



| Code | Description | Pediatric (18 and younger) | Adult (19 and older) | |
|------|-------------|----------------------------|----------------------|------------|
| | | | General Dentist | Specialist |

Plan Information

Failed (no show)/ missed appointments are charged to patient according to office policy.

| | | | | |
|-------|------------------------------------|-----|------|------|
| | Annual Maximum | | None | 1000 |
| D9543 | Office Visit | 10 | 5 | 0 |
| | Deductible | | | |
| | Out of Pocket Maximum - Family | 700 | N/A | N/A |
| | Out of Pocket Maximum - Individual | 350 | N/A | N/A |

Services must be performed by a Dental Health Services participating dentist. Specialty services must be pre-authorized and adult patients are subject to copayments listed in specialist column and a \$1000 calendar year maximum. (You are responsible for your copayments based on your specific schedule of covered benefits. Once the services have reached the \$1000 maximum paid by plan, your copayments no longer apply and you are responsible for the cost of treatment at usual and customary fees for the services for the balance of the calendar year). NC indicates the procedure is not covered. For pediatric enrollees (18 years of age and under), all Essential Health Benefits have a "*" and apply to the member out-of-pocket maximum. All other services listed remain covered but do not apply to the member out-of-pocket maximum.

Diagnostic

Full mouth x-rays and/ or a panoramic x-ray are benefits once every 36 months if needed. Exams and bitewing films and up to six periapicals are a benefit once every six months

| | | | | | |
|-------|---|-----|---|----|----|
| D0120 | periodic oral evaluation - established patient | 15 | * | 0 | 35 |
| D0140 | limited oral evaluation - problem focused | 15 | * | 0 | 40 |
| D0145 | oral evaluation for a patient under three years of age and counseling with primary caregiver | 15 | * | 0 | NC |
| D0150 | comprehensive oral evaluation - new or established patient | 20 | * | 0 | 75 |
| D0160 | detailed and extensive oral evaluation - problem focused, by report | 40 | * | 40 | 35 |
| D0170 | re-evaluation - limited, problem focused (established patient; not post-operative visit) | 10 | * | 0 | 35 |
| D0171 | re-evaluation - post-operative office visit | 10 | | 0 | 60 |
| D0180 | comprehensive periodontal evaluation - new or established patient | 30 | * | 10 | 75 |
| D0191 | assessment of a patient | 30 | * | 10 | 40 |
| D0210 | intraoral - complete series of radiographic images | 25 | * | 0 | 40 |
| D0220 | intraoral - periapical first radiographic image | 7 | * | 0 | 15 |
| D0230 | intraoral - periapical each additional radiographic image | 6 | * | 0 | 8 |
| D0240 | intraoral - occlusal radiographic image | 10 | * | 0 | 15 |
| D0250 | extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | 10 | * | 0 | 10 |
| D0251 | extra-oral posterior dental radiographic image | 10 | * | 0 | 30 |
| D0270 | bitewing - single radiographic image | 10 | * | 0 | 10 |
| D0272 | bitewings - two radiographic images | 13 | * | 0 | 15 |
| D0273 | bitewings - three radiographic images | 15 | * | 0 | 15 |
| D0274 | bitewings - four radiographic images | 20 | * | 0 | 30 |
| D0277 | vertical bitewings - 7 to 8 radiographic images | 20 | * | 0 | 30 |
| D0321 | other temporomandibular joint radiographic images, by report | 100 | * | NC | NC |
| D0322 | tomographic survey | 350 | * | NC | NC |
| D0330 | panoramic radiographic image | 30 | * | 18 | 50 |
| D0340 | 2D cephalometric radiographic image - acquisition, measurement and analysis | 30 | | 25 | 75 |
| D0350 | 2D oral/ facial photographic image obtained intra-orally or extra-orally | 10 | | 0 | 40 |
| D0391 | interpretation of diagnostic image by a practitioner not associated with capture of the image, including report | 25 | | 10 | 25 |
| D0415 | collection of microorganisms for culture and sensitivity | 35 | * | 35 | 60 |
| D0425 | caries susceptibility tests | 10 | | 10 | 15 |

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| D0431 | adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | 15 | 15 | 30 |
| D0460 | pulp vitality tests | 8 | 5 | 20 |
| D0470 | diagnostic casts | 35 | 35 | 35 |
| D0601 | caries risk assessment and documentation, with a finding of low risk | 15 | 15 | NC |
| D0602 | caries risk assessment and documentation, with a finding of moderate risk | 15 | 15 | NC |
| D0603 | caries risk assessment and documentation, with a finding of high risk | 15 | 15 | NC |

Preventive

| | | | | | |
|-------|--|----|---|----|-----|
| D1110 | prophylaxis - adult (limited to 1 every 6 months) | 20 | | 5 | 110 |
| D1120 | prophylaxis - child (limited to 1 every 6 months) | 20 | * | 5 | 45 |
| D11AX | prophylaxis - adult (additional beyond 1 in 6 months) | 80 | | 80 | 110 |
| D11CX | prophylaxis - child (additional beyond 1 in 6 months) | 80 | | 80 | 110 |
| D1206 | topical application of fluoride varnish | 5 | * | 10 | 20 |
| D1208 | topical application of fluoride – excluding varnish | 8 | * | 8 | 24 |
| D1310 | nutritional counseling for control of dental disease | 0 | | 0 | NC |
| D1320 | tobacco counseling for the control and prevention of oral disease | 0 | * | 0 | NC |
| D1330 | oral hygiene instructions | 0 | | 0 | NC |
| D1351 | sealant - per tooth | 5 | * | 5 | 35 |
| D1352 | preventive resin restoration in a moderate to high caries risk patient – permanent tooth | 50 | | 50 | 50 |
| D1353 | sealant repair – per tooth | 5 | | 5 | 40 |
| D1354 | interim caries arresting medicament application- per tooth | 20 | * | 50 | 50 |

Space maintainers

| | | | | | |
|-------|---|-----|---|-----|-----|
| D1510 | space maintainer - fixed, unilateral – per quadrant | 125 | * | 125 | 200 |
| D1516 | space maintainer - fixed - bilateral, maxillary | 150 | * | 150 | 150 |
| D1517 | space maintainer - fixed - bilateral, mandibular | 150 | * | 150 | 150 |
| D1520 | space maintainer - removable, unilateral - per quadrant | 150 | * | 150 | 150 |
| D1526 | space maintainer - removable - bilateral, maxillary | 250 | * | 250 | 250 |
| D1527 | space maintainer - removable - bilateral, mandibular | 250 | * | 250 | 250 |
| D1551 | re-cement or re-bond bilateral space maintainer - maxillary | 15 | * | 15 | 50 |
| D1552 | re-cement or re-bond bilateral space maintainer - mandibular | 15 | * | 15 | 50 |
| D1553 | re-cement or re-bond unilateral space maintainer - per quadrant | 12 | * | 12 | 40 |
| D1556 | removal of fixed unilateral space maintainer - per quadrant | 12 | * | 12 | 40 |
| D1557 | removal of fixed bilateral space maintainer - maxillary (procedure performed by dentist or practice that did not originally place the appliance) | 15 | * | 15 | 60 |
| D1558 | removal of fixed bilateral space maintainer - mandibular (procedure performed by dentist or practice that did not originally place the appliance) | 15 | * | 15 | 60 |

Amalgam restorations - primary or permanent

Restorations include adhesives, bonding agents, liners, bases and/or polishing. Replacement of amalgam fillings within two years of placement is not a covered benefit.

| | | | | | |
|-------|---|----|---|----|-----|
| D2140 | amalgam - one surface, primary or permanent | 47 | * | 25 | 100 |
| D2150 | amalgam - two surfaces, primary or permanent | 52 | * | 35 | 115 |
| D2160 | amalgam - three surfaces, primary or permanent | 65 | * | 40 | 125 |
| D2161 | amalgam - four or more surfaces, primary or permanent | 80 | * | 50 | 140 |

Resin-based composite restorations

Restorations include adhesives, bonding agents, liners, bases and/or polishing. Replacement of Composite fillings within two years of placement is not a covered benefit.

| | | | | | |
|-------|--|----|---|----|----|
| D2330 | resin-based composite - one surface, anterior | 65 | * | 35 | NC |
| D2331 | resin-based composite - two surfaces, anterior | 75 | * | 45 | NC |

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| | | | | General Dentist | Specialist |
| D2332 | resin-based composite - three surfaces, anterior | 90 | * | 55 | NC |
| D2335 | resin-based composite - four or more surfaces or involving incisal angle (anterior) | 95 | * | 70 | NC |
| D2390 | resin-based composite crown, anterior | 120 | * | 90 | NC |
| D2391 | resin-based composite - one surface, posterior | 85 | * | 60 | NC |
| D2392 | resin-based composite - two surfaces, posterior | 100 | * | 75 | NC |
| D2393 | resin-based composite - three surfaces, posterior | 120 | * | 90 | NC |
| D2394 | resin-based composite - four or more surfaces, posterior | 135 | * | 105 | NC |

Crowns - single restoration only

Plan Benefit includes all lab charges.

An additional \$25 can be charged with billing code (D27SP) for specialized porcelain such as Captek, Lava, Cercon, etc. See additional Exclusions and Limitations.

| | | | | | |
|-------|---|-----|---|-----|----|
| D2510 | inlay - metallic - one surface | 350 | | 575 | NC |
| D2520 | inlay - metallic - two surfaces | 560 | | 610 | NC |
| D2530 | inlay - metallic - three or more surfaces | 590 | | 590 | NC |
| D2542 | onlay - metallic - two surfaces | 560 | | 610 | NC |
| D2543 | onlay - metallic - three surfaces | 560 | | 610 | NC |
| D2544 | onlay - metallic - four or more surfaces | 560 | | 610 | NC |
| D2610 | inlay - porcelain/ceramic - one surface | 550 | | 550 | NC |
| D2620 | inlay - porcelain/ceramic - two surfaces | 585 | | 585 | NC |
| D2630 | inlay - porcelain/ceramic - three or more surfaces | 615 | | 615 | NC |
| D2642 | onlay - porcelain/ceramic - two surfaces | 585 | | 585 | NC |
| D2643 | onlay - porcelain/ceramic - three surfaces | 615 | | 615 | NC |
| D2644 | onlay - porcelain/ceramic - four or more surfaces | 615 | | 615 | NC |
| D2650 | inlay - resin-based composite - one surface | 550 | | 550 | NC |
| D2651 | inlay - resin-based composite - two surfaces | 585 | | 585 | NC |
| D2652 | inlay - resin-based composite - three or more surfaces | 615 | | 615 | NC |
| D2662 | onlay - resin-based composite - two surfaces | 585 | | 585 | NC |
| D2663 | onlay - resin-based composite - three surfaces | 615 | | 615 | NC |
| D2664 | onlay - resin-based composite - four or more surfaces | 615 | | 615 | NC |
| D2710 | crown - resin-based composite (indirect) | 240 | * | 240 | NC |
| D2712 | crown - ¾ resin-based composite (indirect) | 240 | * | 240 | NC |
| D2720 | crown - resin with high noble metal | 625 | | 675 | NC |
| D2721 | crown - resin with predominantly base metal | 475 | | 525 | NC |
| D2722 | crown - resin with noble metal | 600 | | 650 | NC |
| D2740 | crown - porcelain/ceramic | 580 | | 625 | NC |
| D2750 | crown - porcelain fused to high noble metal | 625 | | 675 | NC |
| D2751 | crown - porcelain fused to predominantly base metal | 350 | * | 525 | NC |
| D2752 | crown - porcelain fused to noble metal | 350 | * | 650 | NC |
| D2753 | crown - porcelain fused to titanium and titanium alloys | 625 | | 670 | NC |
| D2781 | crown - 3/4 cast predominantly base metal | 475 | | 525 | NC |
| D2782 | crown - 3/4 cast noble metal | 600 | | 650 | NC |
| D2783 | crown - 3/4 porcelain/ceramic | 625 | | 675 | NC |
| D2790 | crown - full cast high noble metal | 625 | | 675 | NC |
| D2791 | crown - full cast predominantly base metal | 475 | | 525 | NC |
| D2792 | crown - full cast noble metal | 600 | | 650 | NC |
| D2794 | crown - titanium and titanium alloys | 625 | | 675 | NC |
| D2799 | provisional crown— further treatment or completion of diagnosis necessary prior to final impression | 200 | | 200 | NC |
| D27SP | specialized porcelain-all porcelain crown | 25 | | 25 | NC |

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Other restorative services

Re-cementation of a crown, inlay, or onlay within six months of initial placement is considered inclusive of the crown, when performed by the original treating Contract Dentist/Dental Office. See additional Exclusions and Limitations.

| | | | | | |
|-------|---|-----|---|-----|----|
| D2910 | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | 25 | * | 25 | NC |
| D2915 | re-cement or re-bond indirectly fabricated or prefabricated post and core | 25 | * | 25 | NC |
| D2920 | re-cement or re-bond crown | 25 | * | 25 | NC |
| D2921 | reattachment of tooth fragment, incisal edge or cusp | 95 | * | 95 | NC |
| D2929 | prefabricated porcelain/ceramic crown – primary tooth | 165 | | 165 | NC |
| D2930 | prefabricated stainless steel crown - primary tooth | 100 | * | 100 | NC |
| D2931 | prefabricated stainless steel crown - permanent tooth | 125 | * | 125 | NC |
| D2932 | prefabricated resin crown | 125 | * | 125 | NC |
| D2933 | prefabricated stainless steel crown with resin window | 150 | * | 150 | NC |
| D2934 | prefabricated esthetic coated stainless steel crown - primary tooth | 150 | | 150 | NC |
| D2940 | protective restoration | 35 | * | 35 | NC |
| D2941 | interim therapeutic restoration – primary dentition | 5 | * | 5 | NC |
| D2949 | restorative foundation for an indirect restoration | 30 | | 30 | NC |
| D2950 | core buildup, including any pins when required | 95 | * | 95 | NC |
| D2951 | pin retention - per tooth, in addition to restoration | 25 | * | 25 | NC |
| D2952 | post and core in addition to crown, indirectly fabricated | 135 | | 135 | NC |
| D2953 | each additional indirectly fabricated post - same tooth | 90 | | 90 | NC |
| D2954 | prefabricated post and core in addition to crown | 120 | * | 120 | NC |
| D2955 | post removal | 140 | | 140 | NC |
| D2957 | each additional prefabricated post - same tooth | 80 | * | 80 | NC |
| D2960 | labial veneer (resin laminate) - chairside | 350 | | 350 | NC |
| D2961 | labial veneer (resin laminate) - laboratory | 500 | | 600 | NC |
| D2962 | labial veneer (porcelain laminate) - laboratory | 650 | | 675 | NC |
| D2971 | additional procedures to construct new crown under existing partial denture framework | 50 | | 50 | NC |
| D2975 | coping | 200 | | 200 | NC |
| D2980 | crown repair necessitated by restorative material failure | 125 | * | 125 | NC |
| D2990 | resin infiltration of incipient smooth surface lesions | 25 | | 25 | NC |

Endodontics (root canal therapy)

Providers may not charge for the materials used in the procedure to irrigate (wash, disinfect) the canal. The compensation for the root canal treatment includes all materials (regardless of type or brand) and instrumentation involved. Retreatment of a root Canal Therapy during the 12 months following initial treatment is included at no charge to the Member or Plan.

See additional Exclusions and Limitations.

| | | | | | |
|-------|---|-----|---|-----|-----|
| D3110 | pulp cap - direct (excluding final restoration) | 35 | | 35 | 35 |
| D3120 | pulp cap - indirect (excluding final restoration) | 35 | | 35 | 35 |
| D3220 | therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | 55 | * | 55 | 65 |
| D3221 | pulpal debridement, primary and permanent teeth | 55 | * | 55 | 80 |
| D3222 | partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | 55 | * | 55 | 50 |
| D3230 | pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) | 80 | * | 80 | 80 |
| D3240 | pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) | 80 | * | 80 | 95 |
| D3310 | endodontic therapy, anterior tooth (excluding final restoration) | 350 | * | 325 | 400 |
| D3320 | endodontic therapy, premolar tooth (excluding final restoration) | 350 | * | 400 | 500 |
| D3330 | endodontic therapy, molar tooth (excluding final restoration) | 350 | * | 575 | 750 |
| D3331 | treatment of root canal obstruction; non-surgical access | 175 | * | 175 | 190 |
| D3332 | incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | 200 | * | 200 | 210 |
| D3333 | internal root repair of perforation defects | 150 | * | 150 | 160 |
| D3346 | retreatment of previous root canal therapy - anterior | 350 | * | 600 | 500 |

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| | | | General Dentist | Specialist |
| D3347 | retreatment of previous root canal therapy - premolar | 700 | 700 | 600 |
| D3348 | retreatment of previous root canal therapy - molar | 850 | 850 | 850 |
| D3351 | apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | 250 * | 250 | 250 |
| D3352 | apexification/recalcification – interim medication replacement | 120 * | 120 | 150 |
| D3353 | apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) | 300 * | 300 | 325 |
| D3355 | pulpal regeneration - initial visit | 30 | 30 | 95 |
| D3356 | pulpal regeneration - interim medication replacement | 30 | 30 | 80 |
| D3357 | pulpal regeneration - completion of treatment | 550 | 550 | 550 |
| D3410 | apicoectomy - anterior | 330 * | 330 | 350 |
| D3421 | apicoectomy - premolar (first root) | 375 | 375 | 400 |
| D3425 | apicoectomy - molar (first root) | 425 | 425 | 450 |
| D3426 | apicoectomy (each additional root) | 140 | 140 | 150 |
| D3427 | periradicular surgery without apicoectomy | 330 | 330 | 330 |
| D3430 | retrograde filling - per root | 120 * | 120 | 140 |
| D3450 | root amputation - per root | 200 | 200 | 225 |
| D3920 | hemisection (including any root removal), not including root canal therapy | 300 | 300 | 350 |
| D3950 | canal preparation and fitting of preformed dowel or post | 75 | 75 | 80 |

Periodontics

| | | | | |
|-------|---|-------|-----|-----|
| D4210 | gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | 225 * | 225 | 300 |
| D4211 | gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | 80 * | 80 | 150 |
| D4212 | gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | 80 | 80 | 85 |
| D4230 | anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant | 450 | 450 | 450 |
| D4231 | anatomical crown exposure - one to three teeth or contiguous teeth or tooth bounded spaces per quadrant | 350 | 350 | 350 |
| D4240 | gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | 325 | 325 | 350 |
| D4241 | gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | 200 | 200 | 225 |
| D4245 | apically positioned flap | 350 | 350 | 375 |
| D4249 | clinical crown lengthening – hard tissue | 375 | 375 | 400 |
| D4260 | osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | 500 | 500 | 650 |
| D4261 | osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | 360 | 360 | 400 |
| D4263 | bone replacement graft – retained natural tooth – first site in quadrant | 300 | 300 | 325 |
| D4264 | bone replacement graft – retained natural tooth – each additional site in quadrant | 350 | 350 | 370 |
| D4266 | guided tissue regeneration - resorbable barrier, per site | 300 | 300 | 350 |
| D4267 | guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) | 300 | 300 | 350 |
| D4268 | surgical revision procedure, per tooth | 400 | 400 | 425 |
| D4270 | pedicle soft tissue graft procedure | 450 | 450 | 450 |
| D4274 | mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | 250 | 250 | 250 |
| D4277 | free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | 445 | 445 | 450 |
| D4278 | free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site | 175 | 175 | 200 |
| D4341 | periodontal scaling and root planing - four or more teeth per quadrant | 85 * | 65 | 110 |

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| | | | | General Dentist | Specialist |
| D4342 | periodontal scaling and root planing - one to three teeth per quadrant | 45 | * | 40 | 75 |
| D4346 | scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | 55 | * | 45 | 100 |
| D4355 | full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit | 55 | * | 45 | 100 |
| D4381 | localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | 35 | | 35 | 40 |
| D4910 | periodontal maintenance (1st and 2nd in year) | 40 | * | 70 | 100 |
| D4920 | unscheduled dressing change (by someone other than treating dentist or their staff) | 80 | * | 80 | 100 |
| D4921 | gingival irrigation – per quadrant | 25 | | 25 | 25 |

Dentures

| | | | | | |
|-------|--|-----|---|-----|----|
| D5110 | complete denture - maxillary | 350 | * | 825 | NC |
| D5120 | complete denture - mandibular | 350 | * | 825 | NC |
| D5130 | immediate denture - maxillary | 350 | * | 900 | NC |
| D5140 | immediate denture - mandibular | 350 | * | 900 | NC |
| D5211 | maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth) | 350 | * | 675 | NC |
| D5212 | mandibular partial denture- resin base (including retentive/clasping materials, rests, and teeth) | 350 | * | 675 | NC |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 875 | | 875 | NC |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 875 | | 875 | NC |
| D5221 | immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | 350 | * | 950 | NC |
| D5222 | immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | 350 | * | 950 | NC |
| D5223 | immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 950 | | 950 | NC |
| D5224 | immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 950 | | 950 | NC |
| D5225 | maxillary partial denture - flexible base (including any clasps, rests and teeth) | 825 | | 825 | NC |
| D5226 | mandibular partial denture - flexible base (including any clasps, rests and teeth) | 825 | | 825 | NC |
| D5284 | removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant | 725 | | 725 | NC |
| D5286 | removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant | 725 | | 725 | NC |

Denture adjustments & repairs

See Exclusions and Limitations.

| | | | | | |
|-------|---|-----|---|-----|----|
| D5410 | adjust complete denture - maxillary | 30 | * | 30 | NC |
| D5411 | adjust complete denture - mandibular | 30 | * | 30 | NC |
| D5421 | adjust partial denture - maxillary | 30 | * | 30 | NC |
| D5422 | adjust partial denture - mandibular | 30 | * | 30 | NC |
| D5511 | repair broken complete denture base, mandibular | 130 | * | 130 | NC |
| D5512 | repair broken complete denture base, maxillary | 130 | * | 130 | NC |
| D5520 | replace missing or broken teeth - complete denture (each tooth) | 125 | * | 125 | NC |
| D5611 | repair resin partial denture base, mandibular | 135 | * | 135 | NC |
| D5612 | repair resin partial denture base, maxillary | 135 | * | 135 | NC |
| D5621 | repair cast partial framework, mandibular | 135 | * | 135 | NC |
| D5622 | repair cast partial framework, maxillary | 135 | * | 135 | NC |
| D5630 | repair or replace broken retentive/clasping materials per tooth | 130 | * | 130 | NC |

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| D5640 | replace broken teeth - per tooth | 130 | * | 130 | NC |
| D5650 | add tooth to existing partial denture | 130 | * | 130 | NC |
| D5660 | add clasp to existing partial denture - per tooth | 135 | * | 135 | NC |
| D5670 | replace all teeth and acrylic on cast metal framework (maxillary) | 350 | * | 500 | NC |
| D5671 | replace all teeth and acrylic on cast metal framework (mandibular) | 350 | * | 500 | NC |
| D5710 | rebase complete maxillary denture | 225 | * | 225 | NC |
| D5711 | rebase complete mandibular denture | 225 | * | 225 | NC |
| D5720 | rebase maxillary partial denture | 225 | * | 225 | NC |
| D5721 | rebase mandibular partial denture | 225 | * | 225 | NC |
| D5730 | reline complete maxillary denture (chairside) | 125 | * | 125 | NC |
| D5731 | reline complete mandibular denture (chairside) | 125 | * | 125 | NC |
| D5740 | reline maxillary partial denture (chairside) | 125 | * | 125 | NC |
| D5741 | reline mandibular partial denture (chairside) | 125 | * | 125 | NC |
| D5750 | reline complete maxillary denture (laboratory) | 200 | * | 200 | NC |
| D5751 | reline complete mandibular denture (laboratory) | 200 | * | 200 | NC |
| D5760 | reline maxillary partial denture (laboratory) | 200 | * | 200 | NC |
| D5761 | reline mandibular partial denture (laboratory) | 200 | * | 200 | NC |
| D5810 | interim complete denture (maxillary) | 325 | | 325 | NC |
| D5811 | interim complete denture (mandibular) | 325 | | 325 | NC |
| D5820 | interim partial denture (maxillary) | 325 | * | 325 | NC |
| D5821 | interim partial denture (mandibular) | 325 | * | 325 | NC |
| D5850 | tissue conditioning, maxillary | 30 | * | 30 | NC |
| D5851 | tissue conditioning, mandibular | 30 | * | 30 | NC |
| D5863 | overdenture – complete maxillary | 900 | | 900 | NC |
| D5864 | overdenture – partial maxillary | 900 | | 900 | NC |
| D5865 | overdenture – complete mandibular | 900 | | 900 | NC |
| D5866 | overdenture – partial mandibular | 900 | | 900 | NC |
| D5875 | modification of removable prosthesis following implant surgery | 475 | | 475 | NC |
| D5876 | add metal substructure to acrylic full denture (per arch) | 130 | * | 130 | NC |
| D5986 | fluoride gel carrier | 30 | | 30 | NC |

Implants

Implants are only available for the adult plans at many participating dental offices and are covered only when performed by the Primary Care Dentists. Check www.dentalhealthservices.com to locate participating dentist offices that offer implant services. Plan includes all lab charges. An additional \$25 can be charged with billing code (D60SP) for specialized porcelain such as Captek, Lava, Ceron, etc.

| | | | | | |
|-------|---|------|--|------|----|
| D6010 | surgical placement of implant body: endosteal implant | 1500 | | 1500 | NC |
| D6056 | prefabricated abutment – includes modification and placement | 450 | | 450 | NC |
| D6057 | custom fabricated abutment – includes placement | 450 | | 450 | NC |
| D6058 | abutment supported porcelain/ceramic crown | 1150 | | 1150 | NC |
| D6059 | abutment supported porcelain fused to metal crown (high noble metal) | 1150 | | 1150 | NC |
| D6060 | abutment supported porcelain fused to metal crown (predominantly base metal) | 1000 | | 1000 | NC |
| D6061 | abutment supported porcelain fused to metal crown (noble metal) | 1125 | | 1125 | NC |
| D6062 | abutment supported cast metal crown (high noble metal) | 1150 | | 1150 | NC |
| D6063 | abutment supported cast metal crown (predominantly base metal) | 1000 | | 1000 | NC |
| D6064 | abutment supported cast metal crown (noble metal) | 1125 | | 1125 | NC |
| D6065 | implant supported porcelain/ceramic crown | 1150 | | 1150 | NC |
| D6066 | implant supported crown - porcelain fused to high noble alloys | 1150 | | 1150 | NC |
| D6067 | implant supported crown - high noble alloys | 1150 | | 1150 | NC |
| D6068 | abutment supported retainer for porcelain/ceramic FPD | 1150 | | 1150 | NC |
| D6069 | abutment supported retainer for porcelain fused to metal FPD (high noble metal) | 1150 | | 1150 | NC |
| D6070 | abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | 1000 | | 1000 | NC |

| Code | Description | Pediatric (18 and younger) | Adult (19 and older) | |
|-------|--|----------------------------|----------------------|------------|
| | | | General Dentist | Specialist |
| D6071 | abutment supported retainer for porcelain fused to metal FPD (noble metal) | 1125 | 1125 | NC |
| D6072 | abutment supported retainer for cast metal FPD (high noble metal) | 1150 | 1150 | NC |
| D6073 | abutment supported retainer for cast metal FPD (predominantly base metal) | 1000 | 1000 | NC |
| D6074 | abutment supported retainer for cast metal FPD (noble metal) | 1125 | 1125 | NC |
| D6075 | implant supported retainer for ceramic FPD | 1150 | 1150 | NC |
| D6076 | implant supported retainer for FPD - porcelain fused to high noble alloys | 1150 | 1150 | NC |
| D6077 | implant supported retainer for metal FPD - high noble alloys | 1150 | 1150 | NC |
| 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 | 55 | 55 | 75 |
| D6082 | implant supported crown - porcelain fused to predominantly base alloys | 1000 | 1000 | NC |
| D6083 | implant supported crown - porcelain fused to noble alloys | 1125 | 1125 | NC |
| D6084 | implant supported crown - porcelain fused to titanium and titanium alloys | 1150 | 1150 | NC |
| D6085 | provisional implant crown | 200 | 200 | NC |
| D6086 | implant supported crown - predominantly base alloys | 1000 | 1000 | NC |
| D6087 | implant supported crown - noble alloys | 1125 | 1125 | NC |
| D6088 | implant supported crown - titanium and titanium alloys | 1150 | 1150 | NC |
| D6092 | re-cement or re-bond implant/abutment supported crown | 40 | 40 | NC |
| D6093 | re-cement or re-bond implant/abutment supported fixed partial denture | 55 | 55 | NC |
| D6094 | abutment supported crown - titanium and titanium alloys | 1150 | 1150 | NC |
| D6096 | remove broken implant retaining screw | 50 | * | 50 |
| D6097 | abutment supported crown - porcelain fused to titanium and titanium alloys | 1150 | 1150 | NC |
| D6098 | implant supported retainer - porcelain fused to predominantly base alloys | 1000 | 1000 | NC |
| D6099 | implant supported retainer for FPD - porcelain fused to noble alloys | 1125 | 1125 | NC |
| D60SP | specialized porcelain- all porcelain abutment retainer | 25 | 25 | NC |
| D6110 | implant /abutment supported removable denture for edentulous arch – maxillary | 2200 | 2200 | NC |
| D6111 | implant /abutment supported removable denture for edentulous arch – mandibular | 2200 | 2200 | NC |
| D6112 | implant /abutment supported removable denture for partially edentulous arch – maxillary | 2200 | 2200 | NC |
| D6113 | implant /abutment supported removable denture for partially edentulous arch – mandibular | 2200 | 2200 | NC |
| D6120 | implant supported retainer – porcelain fused to titanium and titanium alloys | 1150 | 1150 | NC |
| D6121 | implant supported retainer for metal FPD – predominantly base alloys | 1000 | 1000 | NC |
| D6122 | implant supported retainer for metal FPD – noble alloys | 1125 | 1125 | NC |
| D6123 | implant supported retainer for metal FPD – titanium and titanium alloys | 1150 | 1150 | NC |
| D6194 | abutment supported retainer crown for FPD – titanium and titanium alloys | 1150 | 1150 | NC |
| D6195 | abutment supported retainer - porcelain fused to titanium and titanium alloys | 1150 | 1150 | NC |

Bridges

Plan includes all lab charges. An additional \$25 can be charged with billing codes (D62SP and D67SP) for specialized porcelain such as Captek, Lava, Cercon, etc.

| | | | | |
|-------|--|-----|-----|----|
| D6205 | pontic - indirect resin based composite | 240 | 240 | NC |
| D6210 | pontic - cast high noble metal | 625 | 675 | NC |
| D6211 | pontic - cast predominantly base metal | 475 | 525 | NC |
| D6212 | pontic - cast noble metal | 600 | 650 | NC |
| D6214 | pontic - titanium and titanium alloys | 625 | 675 | NC |
| D6240 | pontic - porcelain fused to high noble metal | 625 | 675 | NC |
| D6241 | pontic - porcelain fused to predominantly base metal | 475 | 525 | NC |
| D6242 | pontic - porcelain fused to noble metal | 600 | 650 | NC |
| D6243 | pontic - porcelain fused to titanium and titanium alloys | 625 | 675 | NC |
| D6245 | pontic - porcelain/ceramic | 625 | 675 | NC |
| D6250 | pontic - resin with high noble metal | 625 | 675 | NC |
| D6251 | pontic - resin with predominantly base metal | 475 | 525 | NC |
| D6252 | pontic - resin with noble metal | 625 | 675 | NC |

| Code | Description | Pediatric (18 and younger) | Adult (19 and older) | |
|-------|---|----------------------------|----------------------|------------|
| | | | General Dentist | Specialist |
| D6253 | provisional pontic - further treatment or completion of diagnosis necessary prior to final impression | 200 | 200 | NC |
| D62SP | specialized porcelain- all porcelain pontic | 25 | 25 | NC |
| D6545 | retainer - cast metal for resin bonded fixed prosthesis | 310 | 310 | NC |
| D6548 | retainer - porcelain/ceramic for resin bonded fixed prosthesis | 400 | 400 | NC |
| D6549 | resin retainer – for resin bonded fixed prosthesis | 400 | 400 | NC |
| D6600 | inlay - porcelain/ceramic, two surfaces | 585 | 635 | NC |
| D6601 | retainer inlay - porcelain/ceramic, three or more surfaces | 625 | 675 | NC |
| D6602 | retainer inlay - cast high noble metal, two surfaces | 585 | 635 | NC |
| D6603 | retainer inlay - cast high noble metal, three or more surfaces | 625 | 675 | NC |
| D6604 | retainer inlay - cast predominantly base metal, two surfaces | 435 | 485 | NC |
| D6605 | retainer inlay - cast predominantly base metal, three or more surfaces | 475 | 525 | NC |
| D6606 | retainer inlay - cast noble metal, two surfaces | 560 | 610 | NC |
| D6607 | retainer inlay - cast noble metal, three or more surfaces | 600 | 650 | NC |
| D6608 | retainer onlay - porcelain/ceramic, two surfaces | 585 | 635 | NC |
| D6609 | retainer onlay - porcelain/ceramic, three or more surfaces | 625 | 675 | NC |
| D6610 | retainer onlay - cast high noble metal, two surfaces | 585 | 635 | NC |
| D6611 | retainer onlay - cast high noble metal, three or more surfaces | 625 | 675 | NC |
| D6612 | retainer onlay - cast predominantly base metal, two surfaces | 435 | 485 | NC |
| D6613 | retainer onlay - cast predominantly base metal, three or more surfaces | 475 | 525 | NC |
| D6614 | retainer onlay - cast noble metal, two surfaces | 560 | 610 | NC |
| D6615 | retainer onlay - cast noble metal, three or more surfaces | 600 | 650 | NC |
| D6624 | retainer inlay - titanium | 625 | 575 | NC |
| D6634 | retainer onlay - titanium | 625 | 675 | NC |
| D6710 | retainer crown - indirect resin based composite | 475 | 525 | NC |
| D6720 | retainer crown - resin with high noble metal | 625 | 575 | NC |
| D6721 | retainer crown - resin with predominantly base metal | 475 | 525 | NC |
| D6722 | retainer crown - resin with noble metal | 600 | 650 | NC |
| D6740 | retainer crown - porcelain/ceramic | 625 | 675 | NC |
| D6750 | retainer crown - porcelain fused to high noble metal | 625 | 675 | NC |
| D6751 | retainer crown - porcelain fused to predominantly base metal | 475 | 525 | NC |
| D6752 | retainer crown - porcelain fused to noble metal | 600 | 650 | NC |
| D6753 | retainer crown - porcelain fused to titanium and titanium alloys | 625 | 675 | NC |
| D6780 | retainer crown - 3/4 cast high noble metal | 625 | 675 | NC |
| D6781 | retainer crown - 3/4 cast predominantly base metal | 475 | 525 | NC |
| D6782 | retainer crown - 3/4 cast noble metal | 600 | 650 | NC |
| D6783 | retainer crown - 3/4 porcelain/ceramic | 625 | 675 | NC |
| D6784 | retainer crown ¾ - titanium and titanium alloys | 625 | 675 | NC |
| D6790 | retainer crown - full cast high noble metal | 625 | 675 | NC |
| D6791 | retainer crown - full cast predominantly base metal | 475 | 525 | NC |
| D6792 | retainer crown - full cast noble metal | 600 | 650 | NC |
| D6793 | provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression | 200 | 200 | NC |
| D6794 | retainer crown - titanium and titanium alloys | 625 | 625 | NC |
| D67SP | specialized porcelain- all porcelain abutment | 25 | 25 | NC |
| D6930 | re-cement or re-bond fixed partial denture | 40 | * | 40 |
| D6980 | fixed partial denture repair necessitated by restorative material failure | 100 | * | 100 |

Oral Surgery

See Exclusions and Limitations

| | | | | | |
|-------|--|----|---|----|----|
| D7111 | extraction, coronal remnants - primary tooth | 65 | * | 50 | 80 |
|-------|--|----|---|----|----|

| Code | Description | Pediatric (18 and younger) | | Adult (19 and older) | |
|-------|---|----------------------------|---|----------------------|------------|
| | | | | General Dentist | Specialist |
| D7140 | extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 65 | * | 60 | 75 |
| D7210 | extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | 135 | * | 135 | 135 |
| D7220 | removal of impacted tooth - soft tissue | 155 | * | 150 | 155 |
| D7230 | removal of impacted tooth - partially bony | 350 | * | 180 | 195 |
| D7240 | removal of impacted tooth - completely bony | 350 | * | 215 | 235 |
| D7241 | removal of impacted tooth - completely bony, with unusual surgical complications | 350 | * | 265 | 275 |
| D7250 | removal of residual tooth roots (cutting procedure) | 150 | * | 150 | 175 |
| D7251 | coronectomy – intentional partial tooth removal | 210 | * | 210 | 220 |
| D7260 | oroantral fistula closure | 350 | * | NC | NC |
| D7261 | primary closure of a sinus perforation | 300 | * | NC | NC |
| D7270 | tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | 270 | * | 270 | 270 |
| D7280 | exposure of an unerupted tooth | 150 | | 125 | 180 |
| D7282 | mobilization of erupted or malpositioned tooth to aid eruption | 270 | | 275 | 275 |
| D7285 | incisional biopsy of oral tissue-hard (bone, tooth) | 250 | * | 250 | 250 |
| D7286 | incisional biopsy of oral tissue-soft | 100 | * | 100 | 135 |
| D7287 | exfoliative cytological sample collection | 100 | * | NC | NC |
| D7288 | brush biopsy - transepithelial sample collection | 50 | * | 50 | 55 |
| D7310 | alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 135 | | 110 | 175 |
| D7311 | alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 150 | | 150 | 100 |
| D7320 | alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | 165 | * | 140 | 165 |
| D7321 | alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | 105 | * | 80 | 11 |
| D7340 | vestibuloplasty - ridge extension (secondary epithelialization) | 325 | * | NC | NC |
| D7350 | vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | 325 | * | NC | NC |
| D7450 | removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm | 300 | * | NC | NC |
| D7451 | removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | 325 | * | NC | NC |
| D7465 | destruction of lesion(s) by physical or chemical method, by report | 250 | * | NC | NC |
| D7471 | removal of lateral exostosis (maxilla or mandible) | 350 | * | NC | NC |
| D7472 | removal of torus palatinus | 350 | * | NC | NC |
| D7473 | removal of torus mandibularis | 350 | * | NC | NC |
| D7510 | incision and drainage of abscess - intraoral soft tissue | 100 | * | 100 | 105 |
| D7511 | incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | 125 | | 125 | 130 |
| D7520 | incision and drainage of abscess - extraoral soft tissue | 200 | * | NC | NC |
| D7530 | removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue | 145 | * | NC | NC |
| D7540 | removal of reaction producing foreign bodies, musculoskeletal system | 325 | * | NC | NC |
| D7550 | partial ostectomy/sequestrectomy for removal of non-vital bone | 300 | * | NC | NC |
| D7560 | maxillary sinusotomy for removal of tooth fragment or foreign body | 325 | * | NC | NC |
| D7670 | alveolus - closed reduction, may include stabilization of teeth | 350 | * | NC | NC |
| D7770 | alveolus - open reduction stabilization of teeth | 325 | * | NC | NC |
| D7910 | suture of recent small wounds up to 5 cm | 150 | * | NC | NC |
| D7911 | complicated suture - up to 5 cm | 250 | * | NC | NC |
| D7912 | complicated suture - greater than 5 cm | 325 | * | NC | NC |
| D7922 | placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | 10 | | 10 | 15 |
| D7960 | frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure | 150 | * | 150 | 190 |
| D7963 | frenuloplasty | 225 | * | 225 | 250 |
| D7970 | excision of hyperplastic tissue - per arch | 150 | * | 150 | 190 |

| Code | Description | Pediatric (18 and younger) | | Adult (19 and older) | |
|-------|--|----------------------------|---|----------------------|------------|
| | | | | General Dentist | Specialist |
| D7971 | excision of pericoronal gingiva | 60 | * | 60 | 70 |
| D7981 | excision of salivary gland, by report | 325 | * | NC | NC |
| D7982 | sialodochoplasty | 60 | * | 60 | 150 |
| D7983 | closure of salivary fistula | 325 | * | NC | NC |
| D7990 | emergency tracheotomy | 325 | * | NC | NC |
| D7997 | appliance removal (not by dentist who placed appliance), includes removal of archbar | 150 | * | NC | NC |

Other Services

See Exclusions and Limitations

| | | | | | |
|-------|---|-----|---|-----|-----|
| D9110 | palliative (emergency) treatment of dental pain - minor procedure | 35 | * | 30 | 60 |
| D9120 | fixed partial denture sectioning | 35 | * | 35 | 125 |
| D9210 | local anesthesia not in conjunction with operative or surgical procedures | 10 | | 10 | 30 |
| D9211 | regional block anesthesia | 40 | * | 15 | 50 |
| D9212 | trigeminal division block anesthesia | 75 | * | 75 | 80 |
| D9215 | local anesthesia in conjunction with operative or surgical procedures | 0 | | 0 | 35 |
| D9219 | evaluation for moderate sedation, deep sedation or general anesthesia | 40 | | 40 | 65 |
| D9222 | deep sedation/general anesthesia – first 15 minutes | 300 | * | 300 | 300 |
| D9223 | deep sedation/general anesthesia – each subsequent 15 minute increment | 300 | * | 300 | 300 |
| D9230 | inhalation of nitrous oxide/analgesia, anxiolysis | 40 | * | 40 | 40 |
| D9239 | intravenous moderate (conscious) sedation/analgesia – first 15 minutes | 300 | * | 300 | 300 |
| D9243 | intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment | 300 | * | 300 | 300 |
| D9248 | non-intravenous conscious sedation | 225 | * | 225 | 225 |
| D9310 | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 20 | * | 20 | 50 |
| D9410 | house/extended care facility call | 55 | * | NC | NC |
| D9420 | hospital or ambulatory surgical center call | 250 | * | NC | NC |
| D9430 | office visit for observation (during regularly scheduled hours) - no other services performed | 25 | | 25 | 45 |
| D9440 | office visit - after regularly scheduled hours | 40 | * | 40 | 45 |
| D9450 | case presentation, detailed and extensive treatment planning | 0 | | 0 | 35 |
| D9610 | therapeutic parenteral drug, single administration | 20 | * | 20 | 20 |
| D9612 | therapeutic parenteral drugs, two or more administrations, different medications | 30 | * | 30 | 50 |
| D9630 | drugs or medicaments dispensed in the office for home use | 15 | * | 15 | 20 |
| D9910 | application of desensitizing medicament | 15 | | 15 | 40 |
| D9911 | application of desensitizing resin for cervical and/or root surface, per tooth | 15 | | 15 | 40 |
| D9920 | behavior management, by report | 75 | * | NC | NC |
| D9930 | treatment of complications (post-surgical) - unusual circumstances, by report | 70 | * | 70 | 70 |
| D9932 | cleaning and inspection of removable complete denture, maxillary | 15 | | 15 | NC |
| D9933 | cleaning and inspection of removable complete denture, mandibular | 15 | | 15 | NC |
| D9934 | cleaning and inspection of removable partial denture, maxillary | 15 | | 15 | NC |
| D9935 | cleaning and inspection of removable partial denture, mandibular | 15 | | 15 | NC |
| D9941 | fabrication of athletic mouthguard | 125 | | 125 | NC |
| D9942 | repair and/or reline of occlusal guard | 75 | | 75 | 115 |
| D9951 | occlusal adjustment - limited | 35 | | 35 | 100 |
| D9952 | occlusal adjustment - complete | 150 | | 150 | 500 |
| D9970 | enamel microabrasion | 75 | | 75 | 75 |
| D9971 | odontoplasty 1 - 2 teeth; includes removal of enamel projections | 100 | | 100 | 100 |
| D9972 | external bleaching - per arch - performed in office | 150 | | 150 | NC |
| D9973 | external bleaching - per tooth | 40 | | 40 | NC |
| D9974 | internal bleaching - per tooth | 75 | | 75 | NC |
| D9975 | external bleaching for home application, per arch; includes materials and fabrication of custom trays | 200 | | 200 | 200 |

| Code | Description | Pediatric (18 and younger) | Adult (19 and older) | |
|-------|--|----------------------------|----------------------|------------|
| | | | General Dentist | Specialist |
| D9991 | dental case management – addressing appointment compliance barriers | 0 | 0 | 25 |
| D9992 | dental case management – care coordination | 0 | 0 | 25 |
| D9993 | dental case management – motivational interviewing | 0 | 0 | 25 |
| D9994 | dental case management – patient education to improve oral health literacy | 0 | 0 | 25 |
| D9995 | teledentistry- synchronous; real-time encounter | 15 | * | NC |
| D9996 | teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review | 10 | * | NC |

Orthodontics

Orthodontia Benefits for members under 19 must be preauthorized and will be covered according to the EHB requirements when medically necessary. Medically Necessary Orthodontia is considered: A. Cleft palate; or B. Cleft palate with cleft lip; and C. Whose orthodontia treatment began prior to 21 years of age; or whose surgical corrections of cleft palate or cleft lip were not completed prior to age 21; D. PA is required for orthodontia exams and records. A referral letter from a physician or dentist indicating diagnosis of cleft palate/ cleft lip must be included in the client's record and a copy sent with the PA request; E. Documentation in the client's record must include diagnosis, length and type of treatment; F. Payment for appliance therapy includes the appliance and all follow-up visits; G. Orthodontists evaluate orthodontia treatment for cleft palate/ cleft lip as two phases. Stage one is generally the use of an activator (palatal expander) and stage two is generally the placement of fixed appliances (banding). Medically Necessary Orthodontia copayment is paid over 2 years – First half due in year 1 and second half is due in year 2. The child copayment only applies to medically necessary orthodontia. Non-medically necessary orthodontia (D8070-D8693) is available for members. Limited orthodontic treatments (D8010-D8040) and interceptive treatment of primary dentition (D8050) and interceptive treatment of transitional dentition (D8060) will be prorated based on the estimated treatment time in comparison to the listed copayments for comprehensive (24-month) treatment of transitional, adolescent, and adult dentition.

| | | | | |
|-------|--|------|---|------|
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | 3395 | | 3395 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | 3395 | | 3395 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | 3495 | | 3495 |
| D8210 | Removable appliance therapy | 550 | | 550 |
| D8220 | Fixed appliance therapy | 550 | | 550 |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | 40 | | 40 |
| D8670 | Periodic orthodontic treatment visit | 5 | | 5 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | 315 | | 315 |
| D8681 | Removable orthodontic retainer adjustment | 30 | | 30 |
| D8690 | Orthodontic treatment (alternative billing to a contract fee) | 0 | | 0 |
| D8698 | re-cement or re-bond fixed retainer – maxillary | 45 | | 45 |
| D8699 | re-cement or re-bond fixed retainer – mandibular | 45 | | 45 |
| | Medically Necessary Orthodontia is for Cleft palate; Cleft palate with cleft lip and the following anomalies: Hemifacial microsomia; Craniosynostosis syndromes; Cleidocranial dental dysplasia; Arthrogryposis; Marfan syndrome. Must be preauthorized. | 700 | * | NC |

Orthodontic treatment services using Invisalign are coded with the same CDT codes—appropriate to scope of treatment—for pre-authorizations and claims. There is an additional fee allowance of \$1200 for treatment rendered with Invisalign in addition to the prorated fees for limited and fees for comprehensive orthodontic treatment. Dental Health Services uses the modifier “IN” (example: D8080-IN) for reporting of Invisalign treatment.

Denturists

Covered Denturist Services and Copayments when services are received from a licensed Dental Health Services' Denturist. Only Plastic Teeth will be covered by Dental Health Services. Upgrades on dentures will be the member's responsibility (at a 20% discount). Denturist benefit subject to existence and availability of a licensed denturist within a 30-mile radius of a Member. Members may elect to travel to the nearest participating denturist for services.

| | | | | | |
|-------|---|-----|---|-----|----|
| D0140 | limited oral evaluation - problem focused | 40 | * | 40 | 40 |
| D5110 | Complete denture - maxillary | 350 | * | 700 | NC |
| D5120 | Complete denture - mandibular | 350 | * | 700 | NC |
| D5130 | Immediate denture - maxillary | 350 | * | 725 | NC |
| D5140 | Immediate denture - mandibular | 350 | * | 725 | NC |
| D5211 | maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth) | 350 | * | 675 | NC |
| D5212 | mandibular partial denture- resin base (including retentive/clasping materials, rests, and teeth) | 350 | * | 675 | NC |
| D5213 | maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 875 | | 750 | NC |

| Code | Description | Pediatric (18 and younger) | | Adult (19 and older) | |
|-------|--|----------------------------|---|----------------------|------------|
| | | | | General Dentist | Specialist |
| D5214 | mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 875 | | 750 | NC |
| D5221 | immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | 350 | * | 775 | NC |
| D5222 | immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | 350 | * | 775 | NC |
| D5223 | immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 950 | | 775 | NC |
| D5224 | immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | 950 | | 775 | NC |
| D5225 | Maxillary partial denture - flexible base (including any clasps, rests and teeth) | 825 | | 750 | NC |
| D5226 | Mandibular partial denture - flexible base (including any clasps, rests and teeth) | 825 | | 750 | NC |
| D5410 | Adjust complete denture - maxillary | 30 | * | 20 | NC |
| D5411 | Adjust complete denture - mandibular | 30 | * | 20 | NC |
| D5421 | Adjust partial denture - maxillary | 30 | * | 20 | NC |
| D5422 | Adjust partial denture - mandibular | 30 | * | 20 | NC |
| D5511 | Repair broken complete denture base, mandibular | 100 | * | 100 | NC |
| D5512 | Repair broken complete denture base, maxillary | 100 | * | 100 | NC |
| D5520 | Replace missing or broken teeth - complete denture (each tooth) | 125 | * | 100 | NC |
| D5611 | repair resin partial denture base, mandibular | 110 | * | 110 | NC |
| D5612 | repair resin partial denture base, maxillary | 110 | * | 110 | NC |
| D5621 | repair cast partial framework, mandibular | 110 | * | 110 | NC |
| D5622 | repair cast partial framework, maxillary | 110 | * | 110 | NC |
| D5630 | repair or replace broken retentive/clasping materials per tooth | 130 | * | 100 | NC |
| D5640 | Replace broken teeth - per tooth | 130 | * | 100 | NC |
| D5650 | Add tooth to existing partial denture | 130 | * | 100 | NC |
| D5660 | add clasp to existing partial denture - per tooth | 135 | * | 105 | NC |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | 300 | * | 375 | NC |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | 350 | * | 375 | NC |
| D5710 | Rebase complete maxillary denture | 225 | * | 195 | NC |
| D5711 | Rebase complete mandibular denture | 225 | * | 195 | NC |
| D5720 | Rebase maxillary partial denture | 225 | * | 195 | NC |
| D5721 | Rebase mandibular partial denture | 225 | * | 195 | NC |
| D5730 | Reline complete maxillary denture (chairside) | 125 | * | 110 | NC |
| D5731 | Reline complete mandibular denture (chairside) | 125 | * | 110 | NC |
| D5740 | Reline maxillary partial denture (chairside) | 125 | * | 110 | NC |
| D5741 | Reline mandibular partial denture (chairside) | 125 | * | 110 | NC |
| D5750 | Reline complete maxillary denture (laboratory) | 200 | * | 170 | NC |
| D5751 | Reline complete mandibular denture (laboratory) | 200 | * | 170 | NC |
| D5760 | Reline maxillary partial denture (laboratory) | 200 | * | 170 | NC |
| D5761 | Reline mandibular partial denture (laboratory) | 200 | * | 170 | NC |
| D5810 | Interim complete denture (maxillary) | 325 | | 300 | NC |
| D5811 | Interim complete denture (mandibular) | 325 | | 300 | NC |
| D5820 | Interim partial denture (maxillary) | 325 | * | 300 | NC |
| D5821 | Interim partial denture (mandibular) | 325 | * | 300 | NC |
| D5850 | Tissue conditioning, maxillary | 30 | * | 25 | NC |
| D5851 | Tissue conditioning, mandibular | 30 | * | 25 | NC |
| D5863 | Overdenture – complete maxillary | 725 | | 725 | NC |
| D5864 | Overdenture – partial maxillary | 900 | | 725 | NC |
| D5865 | Overdenture – complete mandibular | 900 | | 725 | NC |
| D5866 | Overdenture – partial mandibular | 900 | | 725 | NC |



Super SmartSmile-ECsm Plan

Exclusions and Limitations of Benefits

Adult Limitations and Exclusions (19 years old and older)

Limitations:

The following are limitations on covered benefits.

- A. Authorized treatment is rendered only by your selected participating primary dentist. Services provided by a dentist other than the member's designated participating primary dentist, except for emergency dental conditions are not covered. (See item C. below). Specialty coverage must be preauthorized and referred by their participating primary dentist when treated at a specialist.
- B. Limitation on the frequency and appropriateness of services:
 - 1. D0120 Periodic oral evaluations are limited to one per six months.
 - 2. D0210 and D0330 Intraoral complete series films and panoramic films limited to once every three years.
 - 3. D1110 - Prophylaxis (removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition) limited to 1 per 6 months.
 - 4. D1206 and D1208 Fluoride is limited to one per six months.
 - 5. D4341 or D4342 - Periodontal scaling and root planing - limited to four quadrants per six months; and 2 quadrants per visit is recommended.
 - 6. D4910 - Periodontal Maintenance - Limited to one per three month period.
 - 7. Crowns, bridges, pontics and denture codes D5110 thru D5281 - Full/partial dentures (upper and / or lower) - limited to one per five year period. New dentures are covered only if the existing denture cannot be made satisfactory by either a reline or repair. Lost or stolen appliances are the responsibility of the patient.
 - 8. Fixed bridges are optional and not covered for patients under the age of 16.
- C. Emergency Dental Condition – A dental condition that manifests itself by acute symptoms of sufficient severity requiring immediate treatment. This includes, acute infection, acute abscesses, severe tooth pain, unusual swelling of the face or gums, or a tooth that has been avulsed (knocked out).
- D. Optional services (all cases in which the member selects a plan of treatment that is considered unnecessary by the dentist). The member is

responsible for fee-for-service rates. This does not apply to standard covered restorative procedures which offer a choice of material.

- E. Crowns and Bridges – crowns and bridges are limited to 10 in a 12 month period. Additional crowns and bridges are subject to a \$200 copayment increase per procedure.
- F. Unsatisfactory patient-doctor relationship: Dental Health Services' participating dentists reserve the right to limit or deny services to a member who fails to follow the prescribed course of treatment, repeatedly fails to keep appointments, fails to pay applicable copayments, fails to maintain a satisfactory doctor/patient relationship, or obtains services by fraud or deception.
- G. Submit claims within 180 days. Dental Health Services shall not be liable to pay a claim for emergency care or for any Dental Health Services authorized treatment provided by a dentist other than a participating dentist unless the member submits the claim to Dental Health Services within 180 days after treatment.
- H. Denturist benefit subject to existence and availability of a licensed denturist within a 30 mile radius of a Member. Members may elect to travel to the nearest participating denturist for services.
- I. Benefits are only available if work is completed in member's participating dentist's office.
- J. Not all participating dentists can perform all dental procedures. Please verify what services your selected dentist can perform for you. Some complicated extractions, periodontal treatment, osseous surgery and root canal treatment may be referred to a specialist at the discretion of the general dentist.
- K. Coverage for services are only available during period of enrollment.
- L. Implants are only available for the adult plans at specific participating dental offices. Check www.dentalhealthservices.com to locate participating dentist offices which offer implant services.
- M. Orthodontic extractions are covered if medically necessary for Orthodontic treatment.
- N. Services performed by a Specialist for adults 19 and older are subject to the specialist copayment amount. Dental Health Services pays up to \$1000 in specialty claims per calendar year per adult enrollee.

Exclusions:

The following are not covered by your dental plan.

- A. Services not specifically listed or listed as NC (not covered) in the "Schedule of Covered Services and Copayments."
- B. Work in progress: Dental work in progress (non-emergency/temporary procedures started but not finished prior to the date of eligibility) is not covered. This includes crown preps prepared and temporized but not cemented, root canals in mid-treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.
- C. Temporomandibular joint (TMJ) disorders and related disease including myofunctional therapy. Procedures for training, treating or developing muscles in and around the jaw of the mouth.
- D. Any dental procedure that cannot be performed in the

dental office due to the general health and/or physical limitations of the member, unless specifically covered on the pediatric EHB plan for children under 19.

- E. Services that are reimbursed by a third party such as the medical portion of a health insurance plan or any other third party indemnification. (The member may be responsible for the payment of usual and customary charges to his/her Dentist for services that are reimbursed by a third party.)
- F. Cosmetic services for appearance only are not covered.
- G. Extractions for asymptomatic teeth are not covered.
- H. Full mouth rehabilitation or reconstruction is not a covered benefit. Fixed restorative procedures requiring extensive restorative treatment and/or increase or decrease of the arch horizontal or vertical dimension are considered full mouth rehabilitation
- I. Correction of malocclusion, gnathological recordings, full mouth equilibration, periodontal splinting, temporary processed functional crowns/appliances and realignment of teeth are not covered.

Adult orthodontia and non-medically necessary children's orthodontia is offered at a discounted fee. Comprehensive orthodontic treatment copayment amounts are based on a typical 24-month case. If case extends beyond 24 months, the cost of treatment in progress will be pro-rated and converted to the Orthodontist's actual fee-for-service amount.

Orthodontic Limitations:

The following are limitations on covered benefits.

- A. Changes in treatment necessitated by accident of any kind.
- B. Services which are compensable under Worker's Compensation or employer liability laws.
- C. Lingual brackets for cosmetic reasons can be charged to the member above the basic Orthodontia benefit.
- D. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.

Orthodontic Exclusions:

The following are not covered by your dental plan.

- A. Cephalometric x-rays, dental x-rays for orthodontic purposes.
- B. Tracings and photographs.
- C. Study Models.
- D. Replacement of lost or broken appliances.
- E. Retreatment of orthodontic cases.
- F. Treatment of a case in progress at inception of eligibility.
- G. Treatment and/or surgical procedures related to cleft palate, micrognathia or microdontia.
- H. Treatment related to Temporomandibular joint disturbances and/or hormonal imbalances.
- I. Any dental procedures considered to be within the field of general dentistry, including but not limited to:
 - 1. Myofunctional therapy.
 - 2. General anesthetics including intravenous and inhalation sedation.

- 3. Dental services of any nature performed in a hospital. Services which are compensable under Worker's Compensation or employer liability laws.
- J. Payment by Dental Health Services or any special discounted orthodontic copayment for treatment rendered or required after member is no longer eligible for coverage (i.e. current premium unpaid). The cost of treatment in progress will be prorated and converted to the Orthodontist's actual fee-for-service amount.

Pediatric Limitations and Exclusions (18 years old and under)

The following are limitations on covered benefits:

Authorized treatment is rendered only by your designated participating primary dentist. Services provided by a dentist other than the member's designated participating primary dentist, except for emergency dental conditions, are not covered. (See item C. below). Specialty coverage must be preauthorized and referred by their participating primary dentist when treated by a specialist.

Diagnostic services are covered with the following limitations and exclusions:

- A. Exams (billed as D0120, D0145, D0150, or D0180) a maximum of twice every 12 months with the following limitations: D0150: once every 12 months when performed by the same practitioner; D0150: twice every 12 months only when performed by different practitioners; D0180: once every 12 months; D0160 only once every 12 months when performed by the same practitioner; for each emergency dental condition episode, use D0140 for the initial exam. Use D0170 for related dental follow-up exams; Covers oral exams by medical practitioners when the medical practitioner is an oral surgeon.
- B. Radiographs: Routine radiographs once every 12 months; Bitewing radiographs for routine screening once every 12 months; A maximum of 6 radiographs for any one emergency; For members under age 6, radiographs may be billed separately every 12 months as follows: D0220 -once; D0230 -a maximum of 5 times; D0270-a maximum of 2, or D0272 once; for panoramic (D0330) or intra-oral complete series (D0210) once every 5 years, but both cannot be done within the 5 year period; Members must be a minimum of 6 years old for billing intra-oral complete series (D0210).

The minimum standards for reimbursement of intra-oral complete series are: For insureds ages 6 through 11- a minimum of 10 periapicals and 2 bitewings for a total of 12 films; For members ages 12 and older- a minimum of 10 periapicals and 4 bitewings for a total of 14 films; If fees for multiple single radiographs exceed the allowable reimbursement for a full mouth complete series (D0210), reimburse for the complete series; Additional films may be covered if dentally or medically appropriate, e.g., fractures (Refer to OAR 410-123-1060 and 410-120-0000);

If it is determined the number of radiographs submitted to be excessive, payment for some or all radiographs of the same tooth or area may be denied. The exception to these limitations is if the member is new to the office or clinic and the office or clinic was unsuccessful in obtaining radiographs from the previous dental office or clinic. Supporting documentation outlining the provider's attempts to receive previous records must be included in the insured's records. Digital radiographs, if printed, should be on photo paper to assure sufficient quality of images.

Preventive Services are covered with following limitations and exclusions:

- A. Prophylaxis: For children (18 and under)- Limited to twice per 12 months. Additional prophylaxis benefit provisions may be available for members with high risk oral conditions due to disease process, pregnancy, medications or other medical treatments or conditions. Severe periodontal disease, rampant caries and/or for persons with disabilities who cannot perform adequate daily oral health care;
- B. Appropriate Current Dental Terminology (CDT) coding: D1110 (Prophylaxis- Adult)- for members 14 years of age and older; and D1120 (Prophylaxis- Child)- for members under 14 years of age.
- C. Topical fluoride treatment: For children (under age 19)- Limited to 2 every 12 months; For children under 7 years of age who have limited access to a dental practitioner, topical fluoride varnish may be applied by a medical practitioner during a medical visit: Bill using a professional claim format with the appropriate CDT code (D1206- topical fluoride varnish or D1208 fluoride excluding varnish); An oral screening by a

medical practitioner is not a separate billable service and is included in the office visit.

Additional topical fluoride treatments may be available, up to a total of 4 conditions apply: high-risk conditions are documented through billing D0603 and oral health factors are clearly documented in chart notes for the following insureds who: have high-risk oral conditions due to disease process, medications, other medical treatments or conditions, or rampant caries, are pregnant; have physical disabilities and cannot perform adequate, daily oral health care; have a developmental disability or other severe cognitive impairment that cannot perform adequate, daily oral health care; or are under 7 years old with high-risk oral health factors, such as poor oral hygiene, deep pits and fissures (grooves) in teeth, severely crowded teeth, poor diet, etc.

- D. Sealants (D1351): covered only for children under 16 years of age; limits coverage to: Permanent molars; and only one sealant on a permanent more in 5 years, except for visible evidence of clinical failure. Use D1353 as repair is needed.
- E. Space management: covers fixed and removable space maintainers (D1510, D1515, D1520, and D1525) only for insured 18 and under; No reimbursement for replacement of lost or damaged removable space maintainers.

Restorative Services are covered with the following limitations and exclusions:

- A. Amalgam and composite: covers resin-based composite restorations only for anterior teeth; Resin-based composite crowns on anterior teeth (D2390) are only covered for insureds under 19; No reimbursement of resin-based composite restorations for posterior teeth (D2391-D2394); Limits payment of covered restorations to the maximum restoration fee of four surfaces per tooth. Refer to the American Dental Association (ADA) CDT codebook for definitions of restorative procedures. Providers must combine and bill multiple surface restorations as one line per tooth using the appropriate code. Providers may not bill multiple surface restorations performed on a single tooth on the same day on separate lines. For example, if tooth #30 has a buccal amalgam

and a mesial-occlusal-distal (MOD) amalgam, then bill MOD, B, using code D2161 (four or more surfaces); No reimbursement for an amalgam or composite restoration and a crown on the same tooth surface once in each treatment episode regardless of the number or combination of restorations. The restoration fee includes payment for occlusal adjustment and polishing of the restoration.

Crowns and related services are covered with the following limitations and exclusions:

- A. Covers crowns only when: There is significant loss of clinical crown and no other restoration will restore function and the crown-to-root ratio is 50:50 or better and the tooth is restorable without other surgical procedures.
- B. Covers core buildup (D2950) only when necessary to retain a cast restoration due to extensive loss of tooth structure from caries or a fracture and only when done in conjunction with a crown. Less than 50% of the tooth structure must be remaining for coverage of the core buildup. No coverage of core buildup if the crown is not covered under the insured's benefit package
- C. Retention pins (D2951) is per tooth, not per pin;
- D. No coverage of the following services: Endodontic therapy alone (with or without a post); Aesthetics (cosmetics);
- E. Covers the following only: Provisional crowns (D2799) - allowed as an interim restoration of at least six months during restorative treatment to allow adequate healing or completion of other procedures. This is not to be used as a temporary crown for a routine prosthetic restoration; Prefabricated plastic crowns (D2932) allowed only for anterior teeth, permanent or primary; Stainless steel crowns (D2930/D2931) allowed only for anterior primary teeth and posterior permanent or primary teeth; Prefabricated stainless steel crowns with resin window (D2933) allowed only for anterior teeth, permanent or primary; Prefabricated post and core in addition to crowns (D2954/D2957). Permanent crowns (resin-based composite D2710 and D2712, and porcelain fused to metal (PFM) D2751 and D2752) as follows: Limited to teeth numbers 6-11, 22 and 27 only, if dentally appropriate; Limited to four (4) in a seven-year period. This limitation includes any replacement crowns allowed according to (E)(i) of this rule; Only for members at least 16 years of age; and rampant caries are arrested and the members demonstrate a period of good oral hygiene before prosthetics are proposed.
- F. Crown replacement: Permanent crown replacement limited to once every 7 years; all other crown replacement limited to once every 5 years; and possible exceptions to crown replacement limitations due to acute trauma, based on the

following factors: extent of crown damage; extent of damage to other teeth or crowns; tooth is restorable without other surgical procedures; and if loss of tooth would result in coverage of removable prosthetic.

- G. Crown repair, by report (D2980) is limited to only anterior teeth.

Endodontics are covered with the following limitations and exclusions:

- A. Pulp capping: Includes direct and indirect pulp caps in the restoration fee; no additional payment shall be made for members.
- B. Endodontic therapy: Pulpal therapy on primary teeth (D3230 and D3240) is covered only for children 18 and under; For permanent teeth: anterior and bicuspid endodontic therapy (D3310 and D3320) is covered for all members. Molar endodontic therapy (D3330) is covered only for first and second molars; and covers endodontics only if the crown-to-root ratio is 50:50 or better and the tooth is restorable without other surgical procedures.
- C. Endodontic retreatment and apicoectomy/periradicular surgery: Does not cover retreatment of a previous root canal or apicoectomy/periradicular surgery for bicuspid or molars; Limits either a retreatment or an apicoectomy (but not both procedures for the same tooth) to symptomatic anterior teeth when: Crown-to-root ratio is 50:50 or better; The tooth is restorable without other surgical procedures; or if the loss of tooth would result in the need for removable prosthodontics.
- D. Retrograde filling (D3430) is covered only when done in conjunction with a covered apicoectomy of an anterior tooth. It does not allow separate reimbursement for open-and-drain as a palliative procedure when the root canal is completed on the same date of service.
- E. Covers endodontics if the tooth is restorable within the benefit coverage package.
- F. Apexification/recalcification and pulpal regeneration procedures:
- G. Limits payment for apexification to a maximum of 5 treatments on permanent teeth only; Apexification/recalcification and pulpal regeneration procedures are covered.

Periodontal Services are covered with the following limitations and exclusions:

- A. Surgical periodontal services: Gingivectomy/Gingivoplasty (D4210 and D4211) is limited to coverage

for severe gingival hyperplasia where enlargement of gum tissue occurs that prevents access to oral hygiene procedures, e.g., Orlan hyperplasia; includes six months routine postoperative care.

- B. Non-surgical periodontal services: periodontal scaling and root planing (D4341 and D4342) is limited to once every 2 years with a maximum of two quadrants on one date of service, except in extraordinary circumstances. Quadrants are not limited to physical area, but are further defined by the number of teeth with pockets 5 mm or greater: D4341 is allowed for quadrants with at least 4 or more teeth with pockets 5 mm or greater; D4342 is allowed for quadrants with at least 2 teeth with pocket depths of 5 mm or greater.
- C. Prior authorization for more frequent scaling and root planing may be requested when medically/dentally necessary due to periodontal disease as defined above and during pregnancy.
- D. Full mouth debridement (D4355) is limited to only once every 2 years.
- E. Periodontal maintenance (D4910) is limited to once every 6 months only when it follows periodontal therapy (surgical or non-surgical) that is documented to have occurred within the past three years.
- F. D4910 is limited to once every 12 months unless it is medically/dentally necessary such as due to presence of periodontal disease during pregnancy. Member's records must support the need for increased periodontal maintenance (chart notes, pocket depths and radiographs); Records must clearly document the clinical indications for all periodontal procedures, including current pocket depth charting and/or radiographs. D4910 will not be covered if performed on the same date of service as any of the following procedures: D1110 (Prophylaxis-adult); D1120 (Prophylaxis -child); D4210 (Gingivectomy or gingivoplasty- four or more contiguous teeth or bounded teeth spaces per quadrant); D4211 (Gingivectomy or gingivoplasty- one to three contiguous teeth or bounded teeth spaces per quadrant); D4341 (Periodontal scaling and root planning -four or more teeth per quadrant); D4342 (Periodontal scaling and root planning -one to three teeth per quadrant); D4355 (Full mouth debridement to enable comprehensive evaluation and diagnosis).

Removable Prosthodontic Services are covered with the following limitations and exclusions:

- A. Only members 16 years and older are eligible for removable resin base partial dentures (D5211 D5212) and full dentures (complete or immediate, D5110-D5140). The copayment for the partial and full dentures includes payment for

adjustments during the 6 month period following delivery. Members must have one or more anterior teeth missing or four or more missing posterior teeth per arch with resulting space equivalent to that loss demonstrating inability to masticate. Third molars are not a consideration when counting missing teeth.

- B. Replacement of removable partial or full dentures when it cannot be made clinically serviceable by a less costly procedure (e.g., reline, rebase, repair, tooth replacement), is limited to the following once in 10 years for members at least 16 years old and only if dentally appropriate. This does not imply that replacement of dentures or partials must be done once every 10 years but only when dentally appropriate. The 10 year limitations apply to the member regardless of the member's enrollment status at the time of last denture or partial was received. Replacement of partial dentures with full dentures is payable ten years after the partial denture placement. Exceptions to this limitation may be made in cases of acute trauma or catastrophic illness that directly or indirectly affects the oral condition and results in additional tooth loss. This pertains to, but is not limited to, cancer and periodontal disease resulting from pharmacological, surgical and/or medical treatment for aforementioned conditions. Severe periodontal disease due to neglect of daily oral hygiene may not warrant replacement.
- C. Replacement of all teeth and acrylic on cast metal framework (D5670-D5671) is limited to members age 16 and older a maximum of once every 10 years, per arch. Ten years or more must have passed since the original partial denture was delivered to be considered as a replacement partial. So a new partial denture is not reimbursable for another 10 years since it was originally delivered
- D. Denture rebase procedures covers rebases only if a reline may not adequately solve the problem; limits payment for rebase to once every 3 years. Exceptions to this limitation may be made in cases of acute trauma or catastrophic illness that directly or indirectly affects the oral condition and results in additional tooth loss. This pertains to, but is not limited to, cancer and periodontal disease resulting from pharmacological, surgical and/or medical treatment for aforementioned conditions. Severe periodontal disease due to neglect of daily oral hygiene may not warrant rebasing.
- E. Denture reline procedures limits payment for reline of complete or partial dentures to once every 3 years. May make exceptions to this limitation under the same conditions warranting replacement.

- F. Laboratory relines are not payable prior to 6 months after placement of an immediate denture; and are limited to once every 3 years.
- G. Interim partial dentures (D5820-D5821), also referred to as “flippers”, are allowed if the member has one or more anterior teeth missing. Replacement of interim partial dentures is limited to once every 5 years, but only when dentally appropriate.
- H. Tissue conditioning is limited to once per denture unit in conjunction with immediate dentures; and is allowed once prior to new prosthetic placement.

Maxillofacial Prosthetic Services are covered with the following limitations and exclusions:

- A. Fluoride gel carrier (D5986) is limited to those patients whose severity of oral disease causes the cleaning and fluoride treatments allowed to be insufficient. The dental practitioner must document failure of those options prior to use of the fluoride gel carrier.
- B. All other maxillofacial prosthetics (D5900-D5999) are medical services and not covered under dental. Refer to the “Covered and Non-Covered Dental Services” document and OAR 410-123-1220.
- C. Covers core buildup for retainer (D6793) only when necessary to retain a cast restoration due to extensive loss of tooth structure and only when done in conjunction with a crown. Less than 50% of the tooth structure must be remaining for coverage of the core buildup. Shall not cover core buildup if the crown is not covered under the member’s benefits.

Oral Surgery procedures are covered with the following limitations and exclusions:

- A. Services must be performed in a dental office setting (including an oral surgeon’s office).
- B. Such services include, but are not limited to, all dental procedures, local anesthesia, surgical postoperative care, radiographs and follow-up visits.
- C. Refer to OAR 410-123-1160 for any prior authorization requirements for specific procedures. Bill the following procedures using the professional claim format and the appropriate American Medical Association (AMA) CPT procedure and ICD-9 diagnosis codes: Procedures that are a result of a medical condition (i.e., fractures, cancer). Services requiring hospital dentistry that are the result of a medical condition/diagnosis (i.e., fracture, cancer). Refer to the “Covered and Non-Covered Dental Services” document to see a list of CDT procedure codes on the

HSC Prioritized List that may also have CPT medical codes. See OAR 410-123-1220. The procedures listed as “medical” on the table may be covered as medical procedures, and the table may not be all-inclusive of every dental code that has a corresponding medical code. Oral surgical services performed in an ASC or an inpatient or outpatient hospital setting require prior authorization.

- D. All codes listed as “by report” require an operative report.
- E. Covers payment for tooth re-implantation only in cases of traumatic avulsion where there are good indications of success.
- F. Biopsies collected are reimbursed as a dental service. Laboratory services of biopsies are not reimbursed as a dental procedure but may be reimbursed as a medical service.
- G. Does not cover surgical excisions of soft tissue lesions (D7410- D7415).
- H. Extractions- Includes local anesthesia and routine postoperative care, including treatment of a dry socket if done by the provider of the extraction. Dry socket is not considered a separate service.
- I. Surgical extractions: Include local anesthesia and routine post-operative care.
- J. Surgical removal of impacted teeth or removal of residual tooth roots is limited to treatment for teeth that have acute infection or abscess, severe tooth pain, and/or unusual swelling of the face or gums. It does not cover alveoloplasty in conjunction with extractions (D7310 and D7311) separately from the extraction.
- K. Frenulectomy/Frenulotomy (D7960) and frenuloplasty (D7963) is limited to once per lifetime per arch.
- L. Maxillary labial frenulectomy is limited to members age 12 and older
- M. Frenulectomy/frenuloplasty is limited to the following situations: when the insured has ankyloglossia; when the condition is deemed to cause gingival recession; or when the condition is deemed to cause movement of the gingival margin when the frenum is placed under tension;

Medically Necessary Orthodontia

Limits orthodontia services and extractions to eligible members with Cleft palate; or Cleft palate with cleft lip; and whose orthodontia treatment began while 18 and under; or whose surgical corrections of cleft palate or cleft lip were not completed prior to age 19. Pre-authorization is required for orthodontia

exams and records. A referral letter from a physician or dentist indicating diagnosis of cleft palate/cleft lip must be included in the member's record and a copy sent with the prior authorization request. Documentation must include diagnosis, length and type of treatment.

When qualified for Medically Necessary Orthodontia payment for appliance therapy includes the appliance and all follow-up visits. Orthodontists evaluate orthodontia treatment for cleft palate/cleft lip as two phases. Stage one is generally the use of an activator (palatal expander) and stage two is generally the placement of fixed appliances (banding). Reimburse each phase individually (separately). Member shall pay for orthodontia in one lump sum at the beginning of each phase of treatment. Payment for each phase is for all orthodontia-related services. If the insured transfers to another orthodontist during treatment, or treatment is terminated for any reason, the orthodontist must refund any unused amount of payment, after applying the following formula: Total payment minus \$300.00 (for banding) multiplied by the percentage of treatment remaining. Use the length of the treatment plan from the original request for authorization to determine the number of treatment months remaining.

1. D8660 Pre-authorization required (reimbursement for required orthodontia records is included);
2. D8010-D8690 Pre-authorization required.

Adjunctive General and Other Services are covered with the following limitations and exclusions:

- A. Fixed partial denture sectioning (D9120) is covered only when extracting a tooth connected to a fixed prosthesis and a portion of the fixed prosthesis is to remain intact and serviceable, preventing the need for more costly treatment.
- B. General anesthesia or IV sedation is for members with concurrent needs: age, physical, medical or mental status, or degree of difficulty of the procedure (D9222, D9223, D9239 and D9243); D9222 or D9239 should be billed for the first 15 minutes and; D9223 or D9243 for each additional 15-minute period, up to three hours on the same day of service. Each 15-minute period represents a quantity of one.
- C. Nitrous Oxide (D9230) is covered per date of service, not by time.
- D. Oral pre-medication anesthesia for conscious sedation (D9248) is limited to members under 13 years of age and limited to 4 times per year.
- E. Limits reimbursement of house/extended care facility call (D9410) only for urgent or emergent dental visits that occur outside of a dental office. This code is not reimbursable for provision of preventive services or for services provided outside of the office for the provider or facilities' convenience.

Dental Health Services

A Great Reason to Smilesm

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