
D8681	Removable orthodontic retainer adjustment		Not Covered
D8691	Repair of orthodontic appliance		Not Covered
D8692	Replacement of lost or broken retainer		Not Covered
D8693	Re-cement or re-bond fixed retainer		Not Covered
D8694	Repair of fixed retainers, includes reattachment		Not Covered
D8999	Unspecified orthodontic procedure, by report		Not Covered
	Medically Necessary Orthodontia is for Cleft palate; Cleft palate with cleft lip and the following anomalies: Hemifacial microsmia; Craniosynostosis syndromes; Cleidocranial dental dysplasia; Arthrogryposis; Marfan syndrome. Must be preauthorized.	350	Not Covered

Please call your Dental Health Services Member Service Specialist at 855-495-0905 for a referral to a conveniently located participating orthodontist. Orthodontic models, x-rays, photographs and records are not covered. There may be additional copayments depending on treatment needs.



Exclusions and Limitations

Family Dental HMO CCSB Plan

General Policies

The following services are not covered by your dental plan:

- A. Services not consistent with professionally recognized standards of practice.
- B. Cosmetic services such as tooth whitening and veneers, for appearance only, unless specifically listed.
- C. Treatment for malignancies, as well as hereditary, congenital and/or developmental malformations.
- D. Dispensing of drugs not normally supplied in a dental office.
- E. Hospitalization charges, dental procedures or services rendered while patient is hospitalized.
- F. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.
- G. Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.
- H. Services that are reimbursed by a third party (such as the medical portion of an insurance/health plan or any other third party indemnification).
- I. Procedures performed by a prosthodontist.
- J. Changes in treatment necessitated by an accident of any kind.
- K. Coordinator of benefits with another prepaid managed care dental plan.
- L. Cost sharing payments made by each individual child for in-network covered services accrue to the child's out of pocket maximum. Once the child's individual out of pocket maximum has been reached, the plan pays all costs for covered services for that child.
- M. In a plan with two or more children, cost sharing payments made by each individual child for in-network services contribute to the family out of pocket maximum.
- N. In a plan with two or more children, cost sharing payments made by each individual child for out of network covered services do not accumulate to the family out of pocket maximum.

The following are subject to additional charges and/or limitations:

- A. Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.
- B. Optional services: when the patient select a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.
- C. Specialty referrals must be pre-approved by Dental Health Services for any treatment deemed necessary by the treating participating dentist.
- D. Pre-authorization is required for all specialty services.
- E. Orthodontia and implant services for adults are not covered.
- F. Services not specifically listed, or listed as Not

Covered in the Schedule of Covered Services and Copayments.

- G. Services performed by out of network dentists are Not covered unless pre-approved by Dental Health Services.

Diagnostic General Policies (D0100-D0999)

- A. D0120 is a benefit once every 6 months, per participating dentist or after six months have elapsed following comprehensive oral evaluation (D0150) with the same participating dentist.
- B. D0140 and D0160 are a benefit once per member per participating dentist.
- C. D0170 is a benefit up to six (6) in a three (3) month period, up to a maximum of 12 times in a twelve (12) month period.
 - 1. This procedure is not covered when provided on the same date of service as D0120, D0140, D0150, D0160, or D9430.
- D. D0210 is a benefit once per participating dentist every thirty-six (36) months.
 - 1. D0210 is not a benefit to the same participating dentist within six (6) months of bitewings (D0272 and D0274).
- E. D0220 is a benefit to a maximum of 20 periapicals in a twelve (12) month period to the same participating dentist, in any combination of D0220 and D0330.
 - 1. D0210 is not considered against the maximum of 20 periapicals in a twelve (12) month period.
 - 2. D0220 is payable once per participating dentist per date of service.
- F. D0230 is a benefit to a maximum of 20 periapicals in a twelve (12) month period to the same participating dentist, in any combination of D0220 and D0330.
 - 1. D0210 is not considered against the maximum of 20 periapicals in a twelve (12) month period.
- G. D0240 is a benefit up to a maximum of two (2) in a six (6) month period per participating dentist.
- H. D0250 and D0270 are a benefit once per date of service.
- I. D0272 is a benefit once every six (6) months per participating dentist. D0272 is not a benefit:
 - 1. within six (6) months of D0210, same participating dentist
 - 2. for a totally edentulous area.
- J. D0274 is a benefit once every six (6) months per participating dentist. D0274 is not a benefit:
 - 1. within six (6) months of D0210, same participating dentist.
 - 2. for members under the age of ten (10).
- K. D0320 is a benefit for a maximum of three (3) per date of service.
- L. D0322 is a benefit twice in a twelve (12) month period, per participating dentist.

- M. D0330 is a benefit once in a thirty-six (36) month period, per participating dentist except when documented as essential for a follow-up/post-operative exam.
 - 1. D0330 is not a benefit for the same participating dentist, on the same date of service as D0210.
 - 2. D0330 shall be considered part of D0210 when taken on the same date of service with bitewings (D0272 and D0274) and a minimum of two (2) D0230 procedures.
 - N. D0340 is a benefit twice in a twelve (12) month period per participating dentist.
 - O. D0350 is a benefit up to a maximum of four (4) per date of service.
 - P. D0470 is a benefit once per participating dentist unless special circumstances are documented, such as trauma or pathology which has affected the course of orthodontic treatment.
- 1. first, second, and third permanent molars that occupy the second molar position; only for an active cavitated lesion in a pit or fissure that does not cross the DEJ.
 - 2. for pediatric members once per tooth every thirty-six (36) months per participating dentist regardless of surfaces sealed. The original participating dentist is responsible for any repair or replacement during the thirty-six (36) month period.
- G. D1510 and D1520 are a benefit once per quadrant per member, only to maintain the space for a single tooth. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance, such as lost or non-repairable. D1510 is not a benefit:
 - 1. when the permanent tooth is near eruption or is Missing.
 - 2. for upper and lower anterior teeth.
 - 3. for orthodontic or tooth guidance appliances.
 - 4. for minor tooth movement, or
 - 5. for activating wires.

Preventive General Policies (D1000-D1999)

- A. D1110 is a benefit twice in a twelve (12) month period for members eighteen (18) years of age or older. Frequency limitations shall apply toward prophylaxis procedure D1120. D1110 is not a benefit:
 - 1. when performed on the same date of service with D4210, D4211, D4260, D4261, D4341, or D4342.
 - 2. to the same provider that performed periodontal maintenance (D4910) in the same calendar quarter.
- B. D1120 is a benefit once in a six (6) month period for pediatric members. D1120 is not a benefit:
 - 1. when performed on the same date of service with D4210, D4211, D4260, D4261, D4341, or D4342.
 - 2. to the same provider that performed periodontal maintenance (D4910) in the same calendar quarter.
- C. D1206 is a benefit once in a six (6) month period for pediatric members and a benefit once in a twelve (12) month period for members twenty-one (21) years of age and older. Frequency limitations shall apply towards D1208.
- D. D1208 is a benefit once in a six (6) month period for pediatric members and a benefit once in a twelve (12) month period for members twenty-one (21) years of age and older. Frequency limitations shall apply towards D1206.
- E. Sealants (D1351) are a benefit for:
 - 1. first, second, and third permanent molars that occupy the second molar position; only on the occlusal surfaces that are free of decay and/or restorations.
 - 2. for pediatric members once per tooth every thirty-six (36) months per participating dentist regardless of surfaces sealed. The original participating dentist is responsible for any repair or replacement during the thirty-six (36) month period.
- F. Preventive resin restorations (D1352) are a benefit for:

- H. D1550 is a benefit per applicable quadrant or arch. Additional requests beyond the stated frequency limitations shall be considered for payment when the medical necessity is documented and identifies an unusual condition, such as displacement due to a sticky food item.

Restorative General Policies (D2000-D2999)

- A. D2140, D2150, D2160, D2161, D2330, and D2391-D2394 are a benefit as follows:
 - 1. once in a twelve (12) month period for primary (baby) teeth.
 - 2. once in a thirty-six (36) month period for permanent (adult) teeth.
- B. D2331, D2332, and D2335 are a benefit as outlined below and are payable once per tooth, per date of service, per unique tooth surface:
 - 1. once in a twelve (12) month period for primary (baby) teeth.
 - 2. once in a thirty-six (36) month period for permanent (adult) teeth.

- C. D2390 is a benefit as outlined below and shall involve at least four (4) surfaces:
 1. once in a twelve (12) month period for primary (baby) teeth.
 2. once in a thirty-six (36) month period for permanent (adult) teeth.
- D. D2710 and D2712 are a benefit as outlined below:
 1. permanent anterior teeth for members thirteen (13) years of age and older and permanent posterior teeth for members ages thirteen (13) through twenty (20):
 - a. once in a five (5) year period.
 - b. for any resin based composite crown that is indirectly fabricated.
 - c. D2710 and D2712 are not a benefit for pediatric members under the age of Thirteen (13), for third molars unless the 3rd molar occupies 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests, or for use as a temporary crown.
 2. permanent posterior teeth (ages 21 and older):
 - a. once in a five (5) year period.
 - b. for any resin based composite crown that is indirectly fabricated.
 - c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests.
 - d. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214).
 - e. D2710 and D2712 are not a benefit for 3rd molars unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests, or for use as a temporary crown.
- E. D2721, D2740, D2751, D2781, D2783, and D2791 are a benefit as outlined below:
 1. permanent anterior teeth for members thirteen (13) years of age and older and permanent posterior teeth for members ages thirteen (13) through twenty (20):
 - a. once in a five (5) year period.
 - b. for any resin based composite crown that is indirectly fabricated.
 - c. D2721, D2740, D2751, D2781, D2783, and D2791 are not a benefit for pediatric members under the age of thirteen (13), for third molars unless the 3rd molar occupies 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.
 2. permanent posterior teeth (ages 21 and older):
 - a. once in a five (5) year period.
 - b. for any resin based composite crown that is indirectly fabricated.
 - c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests.
 - d. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214).
 - e. D2710 and D2712 are not a benefit for 3rd molars unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.
- F. D2910 is a benefit once in a twelve (12) month period, per participating dentist.
- G. Crown recementation (D2920) is not a benefit within twelve (12) months of a previous recementation by the same participating dentist. The original participating dentist is responsible for all recementations within the first twelve (12) months following the initial placement of prefabrication or laboratory processed crowns.
- H. D2929 and D2930 are a benefit once in a twelve month period.
- I. D2931 is a benefit once in a thirty-six (36) month period. D2931 is not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.
- J. D2932 is a benefit once in a twelve (12) month period for primary teeth and once in a thirty-six (36) month period for permanent teeth. D2932 is not a benefit for 3rd molars unless the 3rd molars occupy the 1st or 2nd molar position.
- K. D2933 includes the placement of a resin-based composite and is a benefit as outlined below:
 1. once in a twelve (12) month period on primary teeth.
 2. once in a thirty-six (36) month period for permanent teeth.
 3. not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.
- L. D2940 is a benefit once per tooth in a six (6) month period, per participating dentist.
 1. this procedure is for a temporary restoration and is not to be used as a base or liner under a restoration.
 2. D2940 is not a benefit when performed on the same date of service with an permanent restoration or crown, for same tooth, or on root canal treated teeth.
- M. D2951 is a benefit for permanent teeth only, when billed with an amalgam or composite restoration on the same date of service, once per tooth regardless of the number of pins placed, for a posterior restoration when the destruction involves 3 or more connected surfaces and at least one cusp, or for an anterior restoration when extensive coronal destruction involves the incisal angle.
- N. D2952 and D2954 are a benefit once per tooth

regardless of number of posts placed and only in conjunction with allowable crowns (prefabricated or lab processed) on root canal treated permanent teeth.

- O. D2980 is a benefit for lab processed crowns on permanent teeth. Not a benefit within twelve (12) months of initial crown placement or previous repair from the same provider.
- P. D2999 shall be used for a procedure not adequately described by a CDT code; or a procedure that has a CDT code that is not a benefit, but the member has an exceptional medical condition to justify the medical necessity.

Endodontic General Policies (D3000-D3999)

- A. D3220 is a benefit once per primary tooth However, not a benefit under the following:
 - 1. the primary tooth is near exfoliation
 - 2. for a primary tooth with necrotic pulp or Periapical lesion
 - 3. for a primary tooth that is non-restorable
 - 4. a permanent tooth
- B. D3221 is a benefit for permanent teeth; for over-retained primary teeth with no successor; once per tooth. D3221 is not a benefit on the same date of service with any additional services on the same tooth.
- C. D3222 is a benefit once per permanent tooth on vital teeth only. D3222 is not a benefit under the following circumstances:
 - 1. for primary teeth
 - 2. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable denture with cast clasps or rests
 - 3. on the same date of service as any other Endodontic procedures for the same tooth
- D. D3230 and D3240 are a benefit once per primary tooth however, not a benefit under the following circumstances:
 - 1. for a primary tooth near exfoliation
 - 2. with therapeutic pulpotom (excluding final restoration (D3220)) on the same date of service, same tooth
 - 3. with pulpal debridement (D3221), on primary or permanent teeth on the same date of service, same tooth
- E. D3310 and D3320 is a benefit once per tooth for initial root canal therapy treatment. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restorations and/or occlusal seals.
- F. D3330 is a benefit once per tooth for initial root canal therapy treatment. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restorations

and/or occlusal seals. D3330 is not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.

- G. D3346, D3347, and D3348 include all treatment and post treatment radiographs, any temporary restorations and/or occlusal seals; not a benefit to the original participating dentist within twelve (12) months of initial treatment. D3348 is not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
- H. D3351 and D3352 are a benefit for members under the age of 21, once per permanent tooth only and are not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps and rests; on the same date of service as any other endodontic procedures for the same tooth. D3352 is a benefit only when following D3351.
- I. D3410, D3421, D3425, and D3426 are a benefit for permanent teeth only and include the placement of retrograde filling material and all treatment and post treatment radiographs. The procedure is not a benefit to the original participating dentist within 90 days of root canal therapy except when a medical necessity is documented or within 24 months of a prior apicoectomy/periradicular surgery, same root.
 - 1. D3410 is for permanent anterior teeth only.
 - 2. D3421 is for permanent bicuspid teeth only.
 - 3. D3425 is for permanent 1st and 2nd molar teeth only; 3rd molar will be covered only when occupying the 1st or 2nd molar position or as an abutment for an existing fixed partial denture or removable partial denture with cast clasps and rests.
 - 4. D3426 is only payable on the same date of service as procedures D3421 and D3425.
- J. D3430 and D3910 are to be performed in conjunction with endodontic procedures and is not payable separately. D3910 is included in the fees for restorative and endodontic procedures (D2900-D3999).
- K. D3999 shall be used for a procedure not adequately described by a CDT code; or a procedure that has a CDT code that is not a benefit, but the member has an exceptional medical condition to justify the medical necessity.

Periodontal General Policies (D4000-D4999)

- A. D4210, D4211, D4260, and D4261 are a benefit for members ages thirteen (13) and older, once per quadrant Every thirty-six (36) months. These procedures require prior-authorization and cannot be prior-authorized within thirty (30) days following periodontal scaling and root planing (D4341/D4342) for the same quadrant. D4260 and D4261 can only be prior-authorized when

- preceded by D4341/D4342 in the same quadrant within the previous twenty-four (24) months.
- B. D4283 and D4285 are a benefit for members 19 years of age and older.
1. D4283 will be covered following treatment for D4273 per tooth, implant, or edentulous tooth position once per thirty-six (36) months.
 2. D4285 will be covered following treatment for D4275 per tooth, implant, or edentulous tooth position once per thirty-six (36) months.
- C. D4341 and D4342 are a benefit for members ages thirteen (13) and older, once per quadrant every twenty-four (24) months. D4210, D4211, D4260, and D4261 cannot be prior-authorized within thirty (30) days following these procedures for the same quadrant.
1. Prophylaxis (D1110/D1120) are not payable on the same date of service.
- D. D4910 is a benefit once in a calendar quarter and only when preceded by a completion of all necessary scaling and root planing (D4341/D4342); only in the twenty-four (24) month period following the last scaling and root planing.
1. D4910 is not a benefit in the same calendar quarter as D4341/D4342 and is not payable to the same participating dentist in the same calendar quarter as D1110/D1120.
 2. D4910 is considered a full mouth treatment
- E. D4920 is a benefit for members ages 13 and older, once per member per participating dentist within thirty (30) days of the date of service of D4210, D4211, D4260, and D4261.
1. D4920 by the same provider are considered Part of, and included in the fee for D4210, D4211, D4260, and D4261.
- F. D4999 is a benefit for members ages thirteen (13) and older and shall be used for a procedure not adequately described by a CDT code; or a procedure that has a CDT code that is not a benefit, but the member has an exceptional medical condition to justify the medical necessity.
1. as a temporary denture.
 2. subsequent complete dentures within a five (5) year period of an immediate denture.
- C. D5211 and D5212 are a benefit once in a five (5) year period and when replacing a permanent anterior tooth or teeth and/or where the arch lacks posterior balanced occlusion. All adjustments made within six (6) months after the date of service, by the same participating dentist, are included in the fee for this procedure. Lack of posterior balanced occlusion is defined as follows:
1. five (5) permanent posterior missing teeth, (excluding 3rd molars).
 2. all four 1st and 2nd permanent molars missing.
 3. 1st and 2nd permanent molars and bicuspid missing on the same side.
- These procedures are not a benefit when replacing 3rd molars and are not eligible for laboratory relines (D5760/D5761).
- D. D5213 and D5214 are a benefit once in a five (5) year period and when opposing a full denture and the arch lacks posterior balanced occlusion. All adjustments made within six (6) months after the date of service, by the same participating dentist, are included in the fee for this procedure. Lack of posterior balanced occlusion is defined as follows:
1. five (5) permanent posterior missing teeth, (excluding 3rd molars).
 2. all four 1st and 2nd permanent molars missing.
 3. 1st and 2nd permanent molars and bicuspid missing on the same side.
- These procedures are not a benefit when replacing 3rd Molars.
- E. D5410, D5411, D5421, and D5422 are a benefit once per date of service per participating dentist twice in a twelve (12) month period, per participating dentist. Adjustments needed within six (6) months of the date of service for D5110, D5120, D5130, D5140, D5211, and D5212-D5214 are included in the fee for those procedures.
1. D5410 is not a benefit on the same date of service Or within six (6) months as D5110 or D5130, D5730, D5740, D5750, D5850, D5511, D5512, or D5520.
 2. D5411 is not a benefit on the same date of service Or within six (6) months as D5120 or D5140, D5731, D5741, D5751, D5851, D5511, D5512, or D5520.
 3. D5421 is not a benefit on the same date of service Or within six (6) months as D5211 or D5213, D5740, D5760, D5850, D5611, D5612, D5630, D5640, D5650, or D5660.
 4. D5422 is not a benefit on the same date of service or within six (6) months as D5212 or D5214, D5741, D5761, D5851, D5611, D5612, D5621, D5622, D5630, D5640, D5650, or D5660.
- F. D5511 and D5512 are a benefit once per arch, per date of service per participating dentist, twice in a twelve (12) month period per participating dentist. All adjustments made within six (6) months after the date of repair, by

Prosthetics (Removable) General Policies (D5000-D5899)

- A. D5110 and D5120 are a benefit once in a five (5) year period from a previous complete, immediate, or overdenture-complete denture. All adjustments made within six (6) months after the date of service, by the same participating dentist, are included in the fee for this procedure.
- B. D5130 and D5140 are a benefit once per member, all adjustments made within six (6) months after the date of service, by the same participating dentist, are included in the fee for this procedure. D5130/D5140 are not a benefit under the following circumstances:
1. D5110 is not a benefit on the same date of service Or within six (6) months as D5110 or D5130, D5730, D5740, D5750, D5850, D5511, D5512, or D5520.
 2. D5111 is not a benefit on the same date of service Or within six (6) months as D5120 or D5140, D5731, D5741, D5751, D5851, D5511, D5512, or D5520.
 3. D5121 is not a benefit on the same date of service Or within six (6) months as D5211 or D5213, D5740, D5760, D5850, D5611, D5612, D5630, D5640, D5650, or D5660.
 4. D5122 is not a benefit on the same date of service or within six (6) months as D5212 or D5214, D5741, D5761, D5851, D5611, D5612, D5621, D5622, D5630, D5640, D5650, or D5660.
- F. D5511 and D5512 are a benefit once per arch, per date of service per participating dentist, twice in a twelve (12) month period per participating dentist. All adjustments made within six (6) months after the date of repair, by

the same dentist and same arch, are included in the fee for this procedure.

1. D5511 and D5512 are not a benefit on the same date of service as D5730, D5731, D5750 or D5751.
- G. D5520 is a benefit up to a maximum of four, per arch, per date of service per participating dentist, twice per arch, in a twelve (12) month period per participating dentist. All Adjustments made within six (6) months after the date of repair, by the same dentist and same arch, are included in the fee for this procedure.
- H. D5611 and D5612 are a benefit once per arch, per date of service per participating dentist, and twice per arch in a 12 month period per participating dentist for partial dentures only. All Adjustments made within six (6) months after the date of repair, by the same dentist and same arch, are included in the fee for this procedure.
1. D5611 and D5612 are not a benefit on the same date of service as D5740, D5741, D5760 or D5761.
- I. D5621 and D5622 are a benefit once per arch, per date of service per participating dentist, and twice per arch in a 12 month period per participating dentist. All adjustments made within six (6) months after the date of repair, by the same dentist and same arch, are included in the fee for this procedure.
- J. D5630 and D5660 are a benefit up to a maximum of three (3), per date of service per participating and twice per arch in a 12 month period per participating dentist. All Adjustments made within six (6) months after the date of repair, by the same dentist and same arch, are included in the fee for this procedure.
- K. D5640 is a benefit up to a maximum of four (4) per arch, per date of service per participating dentist, for partial dentures only. All Adjustments made within six (6) months after the date of repair, by the same dentist and same arch, are included in the fee for this procedure.
- L. D5650 is a benefit up to a maximum of three (3) per date of service per participating dentist, once per tooth. All Adjustments made within six (6) months after the date of repair, by the same dentist and same arch, are included in the fee for this procedure.
1. Adding 3rd molars is not a benefit.
- M. D5730 and D5731 are a benefit once in a twelve (12) month period; six months after the date of service for a removable denture (D5130/D5140) that required extractions or (D5110, D5120) that did not require extractions D5730 and D5731 are not a benefit under the following circumstance:
1. within twelve (12) months of a reline (D5750/D5751).
- All Adjustments made within six (6) months after the date of service by the same dentist, are included in the fee for this procedure.
- N. D5740 and D5741 are a benefit once in a twelve (12) month period; six months after the date of service for a removable denture (D5211-D5214) that required extractions or twelve (12) months after the date of service for D5213/D5214 that did not require extractions. All Adjustments made within six (6) months after the date of service by the same dentist, are included in the fee for this procedure.
- O. D5750 and D5751 are a benefit once in a twelve (12) month period; six months after the date of service for an immediate denture (D5130/D5140) that required extractions or twelve (12) months after the date of service for D5110/D5120 that did not require extractions. D5750 and D5751 are not a benefit under the following circumstance:
1. within twelve (12) months of a reline (D5730/D5731).
- All adjustments made within six (6) months after the date of service by the same dentist, are included in the fee for this procedure.
- P. D5760 and D5761 are a benefit once in a twelve (12) month period; six months after the date of service for an removable denture (D5213/D5214) that required extractions or twelve (12) months after the date of service for D5213/D5214 that did not require extractions. D5760 and D5761 are not a benefit under the following circumstances:
1. within twelve (12) months of a reline (D5740/D5741).
 2. for a partial dentures with resin base (D5211/D5212).
- All adjustments made within six (6) months after the date of service by the same dentist, are included in the fee for this procedure.
- Q. D5850 and D5851 are a benefit twice per prosthesis in a thirty-six (36) month period however, are not a benefit on the same date of service as D5730, D5731, D5740, D5741, D5750, D5751, D5760, or D5761 or on the same date of service as a prosthesis that did not require extractions. All adjustments made within six (6) months after the date of service, by the same participating dentist, are included in the fee for this procedure.
- R. D5899 shall be used for a procedure not adequately described by a CDT code; or a procedure that has a CDT code that is not a benefit, but the member has an exceptional medical condition to justify the medical necessity.

Maxillofacial Prosthetic General Policies (D5900-D5999)

- A. D5916 is not a benefit on the same date of service as ocular prosthesis, interim (D5923).
- B. D5923 is not a benefit on the same date of service with ocular prosthesis (D5916).
- C. D5931 and D5932 are not a benefit on the same date of service as obturator prosthesis, interim (D5936).

1. D5931 is not a benefit on the same date of service as D5932.
 2. D5932 is not a benefit on the same date of service as D5931.
- D. D5933 is a benefit twice in a twelve (12) month period and not a benefit on the same date of service as D5931, D5932, or D5936.
- E. D5951-D5953 are a benefit for pediatric members up to age nineteen (19).
- F. D5955 is not a benefit on the same date of service as D5958.
- G. D5958 is not a benefit on the same date of service as D5955.
- H. D5959 is a benefit twice in a twelve (12) month period and not a benefit on the same date of service as D5955 or D5958.
- I. D5960 is a benefit twice in a twelve (12) month period and not a benefit on the same date of service as D5952 or D5953.
- J. D5999 shall be used for a procedure not adequately described by a CDT code; or a procedure that has a CDT code that is not a benefit, but the member has an exceptional medical condition to justify the medical necessity.

Implant Services General Policies (D6000-D6199)

- A. Implant services require prior-authorization and are only a benefit when exceptional medical conditions are documented; each case shall be reviewed for medical necessity.
- B. Implant services are only a benefit for pediatric members up to age nineteen (19).
- C. Re-cementation of implant/abutment-supported crowns (D6092/D6093) are not a benefit within twelve (12) months of a previous re-cementation by the same participating dentist.
1. the original participating dentist is responsible for all re-cementations within the first twelve (12) months following the initial placement of The implant/abutment-supported crown/ fixed partial denture.
- D. D6190 is included in the fee for surgical placement of an implant body (D6010).

Fixed Prosthodontic General Policies (D6200-D6999)

- A. D6211, D6241, D6245, and D6251 is a benefit once in a five year (5) period for members thirteen (13) years of age and older and only when the criteria is met for a removable denture (D5211-D5214)
1. D6211 is a benefit only when billed the Same date of service as D6721, D6740, D6751, D6781, D6783, and D6791.
- B. D6721, D6740, D6751, D6781, D6783, and D6791 are a benefit once in a five (5) year period for

members thirteen (13) years of age and older and only when the criteria has been met for a removable denture (D5211-D5214).

- C. Re-cementation of a fixed partial denture (D6930) is not a benefit within twelve (12) months of a previous re-cementation by the same participating dentist.
1. the original participating dentist is responsible for all re-cementations within the first twelve (12) months following the initial placement of the fixed partial denture.
- D. D6980 is not a benefit within 12 months of the initial placement or previous repair, same participating dentist.
- E. D6999 is not a benefit within twelve (12) months of initial placement, same participating dentist, and shall be used for a procedure not adequately described by a CDT code; or a procedure that has a CDT code that is not a benefit, but the member has an exceptional medical condition to justify the medical necessity.

Maxillofacial Surgery General Policies (D7000-D7999)

- A. D7111 is not a benefit for asymptomatic teeth.
- B. D7140 is not a benefit to the same participating dentist who performed the initial tooth extraction.
- C. D7260 is not a benefit in conjunction with extractions procedures (D7111-D7250).
- D. D7270 is a benefit once per arch regardless of the number of teeth involved and for permanent teeth only. The fee for this service includes splinting and/or stabilization, post-operative care and the removal of the splint or stabilization, by the same participating dentist.
- E. D7280 is not a benefit for members ages twenty-one (21) years of age and older or for 3rd molars.
- F. D7283 is only a benefit for members in active orthodontic treatment. D7283 is not a benefit under the following circumstances:
1. Members twenty-one (21) years of age and older.
 2. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.
- G. D7285 is a benefit for the removal of specimen only; once per arch, per date of service regardless of the areas involved. D7285 is not a benefit with:
1. an apicoectomy/periradicular surgery D3410-D3426 in the same area, region, or on the same date of service.
 2. an extraction D7111-D7250 in the same area, region, or on the same date of service.
 3. an excision of any soft tissues or lesions D7410-D7461 in the same area, region, or on the same date of service.
- H. D7286 is a benefit for the removal of specimen only; up to a maximum of three (3) per date of service. D7285 is not a benefit with:
1. an apicoectomy/periradicular surgery D3410-D3426 in the same area, region, or on the same date of service.

2. an extraction D7111-D7250 in the same area, region, or on the same date of service.
 3. an excision of any soft tissues or lesions D7410-D7461 in the same area, region, or on the same date of service.
- I. D7290 is a benefit for members in active orthodontic treatment, once per arch, on permanent teeth only. D7290 is not a benefit under the following circumstances:
 1. members twenty-one (21) years of age and older
 2. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.
 - J. D7291 is a benefit only for members in active orthodontic treatment, once per arch and not a benefit for members twenty-one (21) years of age and older.
 - K. D7310 is a benefit with two (2) or more extractions (D7140-D7250) in the same quadrant, on the same date of service.
 - L. D7320 is a benefit regardless of the number of tooth/teeth spaces however, not a benefit within six (6) months following D7140-D7250, in the same quadrant, by the same participating dentist.
 - M. D7340 and D7350 are a benefit once per arch and not a benefit on the same date of service D7111-D7250 on the same arch.
 1. D7340 is not a benefit on the same date of service as D7350 and a limited to once in a five (5) year period.
 2. D7350 is not a benefit on the same date of service as D7340.
 - N. D7471 is a benefit once per quadrant, for the removal of buccal or facial exostosis only.
 - O. D7472 is a benefit once in the member's lifetime.
 - P. D7473 and D7485 is a benefit once per quadrant.
 - Q. D7510 and D7511 is a benefit once per quadrant, same date of service. The fee for this procedure includes the incision, placement and removal of a surgical draining device.
 1. any other definitive treatment performed in the same quadrant on the same date of service, except necessary radiographs, are not a benefit.
 - R. D7520 and D7521 includes the incision, placement and removal of a surgical draining device.
 - S. D7530 and D7540 are a benefit once per date of service and not a benefit when associated with the removal of a tumor, cyst (D7440-D7461), or tooth (D7111-D7250).
 - T. D7550 is a benefit once per quadrant per date of service; only for the removal of loose or sloughed off dead bone caused by infection or reduced blood supply. D7550 is not a benefit within thirty (30) days of an associated extraction.
 - U. D7560 is not a benefit when a tooth fragment or foreign body is retrieved from the tooth socket.
 - V. D7610-D7771 include the placement and removal of wires, bands, splints, and arch bars. Anesthesia procedures (D9223-D9248) are a separate benefit when necessary for the surgical removal of wires, bands, splints, or arch bars.
 - W. D7780 is a benefit for the treatment of compound fractures. The fee for this procedure includes the placement and removal of wires, bands, splints, and arch bars. Anesthesia procedures (D9223-D9248) are a separate benefit when necessary for the surgical removal of wires, bands, splints, or arch bars.
 - X. Anesthesia procedures are a separate benefit when necessary for manipulation under anesthesia (D7830).
 - Y. D7872 includes the fee for any biopsies performed.
 - Z. D7880 is a benefit for those diagnosed with TMJ dysfunction however, not a benefit for the treatment of bruxism.
 - AA. D7899 is not a benefit for procedures such as acupuncture, acupressure, biofeedback, or hypnosis.
 - BB. D7910-D7912 are not a benefit for the closure of surgical incisions.
 - CC. D7920, D7950, and D7995 are not a benefit for periodontal grafting.
 - DD. D7951 and D7952 are a benefit only for members with prior-authorized implant services.
 - EE. D7960 and D7963 are a benefit once per arch, per date of service and only when the permanent incisors and cuspids have erupted.
 - FF. D7970-D7972 include the fees for other surgical procedures that are performed in the same area, on the same date of service. These procedures are not a benefit for drug induced hyperplasia or where removal of tissue requires extensive gingival recontouring.
 1. D7970 is a benefit once per arch per date of service.
 2. D7972 is a benefit once per quadrant per date of service.
 - GG. D7997 is a benefit once per arch per date of service and for the removal of orthodontic appliances and space maintainers.
 - HH. D7999 shall be used for a procedure not adequately described by a CDT code; or a procedure that has a CDT code that is not a benefit, but the member has an exceptional medical condition to justify the medical necessity.

Orthodontic General Policies (D8000-D8999)

- A. D8080 is a benefit for handicapping malocclusion, cleft palate and facial growth management cases, for pediatric members up to age 19 and permanent dentition (unless the member is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly), once per member per phase of treatment. All appliances such as bands, arch

- wires, headgear and palatal expanders) are included in the fee for this procedure. This procedure also includes the replacement, repair and removal of brackets, bands, and arch wires by the original participating dentist.
- B. D8210 and D8220 are a benefit for members ages six (6) through twelve (12), once per member. This procedure includes all adjustments to the appliance. These procedures are not a benefit as outlined below:
1. for orthodontic appliances
 2. tooth guidance appliances
 3. minor tooth movement or activating wires
 4. for space maintainers in the upper or lower anterior region.
- C. D8660 is a benefit prior to comprehensive orthodontic treatment (D8080) of the adolescent dentition for the initial treatment phase for facial growth management cases regardless of how many dentition phases are required; once every three (3) months, for pediatric members up to age 19; for a maximum of six.
- D. D8670 is a benefit for pediatric members up to age 19; for permanent dentition (unless the member is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly); once per calendar quarter. The maximum quantity of monthly treatment visits for the following phases are:
1. Malocclusion— up to a maximum of eight (8) quarterly visits. (4 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
 2. Cleft palate-
 - a. primary dentition: up to a maximum of four (4) quarterly visits. (2 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
 - b. Mixed dentition: up to a maximum of five (5) quarterly visits. (3 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
 - c. Permanent dentition: up to a maximum of ten (10) quarterly visits. (5 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
 3. Facial growth management-
 - a. primary dentition: up to a maximum of four (4) quarterly visits. (2 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
 - b. Mixed dentition: up to a maximum of five (5) quarterly visits. (3 additional
- quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
- c. Permanent dentition: up to a maximum of eight (8) quarterly visits. (4 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
- E. D8680 is a benefit for pediatric members up to age 19 and permanent dentition (unless the member is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly), once per arch for each authorized phase of orthodontic treatment. D8680 is not a benefit until the active phase of orthodontic treatment (D8670) is completed. If fewer than the authorized number of periodic orthodontic treatment visit(s) (D8670) are necessary because the active phase of treatment has been completed early, then this shall be documented on the claim for orthodontic retention (D8680). The removal of appliances, construction and placement of retainers, all observations and necessary adjustments are included in the fee for this procedure.
- F. D8691 is a benefit for pediatric members up to age 19, once per appliance. Not a benefit to the original participating dentist for the replacement and/or repair of brackets, bands, or arch wires.
- G. D8692 is a benefit for pediatric members up to age nineteen (19); once per arch; only within 24 months following the date of service of orthodontic retention (D8680). This procedure is only payable when orthodontic retention (D8680) has been previously paid by the program.
- H. D8693 is a benefit for pediatric members up to age 19; once per participating dentist. Additional requests beyond the stated frequency limitations shall be considered for payment when the medical necessity is documented and identifies an unusual condition such as displacement due to a sticky food item.
- I. D8999 is a benefit for pediatric members up to age 19 and not a benefit to the original participating dentist for the adjustment, repair, replacement or removal of brackets, bands, or arch wires. Procedure D8999 shall be used for a procedure which is not adequately described by a CDT code, or for a procedure that has a CDT code that is not a benefit but the member has an exceptional medical condition to justify the medical necessity.

Adjunctive Service General Policies (D9000-D9999)

- A. D9110 is a benefit once per date of service per participating dentist regardless of the number of teeth and/or areas treated. Not a benefit when any other treatment is performed on the same date of service, except when radiographs/photographs are needed of

the affected area to diagnose and document the emergency condition.

- B. D9120 is a benefit when at least one of the abutment teeth is to be retained.
- C. D9210 is a benefit once per date of service per participating dentist, only for use in order to perform a differential diagnosis or as a therapeutic injection to eliminate or control a disease or abnormal state. Not a benefit when any other treatment is performed on the same date of service, except when radiographs/photographs are needed of the affected area to diagnose and document the emergency condition.
- D. D9222 and/or D9223 is not a benefit on the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide (D9230), intravenous conscious sedation/analgesia (D9239 and/or D9243) or non-intravenous conscious sedation (D9248), when all associated procedures on the same date of service by the same participating dentist are denied.
- E. D9230 is a benefit for uncooperative members under the age of 13, or members age 13 or older when documentation specifically identifies the physical, behavioral, developmental or emotional condition that prohibits the member from responding to the participating dentist's attempts to perform treatment. Not a benefit on the same date of service as deep sedation/general anesthesia (D9222/D9223), intravenous conscious sedation/analgesia (D9239/D9243) or non-intravenous conscious sedation (D9248), when all associated procedures on the same date of service by the same participating dentist are denied.
- F. D9239 and/or D9243 is not a benefit on the same date of service as deep sedation/general anesthesia (D9222/D9223), analgesia, anxiolysis, inhalation of nitrous oxide (D9230) or non-intravenous conscious sedation (D9248), when all associated procedures on the same date of service by the same participating dentist are denied.
- G. D9248 is a benefit for uncooperative members under the age of 13, or members age 13 or older when documentation specifically identifies the physical, behavioral, developmental or emotional condition that prohibits the member from responding to the participating dentist's attempts to perform treatment; for oral, patch, intramuscular, or subcutaneous routes of administration; once per date of service. Not a benefit on the same date of service as deep sedation/general anesthesia (D9222/D9223), analgesia, anxiolysis, inhalation of nitrous oxide (D9230) or intravenous conscious sedation (D9239/D9243), when all associated procedures on the same date of service by the same participating dentist are denied.
- H. D9410 is a benefit once per member per date of service, only in conjunction with procedures that are payable.
- I. D9420 is a benefit for each hour or fraction thereof as documented on the operative report. Not a benefit for an assistant surgeon; for time spent compiling the member history, writing reports, or for post-operative follow up visits.
- J. D9430 is a benefit once per date of service per participating dentist. Not a benefit when procedures other than necessary radiographs and/or photographs are provided on the same date of service.
- K. D9440 is a benefit once per date of service per participating dentist, only with treatment that is a benefit.
- L. D9610 is a benefit for up to a maximum of four (4) injections per date of service. Not a benefit for the administration of an analgesic or sedative when used in conjunction with deep sedation/general anesthesia (D9222/D9223), analgesia, anxiolysis, inhalation of nitrous oxide (D9230), intravenous conscious sedation/analgesia (D9239/D9243) or non-intravenous conscious sedation (D9248); when all associated procedures on the same date of service by the same participating dentist are denied.
- M. D9910 is a benefit once in a 12 month period per participating dentist, for permanent teeth only. Not a benefit when used as a base liner or adhesive under a restoration; the same date of service as fluoride (D1206 and D1208).
- N. D9930 is a benefit once per date of service per participating dentist, for the treatment of a dry socket or excessive bleeding within 30 days of the date of service of an extraction, for the removal of bony fragments within 30 days of the date of service of an extraction. Not a benefit for the removal of bony fragments on the same date of service as an extraction, for routine post-operative visits.
- O. D9950 is a benefit once in a twelve (12) month period, for members age 13 or older, for diagnosed TMJ dysfunction only, for permanent dentition. Not a benefit for bruxism only. The fee for this procedure includes face bow, inter-occlusal record tracings, diagnostic wax up and diagnostic casts.
- P. D9951 is a benefit once in a twelve (12) month period per quadrant per participating dentist, for members age 13 or older, for natural teeth only. Not a benefit within 30 days following definitive, restorative, endodontic, removable, and fixed prosthodontic treatment in the same or opposing quadrant.
- Q. D9952 is a benefit once in a twelve (12) month period following occlusion analysis-mounted case (D9950), for members age 13 or older, for TMJ dysfunction only, for permanent dentition. Not a benefit in conjunction with an occlusal orthotic device (D7880). Occlusion analysis-mounted case (D9950) must precede this procedure.
- R. Procedure D9999 shall be used for a procedure which is not adequately described by a CDT code, or for a procedure that has a CDT code that is not a benefit but the member has an exceptional medical condition to justify the medical necessity.

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