



Schedule of Covered Services and Copayments

Family Dental HMO Individual Plan

| Code Description | Copayment | | Code | Description | Copayment | | |
|---|--|-------------------------------|-------------|---|---|-------------------------------|-----------|
| | Pediatric Dental EHB Up to 19 | Adult Dental Age 19 and Older | | | Pediatric Dental EHB Up to 19 | Adult Dental Age 19 and Older | |
| Actuarial Value | 84.8% | Not Calculated | D0210 | intraoral - complete series of radiographic images | No Charge | No Charge | |
| Individual Deductible | None | None | D0220 | intraoral - periapical first radiographic image | No Charge | No Charge | |
| Family Deductible (Two or more children) | None | None | D0230 | intraoral - periapical each additional radiographic image | No Charge | No Charge | |
| Out of Pocket Maximum - Individual | 350 | None | D0240 | intraoral - occlusal radiographic image | No Charge | No Charge | |
| Out of Pocket Maximum - Family (Two or more children) | 700 | None | D0250 | extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector | No Charge | No Charge | |
| D9543 Office Visit Copay | 0 | 0 | D0251 | extra-oral posterior dental radiographic image | No Charge | Not Covered | |
| Waiting Period | None | None | D0270 | bitewing - single radiographic image | No Charge | No Charge | |
| Annual Benefit Limit | None | None | D0272 | bitewings - two radiographic images | No Charge | No Charge | |
| <i>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.</i> | | | D0273 | bitewings - three radiographic images | No Charge | No Charge | |
| <i>Pediatric coverage is through the end of the 18th year, (up to age 19).</i> | | | D0274 | bitewings - four radiographic images | No Charge | No Charge | |
| <i>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.</i> | | | D0277 | vertical bitewings - 7 to 8 radiographic images | No Charge | No Charge | |
| <i>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.</i> | | | D0310 | sialography | No Charge | No Charge | |
| <i>All referrals for specialist services must be requested by your participating dentist and pre-authorized by Dental Health Services.</i> | | | D0320 | temporomandibular joint arthrogram, including injection | No Charge | No Charge | |
| Diagnostic Procedures | | | D0322 | tomographic survey | No Charge | No Charge | |
| <i>Please see the attached Exclusions and Limitations for more information.</i> | | | D0330 | panoramic radiographic image | No Charge | No Charge | |
| D0120 | periodic oral evaluation - established patient | No Charge | No Charge | D0340 | 2D cephalometric radiographic image – acquisition, measurement and analysis | No Charge | No Charge |
| D0140 | limited oral evaluation - problem focused | No Charge | No Charge | D0350 | 2D oral/facial photographic image obtained intra-orally or extra-orally | No Charge | No Charge |
| D0145 | oral evaluation for a patient under three years of age and counseling with primary caregiver | No Charge | Not Covered | D0351 | 3D photographic image | No Charge | No Charge |
| D0150 | comprehensive oral evaluation - new or established patient | 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 |
| D0160 | detailed and extensive oral evaluation - problem focused, by report | No Charge | No Charge | D0460 | pulp vitality tests | No Charge | No Charge |
| D0170 | re-evaluation - limited, problem focused (established patient; not post-operative visit) | No Charge | No Charge | D0470 | diagnostic casts | No Charge | No Charge |
| D0171 | re-evaluation – post-operative office visit | No Charge | No Charge | D0502 | other oral pathology procedures, by report | 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 | | | | |

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|-------|---|-------------------------------------|--|
| | | 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 |

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|-------|---|-------------------------------------|-------------------------------------|
| | | 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 |

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| | | 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 |
| 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 Individual 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. 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

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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