

2021

CDT GUIDE

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MASSACHUSETTS

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Table of Contents

About This Guide	2
Utilization Management	3
Diagnostic Services	6
Preventive Services.....	14
Restorative Services.....	18
Endodontic Services	26
Periodontal Services	30
Prosthodontics (Removable).....	35
Implant Services	42
Prosthodontics, Fixed	51
Oral and Maxillofacial Surgery	56
Orthodontic Services	66
Unclassified Treatment.....	68
Adjunctive General Services	70

*Blue Cross Blue Shield of Massachusetts refers to Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation

About This Guide

We've designed these administrative guidelines and policies to promote our members' long-term oral health. They are based on scientific research, documented professional standards, and the input of the Interspecialty Dental Advisory Committee (IDAC), which includes representatives of the American Dental Association's (ADA's) recognized clinical specialties and general practitioners from across Massachusetts. IDAC gives input regarding clinical parameters of care and helps to define the community "standard of care" when the ADA or recognized national specialty organizations have not specified national parameters of care. We review our policies on an ongoing basis to determine clinical appropriateness and to reflect significant technical advances.

This guide is organized according to the latest and most current edition of the ADA Current Dental Terminology (CDT) procedure codes. For each code, we note specific guidelines and recommendations with respect to time, age, or other contractual limitations or exclusions. We have also noted:

- When procedures are not covered benefits
- Codes that require radiographic (X-ray) imaging documentation and other supplementary documentation. **Note: Send x-rays and other diagnostic attachments *only upon request*. We will not return any attachments that are not requested or required.**
- Submission requirements for Affordable Care Act-qualifying pediatric dental services. These are available for ACA-qualifying members (small group dental plans with 1-50 eligible employees). These are indicated in red in this document if they differ from the submission requirements for other plans.

We accept only coding that is consistent with the verbal descriptors of CDT. However, the presence of a code in CDT does not mean that a subscriber has coverage available. We determine member benefits on the basis of our administrative policies and the terms of the subscriber's certificate. Also, some employers may customize benefits, so it's always important to check benefits and eligibility before performing services.

Some of the categories of service have introductory sections to explain what information you need to provide to facilitate our claim processing. For a more complete description of procedures, please refer to the *American Dental Association, Current Dental Terminology – 2020*. The 2021 Pediatric Essential Health Benefits CDT Guidelines are also included to comply with the requirements of the Affordable Care Act. These Guidelines are described separately. Please refer to the *Pediatric Essential Health Benefit CDT Guidelines and Submission Requirements* on our Provider Central website.

Please use this guide to determine the most accurate code to describe the service you provided to your patient. For additional information about billing, please refer to the Dental *Blue Book* Administrative Manual or call Dental Provider Service at **1-800-882-1178**.

Utilization Management

This section includes information on our utilization management activities including pre-treatment estimates, treatment review, and claim submission. Our dental utilization management team reviews certain types of procedures for quality of care, necessity, and appropriateness of treatment based on the documentation submitted. The team includes dentists, dental hygienists, and dental assistants.

While we continue to conduct utilization review on submitted claims, we don't routinely require submission of radiographs or periodontal charting from participating Dental Blue and Dental Blue PPO providers. Please refer to the *Submission Requirements for Participating Providers* column for any specific requirements needed when submitting claims for treatment.

What is “necessary and appropriate treatment?”

Our members' subscriber certificates specify that all dental care must be “necessary and appropriate to diagnose or treat your dental condition” and defines dental care as inclusive of services, procedures, supplies and appliances.” The member's subscriber certificates identify the following criteria used to determine whether dental care is necessary and appropriate for the member. The dental care must be:

- Consistent with the prevention and treatment of oral disease or with the diagnosis and treatment of teeth that are decayed or fractured, or where the supporting structure is weakened by disease (including periodontal, endodontic, and related diseases).
- Furnished in accordance with standards of good dental practice.
- Not solely for the member's or dentist's convenience.

How do we determine necessity and appropriateness of treatment?

Based on a review of the submitted procedure documentation, our dental consultants determine available benefits for certain types of procedures, including, but not limited to, cast and milled restorations, periodontal services, oral surgery services, and fixed and removable prosthetics. A dental consultant reviews the treatment plan objectively and determines whether the services are within the scope of benefits, and whether these services appear to be necessary and appropriate for the member. Based on these findings, we may determine that a service is not *necessary and appropriate* for the member, even if a dentist has recommended, approved, prescribed, ordered, or furnished the service.

Utilization Management

Services that are non-covered due to contractual limitations

There are situations in which specific services are not covered regardless of whether the procedure is a covered benefit. These are considered contractual limitations and are outlined in the Subscriber Certificate under “Limitations and Exclusions.” Examples include a service performed for cosmetic purposes rather than for tooth decay or fracture or a service that is exploratory in nature.

Information we need to review a procedure

We review procedures including, but not limited to, cast and milled restorations, periodontal services, oral surgery services, and fixed and removable prosthetics. To thoroughly review a procedure, we may need pertinent documentation supporting your patient’s treatment. This *Guide* identifies the information you must submit for each procedure that requires review. **Where we request a detailed narrative, please supply details about the patient’s condition that will help us evaluate your claim and reimburse you appropriately.**

Individual consideration process

In general, we do not pay for any procedure that is not fully described by a CDT code. However, in some circumstances we will approve the unlisted procedure code or a procedure that does not otherwise meet guidelines for submission under our individual consideration process. To find out if we will apply individual consideration to cover the procedure for your patient, please:

- Submit a pre-treatment estimate request to determine if we will apply individual consideration to cover the non-covered procedure.
- Use a detailed narrative and CDT code D0999, D1999, D2999, D3999, D4999, D5899, D5999, D6199, D6999, D7999, D8999, or D9999 depending on the type of individual consideration being requested for review.

We’ll review the claim and notify you of the outcome through a provider payment advisory (PPA) and provider detail advisory (PDA).

Utilization Management

When documentation is requested

While we continue to conduct utilization review on submitted claims, we don't routinely require submission of radiographs or periodontal charting from participating Dental Blue and Dental Blue PPO providers. Please refer to the *Submission Requirements for Participating Providers* column for any specific requirements needed when submitting claims for treatment.

When we do request documentation, please remember that radiographs must be:

- Preoperative periapical images that are current and dated
- Images labeled "left" or "right" side if they are duplicates
- Mounted if they are a full series
- Diagnostic quality

Please remember to include:

- The member's name and ID
- The dentist's name and address

Refer to the specific code listing to determine what additional documentation is required.

***Massachusetts-contracted participating dentists should ONLY submit radiographs or other diagnostic attachments when requested. We will not return any radiographs or attachments that aren't required or requested**

Diagnostic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
CLINICAL ORAL EVALUATIONS – One evaluation code may be billed per dentist per date of service. Evaluations including diagnosis and treatment planning is the responsibility of the dentist. All evaluations must be completed by a dentist.				
D0120	Periodic oral evaluation – established patient	Two per calendar year. Bill for a periodic oral evaluation only when it is the dentist’s general policy to charge all patients of record for this procedure. Two per calendar year. Not covered with D9110 by dentist/office on same date of service.*	None	None
D0140	Limited oral evaluation – problem-focused	Two in twelve months. Two per calendar year. Not covered with D9110, D0160 by the same dentist/dental office on the same date of service.*	None	None
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	One per member per dentist. Maximum 3 per member, up to age 3. Two per calendar year. Not covered with D9110 by the same dentist/dental office on the same date of service.*	None	None
D0150	Comprehensive oral evaluation - new or established patient	Once in 60 months per dentist or location.	None	None
D0160	Detailed and extensive oral evaluation – problem-focused, by report	Not a covered benefit. Two per 12 months. Not covered with D9110 by same dentist/dental office on same date of service.*	None	None
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	Two in twelve months. Not to be used as a periodontal reevaluation.	None	None
D0171	Re-evaluation post-operative office visit.	Considered to be inclusive of the definitive procedure performed previously.	None	None
D0180	Comprehensive periodontal evaluation – new or established patient	Once per 60 months per dentist or location. Two per member per year when performed by different providers.*	None	None
D0190	Screening of a patient	Not a covered benefit.	None	None
D0191	Assessment of a patient	Not a covered benefit.	None	None

* Applies to specific ACA-compliant small group plans only.

Diagnostic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
DIAGNOSTIC IMAGING				
D0210	Intraoral - complete series of radiographic images	A full mouth series or a panorex (D0330) is covered once every 60 months and consists of a minimum of 7 or more radiographs, including bitewings. <i>Up to age 19: a full mouth series (including bitewings) or panorex once per three calendar year(s).*</i>	None	None
D0220	Intraoral - periapical first radiographic image	A maximum of 6 radiographs per date of service. If reported with endodontic therapy, radiographs are included in the fee for the procedure. <i>One per day per patient per provider or location with a maximum of six radiographs per date of service. Any combination of radiographs that exceed six will be processed as D0210.*</i>	None	None
D0230	Intraoral - periapical each additional radiographic image	A maximum of 6 radiographs per date of service. If reported with endodontic therapy, radiographs are included in the fee for the procedure. <i>Up to age 19: three per day per patient, with a maximum of 12 (D0220 or D0230 combination) per 12 months.*</i>	None	None
D0240	Intraoral - occlusal radiographic image	One film per 6 months per arch.	Arch identification	Arch identification
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiations source, and detector.	Not a covered benefit.	None	None
D0251	Extra-oral posterior dental radiographic image	Not a covered benefit.	None	None
D0270	Bitewing - single radiographic image	Two per calendar year. Bitewing radiographs reported within 6 months of D0210 are considered included in this procedure and are non-covered. If reported within 6 months of D0330, we will make an allowance for the difference between the payment of the panoramic and a full series of radiographs. <i>Up to age 19: Two per calendar year per patient. Ages 19+: One per 6 months per patient. May be a combination of any 2 codes D0270, D0272, D0273, D0274.*</i>	None	None
D0272	Bitewings - two radiographic images			
D0273	Bitewings - three radiographic images			
D0274	Bitewings - four radiographic images			

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Diagnostic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-participating	Out-of-state and Non-par
IMAGE CAPTURE WITH INTERPRETATION, continued				
D0277	Vertical bitewings 7-8 radiographical images	One set per 12 month for members age 16 and over. Not covered if reported within six months of other bitewing series. <i>Members age 16: One set per 12 months.*</i>	None	None
D0310	Sialography	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None	None
D0320	Temporomandibular joint arthrogram, including injection			
D0321	Other temporomandibular joint radiographic images, by report			
D0322	Tomographic survey	Not a covered benefit.	None	None
D0330	Panoramic radiographic image	Panoramic radiograph or full mouth series (D0210) is limited to one per 60 months. Submit bitewing radiographs done in conjunction with a panoramic on a separate line; we will pay for the difference between the panorex and a full mouth series of radiographs. <i>Up to age 19: One per three calendar year(s) per member.*</i>	None	None
D0340	Cephalometric radiographic image	Covered only for members with orthodontic benefits. Limited to twice per lifetime. <i>Up to age 19: Covered for members without orthodontic benefits.*</i>	None	None
D0350	2D oral/facial photographic images obtained intra-orally or extra orally	Covered only when BCBSMA requests these images to support the claim for another service.	None	None
D0351	3D photographic image. For dental or maxillofacial diagnostic purposes. Not applicable for a CAD-CAM procedure.	Not a covered benefit.	None	None
D0364	Cone beam CT capture and interpretation with limited field of view-less than one whole jaw			
D0365	Cone beam CT capture and interpretation with limited field of one full dental arch-mandible			

* Applies to specific ACA-compliant small group plans only.

Diagnostic Services

CDT Code	Description of Services	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-participating	Out-of-state and non-par
IMAGE CAPTURE WITH INTERPRETATION, continued				
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	Not a covered benefit.	None	None
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium			
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures			
D0369	Maxillofacial MRI capture and interpretation			
D0370	Maxillofacial ultrasound capture and interpretation			
D0371	Sialoendoscopy capture and interpretation			
IMAGE CAPTURE ONLY - Capture by a practitioner not associated with interpretation and report				
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Not a covered benefit.	None	None
D0381	Cone beam CT image capture with field of view of one full dental arch-mandible			
D0382	Cone beam CT image capture with field of view of one full dental arch-maxilla, with or without cranium			
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium			
D0384	Cone beam CT image capture for TMJ series including two or more exposures			
D0385	Maxillofacial MRI image capture			

* Applies to specific ACA-compliant small group plans only

Diagnostic Services

CDT Code	Description of Services	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-participating	Out-of-state and non-par
IMAGE CAPTURE ONLY - Capture by a practitioner not associated with interpretation and report, continued				
D0386	Maxillofacial ultrasound image capture	Not a covered benefit.	None	None
D0701	Panoramic radiographic image – image capture only			
D0702	2-D cephalometric radiographic image – image capture only			
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally– image capture only			
D0704	3-D photographic image – image capture only			
D0705	Extra-oral posterior dental radiographic image – image capture only. Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image not derived from another image.			
D0706	Intraoral – occlusal radiographic image – image capture only			
D0707	Intraoral – periapical radiographic image – image capture only			
D0708	Intraoral – bitewing radiographic image – image capture only. Image axis may be horizontal or vertical			
D0709	Intraoral – complete series of radiographic images – image capture only. A radiographic survey of the whole mouth, usually consisting of 14-22 images (periapical and posterior bitewing as indicated) intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.			
INTERPRETATION AND REPORT ONLY – Interpretation and report by a practitioner not associated with image capture				
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Not a covered benefit.	None	None

Diagnostic Services

CDT Code	Description of Services	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
POST PROCESSING OF IMAGE OR IMAGE SETS				
D0393	Treatment simulation using 3D image volume. The use of 3D image volumes for simulation of treatment including but not limited to, dental implant placement, orthognathic surgery and orthodontic tooth movement.	Not a covered benefit.	None	None
D0394	Digital subtraction of two or more images or image volumes of the same modality. To demonstrate changes that have occurred over time.			
D0395	Fusion of two or more 3D image volumes of one or more modalities.			
TESTS AND EXAMINATIONS				
D0411	HbA1c in-office point of service testing	Not a covered benefit.	None	None
D0412	Blood glucose level test — in-office using a glucose meter			
D0415	Collection of microorganisms for culture and sensitivity			
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report			
D0416	Viral culture. A diagnostic test to identify viral organisms, most often herpes virus	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage.	None	None
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing			
D0418	Analysis of saliva sample. Chemical or biological analysis of saliva sample for diagnostic purposes	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage.	None	None
D0419	Assessment of salivary flow by measurement	Not a covered benefit.	None	None
D0422	Collection and preparation of genetic sample material for laboratory analysis and report			

Diagnostic Services

CDT Code	Description of Services	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
TESTS AND EXAMINATIONS, continued				
D0423	Genetic test for susceptibility to diseases – specimen analysis	Not a covered benefit	None	None
D0425	Caries susceptibility tests. Not to be used for carious dentin staining			
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 a routinely covered benefit under BCBSMA dental plans. Please check with patient’s medical insurance for possible coverage.	None	None
D0460	Pulp vitality tests	Considered to be included in other evaluation services performed on the same day.	None	None
D0470	Diagnostic casts	One complete set per 60 months.	None	None
ORAL PATHOLOGY LABORATORY – These procedures do not include collection of the tissue sample, which is documented separately.				
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	None	None
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report			
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report			
D0475	Decalcification procedure			
D0476	Special stains for microorganisms			
D0477	Special stains, not for microorganisms			
D0478	Immunohistochemical stains			
D0479	Tissue in-site hybridization, including interpretation			
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report			

Diagnostic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
ORAL PATHOLOGY LABORATORY, continued				
D0481	Electron microscopy	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None	None
D0482	Direct immunofluorescence			
D0483	Indirect immunofluorescence			
D0484	Consultation on slides prepared elsewhere			
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source			
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report			
D0502	Other oral pathology procedures, by report			
D0600	Non ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	Not a covered benefit.	None	None
D0601	Caries risk assessment and documentation, with a finding of low risk			
D0602	Caries risk assessment and documentation, with a finding of moderate risk			
D0603	Caries risk assessment and documentation, with a finding of high risk			
D0604	Antigen testing for a public health related pathogen including coronavirus	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None	None
D0605	Antibody testing for a public health related pathogen including coronavirus			
D0606	Molecular testing for a public health related pathogen, including coronavirus			
D0999	Unspecified diagnostic procedure, by report	Individual consideration.	Detailed narrative	Detailed narrative

Preventive Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
DENTAL PROPHYLAXIS				
D1110	Prophylaxis - adult	Two per calendar year (any combination of these codes and periodontal maintenance with at least 3 months between visits). <i>Two per calendar year.*</i>	None	None
D1120	Prophylaxis - child			
TOPICAL FLUORIDE TREATMENT OFFICE PROCEDURE				
D1206	Topical application of fluoride varnish	Two per calendar year through age 18 (up to the 19 th birthday). Benefit will be in place of D1208. <i>Up to age 19: Once per 90 days. Benefit will be in place of D1208.*</i>	None	None
D1208	Topical application of fluoride-excluding varnish	Two per calendar year through age 18 (up to the 19 th birthday). Benefit will be in place of D1206. <i>Up to age 19: Once per 90 days. Benefit will be in place of D1206.*</i>	None	None
OTHER PREVENTIVE SERVICES				
D1310	Nutritional counseling for control of dental disease	Not a covered benefit.	None	None
D1320	Tobacco counseling for control and prevention of oral disease			
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use. Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injecting, inhaling and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, nicotine, cannabis, methamphetamine and other pharmaceuticals or chemicals.			
D1330	Oral hygiene instructions			

* Applies to specific ACA-compliant small group plans only.

Preventive Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-participating	Out-of-state & Non-par
OTHER PREVENTIVE SERVICES, continued				
D1351	Sealant – per tooth	<p>One per tooth per 48 months, regardless of the number of surfaces, on premolars and permanent first and second molars. Covered through age 13 (up to the 14th birthday.) No coverage for sealants on a restored surface of a tooth. Preventive resin restorations are considered sealants for benefit purposes.</p> <p><i>Under age 9: Covered for primary molars. Reapplication only if process fails within three years.</i></p> <p><i>Under age 19: Covered for permanent non-carious molars for members once every three years per tooth.</i></p> <p><i>Ages 19+: Not covered.*</i></p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	<p>One per tooth per 48 months, regardless of the number of surfaces, on premolars and permanent first and second molars. Covered through age 13 (up to 14th birthday). No coverage for sealants on a restored surface of a tooth. Preventive resin restorations are considered sealants for benefit purposes.</p> <p><i>Up to 14th birthday: Once per tooth per 48 months, on premolars and permanent first and second molars.*</i></p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification • Narrative indicating risk criteria
D1353	Sealant repair – per tooth	Not a covered benefit.	None	None
D1354	Interim caries arresting medicament application per tooth	<p>Covered once per tooth per lifetime.</p> <p><i>Not a covered benefit.*</i></p>	Tooth identification	Tooth identification
D1355	Caries preventive medicament application – per tooth For primary prevention or remineralization. Medicaments applied do not include topical fluorides.	Not a covered benefit.	None	None
SPACE MAINTENANCE (PASSIVE APPLIANCES) – Passive appliances are designed to prevent tooth movement.				
D1510	Space maintainer – fixed, unilateral – per quadrant	<p>One per arch or quadrant per lifetime for members through age 18 (up to the 19th birthday).</p> <p><i>Up to age 19: Once per arch or quadrant per lifetime</i></p> <p><i>Ages 19+: not covered.*</i></p>	<ul style="list-style-type: none"> • Quadrant identification (D1510 & D1520) • Arch identification (D1516 & D1526) 	<ul style="list-style-type: none"> • Quadrant identification (D1510 & D1520) • Arch identification (D1516 & D1526)
D1516	Space maintainer – fixed – bilateral, maxillary			
D1517	Space maintainer – fixed – bilateral, mandibular			
D1520	Space maintainer – removable, unilateral – per quadrant			

Preventive Services

CDT Code	Description of Services	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-participating	Out-of-state & non-par
SPACE MAINTENANCE (PASSIVE APPLIANCES), continued				
D1526	Space maintainer – removable – bilateral, maxillary	One per arch or quadrant per lifetime for members through age 18 (up to the 19th birthday).	<ul style="list-style-type: none"> • Quadrant identification (D1510 & D1520) 	<ul style="list-style-type: none"> • Quadrant identification (D1510 & D1520)
D1527	Space maintainer – removable – bilateral, mandibular	Up to age 19: Once per arch or quadrant per lifetime. Ages 19+: not covered.*	<ul style="list-style-type: none"> • Arch identification (D1516 & D1526) 	<ul style="list-style-type: none"> • Arch identification (D1516 & D1526)
D1551	Re-cement or rebond bilateral space maintainer, maxillary	One per arch or quadrant per 6 months. Up to age 19: One per arch or quadrant per 6 months	<ul style="list-style-type: none"> • Arch identification • Quadrant identification 	<ul style="list-style-type: none"> • Arch identification • Quadrant identification
D1552	Re-cement or re-bond bilateral space maintainer, mandibular	Age 19+: Not covered.*		
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant	One per quadrant per 6 months. Up to age 19: One per quadrant per 6 months Age 19+: Not covered.*	Quadrant identification	Quadrant identification
D1556	Removal of fixed unilateral space maintainer, per quadrant	Covered only when procedure performed by dentist who did not place original appliance.	Quadrant identification	Quadrant identification
D1557	Removal of fixed bilateral space maintainer, maxillary	Covered only when procedure performed by dentist who did not place original appliance.	Arch identification	Arch identification
D1558	Removal of fixed bilateral space maintainer, mandibular			
D1575	Distal shoe space maintainer – fixed unilateral, per quadrant	One per quadrant per lifetime for members through age 18 (up to the 19th birthday). Up to age 19: Once per arch or quadrant per lifetime. Ages 19+: not covered.*	Quadrant identification	Quadrant identification
D1999	Unspecified preventive procedure, by report	Individual consideration.	Detailed narrative	Detailed narrative
VACCINATIONS				
D1701	Pfizer-BioNTech Covid-19 vaccine administration – first dose	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	None	None
D1702	Pfizer-BioNTech Covid-19 vaccine administration – second dose			
D1703	Moderna Covid-19 vaccine administration – first dose			
D1704	Moderna Covid-19 vaccine administration – second dose			

* Applies to specific ACA-compliant small group plans only.

Preventive Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
VACCINATIONS, continued				
D1705	AstraZeneca COVID-19 vaccine administration – first dose	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	None	None
D1706	AstraZeneca COVID-19 vaccine administration – second dose			
D1707	Janssen COVID-19 vaccine administration			

Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
<p>AMALGAM RESTORATIONS (INCLUDING POLISHING) – Amalgam restorations include tooth preparation, localized tissue removal, base, direct and indirect pulp cap, local anesthesia and all adhesives (including amalgam bonding agents, liners and bases). These are included as part of the restoration. If pins are used, they should be reported separately (see D2951). Restorations are only allowed for fracture or decay. Restorations for erosion, attrition, or abrasion are not covered benefits.</p>				
D2140	Amalgam – one surface, primary or permanent	<p>One amalgam restoration per tooth surface per 12 months. We consider contiguous surface amalgam restorations as one multiple-surface restoration.</p> <p><i>One per tooth surface per 12 months.*</i></p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification
D2150	Amalgam – two surfaces, primary or permanent			
D2160	Amalgam – three surfaces, primary or permanent			
D2161	Amalgam – four or more surfaces, primary or permanent			
<p>RESIN-BASED COMPOSITE RESTORATIONS – Resin refers to a broad category of materials including, but not limited to, composites. May include bonded composite, light-cured composite, etc. Light curing, acid-etching, and adhesives (including resin bonding agents) are included as part of the restoration. Resin restorations include tooth preparation, localized tissue removal, base, direct and indirect pulp cap and local anesthesia. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, please report them separately (see D2951). Restorations are only allowed for fracture or decay. Restorations for erosion, attrition, or abrasion are not covered benefits.</p>				
D2330	Resin-based composite – one surface, anterior	<p>One resin restoration per tooth surface per 12 months. Contiguous surface resin restorations are considered one multiple surface restoration.</p> <p><i>One per tooth surface per 12 months.*</i></p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification
D2331	Resin-based composite – two surfaces, anterior			
D2332	Resin-based composite – three surfaces, anterior			
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)			
D2390	Resin-based composite crown, anterior	<p>Once per 12 months – primary anterior teeth. Pays an alternate benefit of procedure code D2930. The remainder is the member’s responsibility.</p> <p><i>One per tooth surface per 12 months.*</i></p>	<ul style="list-style-type: none"> • Tooth identification 	<ul style="list-style-type: none"> • Tooth identification

* Applies to specific ACA-compliant small group plans only.

Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
RESIN-BASED COMPOSITE RESTORATIONS, continued				
D2391	Resin-based composite – one surface, posterior	<p>One resin restoration per tooth surface per 12 months. We consider contiguous surface resin restorations one multiple surface restoration. When a single surface is the only surface being restored by a resin material, the benefit may be paid in full according to the member’s contract, not as an alternate benefit. <i>Posterior composites may pay as an alternate benefit to the corresponding amalgam procedure code. The patient would be responsible for the remainder of the charge. If the employer group has purchased a rider for full benefits on posterior resins, you may not balance bill the patient.</i></p> <p>One per tooth surface per 12 months.*</p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification
D2392	Resin-based composite – two surfaces, posterior			
D2393	Resin-based composite – three surfaces, posterior			
D2394	Resin-based composite – four or more surfaces, posterior			
GOLD FOIL RESTORATIONS				
D2410	Gold foil – one surface	<p>One restoration per tooth surface per 12 months. Restoration includes tooth preparation, localized tissue removal, base direct and indirect pulp cap, and polishing. Gold foil restorations will pay as an alternate benefit, based on the corresponding amalgam procedure code. The patient is responsible for the remainder of the charge.</p> <p>One per tooth surface per 12 months.*</p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification
D2420	Gold foil – two surfaces			
D2430	Gold foil – three surfaces			
INLAY/ONLAY RESTORATIONS				
<p>Inlay: An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore and cusp tips.</p> <p>Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface.</p>				
D2510	Inlay – metallic – one surface	<p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.</p> <p>Ages 16+: One per tooth per 60 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.*</p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification
D2520	Inlay – metallic – two surfaces			
D2530	Inlay – metallic – three or more surfaces			

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Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
INLAY/ONLAY RESTORATIONS, continued				
D2542	Onlay – metallic – two surfaces	<p>One per posterior tooth per 60 months for members ages 16 and older. Includes preparation, impression, temporary, and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> • Untreated bone loss • Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective • Periapical pathology or unresolved, incomplete or failed endodontic therapy • Services meant to treat TMJ, increase vertical dimension, or restore occlusion <p><i>Ages 16+: One per tooth per 60 months.*</i></p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification (must include B or L surface) 	<ul style="list-style-type: none"> • Tooth identification • Surface identification (must include B or L surface) • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D2543	Onlay – metallic – three surfaces			
D2544	Onlay – metallic – four or more surfaces			
D2610	Inlay – porcelain/ceramic – one surface	<p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for porcelain inlays. The patient is responsible for the balance.</p> <p><i>Ages 16+: One per tooth per 60 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.*</i></p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification
D2620	Inlay – porcelain/ceramic – two surfaces			
D2630	Inlay – porcelain/ceramic – three or more surfaces			
D2642	Onlay – porcelain/ceramic – two surfaces	<p>One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> • Untreated bone loss • Tooth has poor-to-hopeless prognosis from a restorative, endodontic, or periodontal perspective • Periapical pathology or unresolved, incomplete or failed endodontic therapy • Services meant to treat TMJ, increase vertical dimension, or restore occlusion. <p><i>Ages 16+: One per tooth per 60 months.*</i></p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification (must include B or L surface) 	<ul style="list-style-type: none"> • Tooth identification • Surface identification (must include B or L surface) • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D2643	Onlay – porcelain/ceramic – three surfaces			
D2644	Onlay – porcelain/ceramic – four or more surfaces			

* Applies to specific ACA-compliant small group plans only.

Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
INLAY/ONLAY RESTORATIONS, continued				
D2650	Inlay – resin-based composite – one surface	<p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for composite inlays. The patient is responsible for the balance.</p> <p>Ages 16+: One per tooth per 60 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.*</p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Surface identification
D2651	Inlay – resin-based composite – two surfaces			
D2652	Inlay – resin-based composite – three or more surfaces			
D2662	Onlay – resin-based composite – two surfaces	<p>One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration, and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> • Untreated bone loss • Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective • Periapical pathology or unresolved, incomplete or failed endodontic therapy • Services meant to treat TMJ, increase vertical dimension, or restore occlusion. <p>Ages 16+: One per tooth per 60 months.*</p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification (must include B or L surface) 	<ul style="list-style-type: none"> • Tooth identification • Surface identification (must include B or L surface) • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D2663	Onlay – resin-based composite – three surfaces	<p>One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration, and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> • Untreated bone loss • Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective • Periapical pathology or unresolved, incomplete or failed endodontic therapy • Services meant to treat TMJ, increase vertical dimension, or restore occlusion. <p>Ages 16+: One per tooth per 60 months.*</p>	<ul style="list-style-type: none"> • Tooth identification • Surface identification (must include B or L surface) 	<ul style="list-style-type: none"> • Tooth identification • Surface identification (must include B or L surface) • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D2664	Onlay – resin-based composite – four or more surfaces			

* Applies to specific ACA-compliant small group plans only.

Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
CROWNS – SINGLE RESTORATIONS ONLY				
D2710	Crown – resin-based composite (indirect)	<p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> • Untreated bone loss • Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective • Periapical pathology or unresolved, incomplete or failed endodontic therapy • Services meant to treat TMJ, increase vertical dimension, or restore occlusion • D2710 one per 60 months all ages. <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794: One per tooth per 60 months.*</p>	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D2712	Crown – ¾ resin-based composite (indirect) (does not include facial veneers)			
D2720	Crown – resin with high noble metal			
D2721	Crown – resin with predominantly base metal			
D2722	Crown – resin with noble metal			
D2740	Crown – porcelain/ceramic substrate			
D2750	Crown – porcelain fused to high noble metal			
D2751	Crown – porcelain fused to predominantly base metal			
D2752	Crown – porcelain fused to noble metal			
D2753	Crown – Porcelain fused to titanium and titanium alloys			
D2780	Crown – ¾ cast high noble metal			
D2781	Crown – ¾ cast predominantly base metal			
D2782	Crown – ¾ cast noble metal			
D2783	Crown – ¾ porcelain/ceramic (does not include facial veneers)			
D2790	Crown – full cast, high-noble metal			
D2791	Crown – full cast, predominantly base metal			
D2792	Crown – full cast, noble metal			
D2794	Crown – titanium and titanium alloys			
D2799	Provisional crown – further treatment or completion of diagnosis necessary prior to final impression	Not a covered benefit.	None	None

Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
OTHER RESTORATIVE SERVICES				
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	One per tooth per 12 months for members age 16 and over. <i>Ages 16+: One per tooth per 12 months.*</i>	Tooth identification	Tooth identification
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core			
D2920	Recement or re-bond crown			
D2921	Reattachment of tooth fragment, incisal edge or cusp	Not a covered benefit.	None	None
D2928	Prefabricated porcelain/ceramic crown – permanent tooth			
D2929	Prefabricated porcelain/ceramic crown – primary tooth	One per primary tooth per 24 months as an alternate benefit to D2932.	Tooth identification	Tooth identification
D2930	Prefabricated stainless steel crown – primary tooth	One per primary tooth per 24 months. Up to four prefabricated ss crowns per date of service.		
D2931	Prefabricated stainless steel crown – permanent tooth	One per first and second molar per 24 months for members through age 15 (up to the 16 th birthday). <i>Once per primary tooth per 24 months* Up to four prefabricated stainless steel crowns per date of service.*</i>		
D2932	Prefabricated resin crown	One per permanent anterior tooth per 24 months for members through age 15 (up to the 16 th birthday). One per primary tooth per 24 months. <i>Up to age 19: Four per day per member Ages 19+: Not covered.*</i>		
D2933	Prefabricated stainless steel crown with resin window	One per 1st molar per 24 months for members up to the 16th birthday. One per primary tooth per 24 months.		
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	One per primary tooth per 24 months. <i>Up to age 19: One per tooth per lifetime Ages 19+: One per primary tooth per 24 months.*</i>		
D2940	Protective restoration	One per tooth per lifetime. Direct placement of a temporary restorative material to protect tooth and/or tissue form. May be used to relieve pain, promote healing or prevent further deterioration. Should not be reported as a base or in conjunction with other restorations.		

* Applies to specific ACA-compliant small group plans only.

Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
OTHER RESTORATIVE SERVICES, continued				
D2941	Interim therapeutic restoration – primary dentition	One per tooth per lifetime on primary teeth for members under 3 years of age. Direct placement of a temporary restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing or prevent further deterioration. Should not be reported as a base or in conjunction with other restorations.	Tooth identification	Tooth identification
D2949	Restorative foundation for an indirect restoration	Not a covered benefit.		
D2950	Core buildup, including any pins when required	One per tooth per 60 months. Not covered if reported with D2952 or D2954. Refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used. Not intended to be used as a 4-5 surface restoration if crown is not to be considered for a final restoration. <i>One per tooth per 60 months.*</i>		
D2951	Pin retention – per tooth, in addition to restoration	Once per tooth per lifetime. Not covered if reported with D2950. <i>Up to age 19: Must be billed with two or more surface restorations on a permanent tooth for members.</i> <i>Ages 19+: Once per tooth per lifetime.*</i>		
D2952	Post and core in addition to crown, indirectly fabricated	One per tooth per 60 months. If reported with a restoration or a core buildup on the same service date, the restoration, amalgam, or composite core build-up is considered part of the post- and core procedure. Cast post and core is separate from crown. <i>One per tooth per 60 months*</i>		
D2953	Each additional indirectly fabricated post – same tooth	Limited to posterior teeth only (#1-5, 12-16, 17-21 and 28-32). One per tooth per lifetime. Tooth must be badly broken down and missing at least 3 walls. If reported with a restoration or a core build-up on the same service date, the restoration amalgam or composite core build-up is considered part of the post and core procedure.		
D2954	Prefabricated post and core in addition to crown	One per tooth per 60 months. If reported with a restoration or a core buildup on the same service date, the restoration amalgam or composite core buildup is considered part of the post and core procedure. Cast restorations submitted on same date of service with this procedure will be non-covered.		

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Restorative Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
OTHER RESTORATIVE SERVICES, continued				
D2955	Post removal	Not a covered benefit.	None	None
D2957	Each additional prefabricated post – same tooth	Limited to posterior teeth only (#1-5, 12-16, 17-21 and 28-32). One per tooth per lifetime. Tooth must be badly broken down and missing at least 3 walls. If reported with a restoration or a core build-up on the same service date, the restoration, amalgam, or composite core build-up is considered part of the post and core procedure.	Tooth identification	Tooth identification
D2960	Labial veneer (resin laminate) – direct	Not a covered benefit.	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative • Current mounted and dated pre-operative periapical radiographs
D2961	Labial veneer (resin laminate) – indirect			
D2962	Labial veneer (porcelain laminate) – indirect			
D2971	Additional procedures to construct new crown under existing partial denture framework	Individual consideration. One per tooth per 60 months for members age 16 and older - must be reported with individual crown. <i>Ages 16+: One per tooth per 60 months. Must be reported with individual crown.*</i>	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative 	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative
D2975	Coping – A thin covering of the coronal portion of a tooth, usually devoid of anatomic contour, that can be used as a definitive restoration	Not a covered benefit.	None	None
D2980	Crown repair necessitated by restorative material failure	One per tooth per 12 months. <i>Up to age 19: no limit.</i> <i>Ages 19+: one per tooth per 12 months.*</i>	Tooth identification	Tooth identification
D2981	Inlay repair necessitated by restorative material failure	One per tooth per 12 months.		
D2982	Onlay repair necessitated by restorative material failure	One per tooth per 12 months.		
D2983	Veneer repair necessitated by restorative material failure	Not a covered benefit.	None	None
D2990	Resin infiltration of incipient smooth surface lesions	One per covered tooth surface per 12 months.	<ul style="list-style-type: none"> • Tooth identification • Surface identification (B, L, F surfaces only) 	<ul style="list-style-type: none"> • Tooth identification • Surface identification (B, L, F surfaces only)
D2999	Unspecified restorative procedure, by report	Individual consideration.	Detailed narrative	Detailed narrative

* Applies to specific ACA-compliant small group plans only.

Endodontic Services

Endodontic procedures include exam, pulp test, pulpotomy, pulpectomy, extirpation of pulp, pre-operative, operative and post-operative radiographs, filling of canals, bacteriologic cultures, and local anesthesia. Endodontic therapy performed specifically for coping or overdenture are not covered benefits.

Claims for multiple-stage procedures should only be billed on date of completion/insertion. Benefits are not available for incomplete care. Payment for endodontic services does not mean that benefits will be available for subsequent restorative services. Coverage for those services is still subject to exclusions listed under major restorative guidelines.

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
PULP CAPPING				
D3110	Pulp cap – direct (excluding final restoration)	A separate allowance is not made. Pulp capping is considered part of the final restoration.	None	None
D3120	Pulp cap – indirect (excluding final restoration)			
PULPOTOMY				
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to dentinocemental junction and application of medicament	One per tooth per lifetime. Part of endodontic therapy when performed by the same dentist.	Tooth identification	Tooth identification
D3221	Pulpal debridement, primary and permanent teeth			
D3222	Partial pulpotomy for apexogenesis –permanent tooth with incomplete root development			
ENDODONTIC THERAPY ON PRIMARY TEETH				
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	One per tooth per lifetime.	Tooth identification	Tooth identification
D3240	Pulpal therapy (resorbable filling) – posterior primary tooth (excluding final restoration)			

Endodontic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state & Non-par
ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow up care)				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per permanent tooth per lifetime.	Tooth identification	Tooth identification
D3320	Endodontic therapy, premolar tooth (excluding final restoration)			
D3330	Endodontic therapy, molar tooth (excluding final restoration)			
D3331	Treatment of root canal obstruction; non-surgical access	Individual consideration. Once per tooth per lifetime.	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative • Current dated pre- and post-operative periapical radiographs
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not a covered benefit.	None	None
D3333	Internal root repair of perforation defects			
ENDODONTIC RETREATMENT				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime. Coverage is considered when prior root canal failed and re-treatment is performed by another dentist.	Tooth identification	Tooth identification
D3347	Retreatment of previous root canal therapy – premolar			
D3348	Retreatment of previous root canal therapy – molar			
APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES				
D3351	Apexification / recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	One per permanent tooth per lifetime. Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy).	Tooth identification	Tooth identification
D3352	Apexification/recalcification – interim medication replacement	One per permanent tooth per lifetime.	Tooth identification	Tooth identification

Endodontic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES, continued				
D3353	Apexification/recalcification - final visit (includes completed root canal therapy –apical closure/calcific repair of perforations, root resorption, etc.)	One per permanent tooth per lifetime.	Tooth identification	Tooth identification
D3355	Pulpal regeneration – initial visit			
D3356	Pulpal regeneration – interim medication replacement			
D3357	Pulpal regeneration – completion of treatment			
APICOECTOMY/PERIRADICULAR SERVICES				
D3410	Apicoectomy – anterior	One per tooth root per lifetime.	Tooth & root identification	Tooth & root identification
D3421	Apicoectomy – premolar (first root)			
D3425	Apicoectomy – molar (first root)			
D3426	Apicoectomy – (each additional root)			
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	Not a covered benefit.	None	None
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous in the same surgical site			
D3430	Retrograde filling – per root	One per tooth root (not canal) per lifetime. Only covered when reported with D3410, D3421, D3425, D3426. Benefit is paid at a maximum of a one-surface amalgam restoration. If more than one filling is placed per tooth, report additional root (not canal) as D3999 and describe.	Tooth & root identification	<ul style="list-style-type: none"> • Tooth & root identification • For additional retrogrades on the same tooth, include either post-operative periapical radiograph or clinical imaging of finished filling at root end of the tooth and report.
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not a covered benefit.	None	None
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery			

Endodontic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
APICOECTOMY/PERIRADICULAR SERVICES, continued				
D3450	Root amputation – per root	One per tooth per lifetime for multi-rooted posterior teeth.	Tooth identification	Tooth identification
D3460	Endodontic endosseous implant	Not a covered benefit.	None	None
D3470	Intentional reimplantation (including necessary splinting)	Individual consideration.	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative 	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative
OTHER ENDODONTIC PROCEDURES				
D3471	Surgical repair of root resorption – anterior	One per tooth root per lifetime. Considered inclusive if submitted with D3410, D3421, D3425, D3426.	Tooth & root identification	Tooth & root identification
D3472	Surgical repair of root resorption – premolar			
D3473	Surgical repair of root resorption–molar			
D3501	Surgical repair of root surface without apicoectomy or repair of root resorption – anterior	Not a covered benefit.	None	None
D3502	Surgical repair of root surface without apicoectomy or repair of root resorption – premolar			
D3503	Surgical repair of root surface without apicoectomy or repair of root resorption – molar			
D3910	Surgical procedure for isolation of tooth with rubber dam			
D3920	Hemisection (including any root removal), not including root canal therapy	One per posterior tooth per lifetime.	Tooth identification	Tooth identification
D3950	Canal preparation and fitting of preformed dowel or post	Not a covered benefit.	None	None
D3999	Unspecified endodontic procedure, by report	Individual consideration.	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative • Current dated pre- and post-operative periapical radiographs 	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative • Current dated pre- and post-operative periapical radiographs

Periodontal Services

Periodontal procedures billing guidelines

When supporting documentation is requested for periodontal services, please refer to the submission guidelines as outlined in this section.

- A quadrant is defined as four or more contiguous teeth per quadrant.
- A partial quadrant is defined as one to three teeth per quadrant. For billing purposes, a *sextant* is not a recognized designation by the American Dental Association.
- Alveolar crestal bone loss must be evident radiographically for scaling and root planning to be covered.

When more than one periodontal service (codes D4000-D4999) is completed within the same site or quadrant on the same date of service, Blue Cross Blue Shield of Massachusetts will pay for the more extensive treatment as payment for the total service.

Benefits for all periodontal services are limited to two quadrants per date of service. If you want to request an exception to this due to a medical condition that may require your patient to receive extended treatment, please include a detailed narrative including general or intravenous anesthesia record, medical condition and length of appointment time.

Payment for periodontal surgical services

Payment for definitive periodontal service includes follow-up evaluation for both surgical and non-surgical procedures. We provide payment only for one surgical procedure per quadrant, per 36 months. No more than two quadrants of surgical or non-surgical services may be covered when done on the same date of service. Exposure of the cemental surfaces of the root, radiographic evidence of subgingival calculus and bone loss, and excessive pocket depth must be present for coverage availability of scaling and root planning. To request an exception to this due to a medical condition that may require your patient to receive extended periodontal treatment, please submit a detailed narrative including general or intravenous anesthesia record, medical condition, and length of appointment time with the claim form.

When localized procedures are performed in the same quadrant within 36 months, the payment will not exceed the full quadrant allowance. Periodontal services are benefits when performed for the treatment of periodontal disease around natural teeth. There are no benefits for these procedures when billed in conjunction with or in preparation for implants, ridge augmentation, extractions sites, and endodontic surgeries. When localized surgical or presurgical services are performed in the same quadrants within coverage time guidelines, payment for the services will not exceed the full quadrant allowance.

Periodontal Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-Participating	Out-of-state and Non-par
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES)				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth-bounded spaces, per quadrant	One per quadrant per 36 months. An evaluation period of ≥ 21 days to assess tissue response must be observed following scaling and root planning before benefits become available for soft tissue procedures. A gingivectomy procedure is unusual in the presence of infrabony defects. If reported at any time in preparation and/or temporization phase of teeth for, or in association with restoration/prostheses, D4210 is considered to be included as part of the global restorative/prosthetic procedure.	Quadrant identification	<ul style="list-style-type: none"> • Quadrant identification • Current dated post-Phase I periodontal charting • Current mounted and dated preoperative periapical radiographs. If a current full mouth set of radiographs is not available, submit current (within last year) bitewing and/or periapical radiographs of the treated area) • Pre-treatment recommended
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	One to three teeth per quadrant per 36 months. If reported at any time in preparation and/or temporization phase of tooth for, or in association with restoration/prostheses, D4211 is considered to be included as part of the global restorative/ prosthetic procedure.	Quadrant identification, including teeth numbers	
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	One per tooth per quadrant per 36 months. Not covered on same DOS in association with restoration/ prostheses services.	Quadrant identification, including teeth numbers	
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	Not a covered benefit.	None	None
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant			
D4240	Gingival flap procedure, including root planning – four or more contiguous teeth or tooth-bounded spaces per quadrant	One per quadrant per 36 months. An evaluation period of ≥ 28 days to assess tissue response must be observed following scaling and root planning. If scaling and root planning are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for D4341/2.	Quadrant identification	<ul style="list-style-type: none"> • Quadrant identification • Current dated post-phase I periodontal charting • Current mounted and dated pre-operative periapical radiographs. If a current full mouth set of radiographs is not available, submit current (within last year) bitewing radiographs and/or periapical radiographs of the treated area • Pre-treatment recommended
D4241	Gingival flap procedure, including root planning – one to three contiguous teeth or tooth bounded spaces per quadrant	One to three teeth per quadrant per 36 months. An evaluation period of ≥ 28 days to assess tissue response must be observed following scaling and root planning. If scaling and root planning are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for D4341/2.	Quadrant identification, including teeth numbers	

Periodontal Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state and Non-par
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES), continued				
D4245	Apically repositioned flap	Not a covered benefit.	None	None
D4249	Clinical crown lengthening – hard tissue. This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity.	One per tooth per 60 months. Procedure must alter the crown-to-root ratio and be performed in a healthy periodontal environment to be covered. Non-covered when performed on the same day and by the same provider as a crown preparation /insertion or when performed for aesthetic purposes or in conjunction with osseous surgery in the same quadrant.	Tooth identification	Tooth identification
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth-bounded spaces per quadrant	One per quadrant per 36 months. A waiting period of ≥ 28 days should follow periodontal scaling and root planning in order to allow healing and observation of tissue response. If scaling and root planning are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for D4341 or D4342.	Quadrant identification	<ul style="list-style-type: none"> • Quadrant identification • Current dated post phase I periodontal charting • Current mounted and dated pre-operative periapical radiographs. If a current full mouth set of radiographs is not available, submit current (within last year) bitewing and/or periapical radiographs of the treated area • Pre-treatment recommended
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	One to three teeth per quadrant per 36 months. A waiting period of ≥ 28 days should follow periodontal scaling and root planning to allow healing and observation of tissue response. If scaling and root planning are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for D4341 or D4342.	Quadrant identification, including teeth numbers	
D4263	Bone replacement graft – first site in quadrant	One per tooth per 36 months. An allowance will be made in addition to the surgical procedure to cover the cost of the graft material. Not covered when used in an edentulous space, extraction site or with routine apicoectomy, cystectomy, sinus augmentation, ridge augmentation, mucogingival grafts or implant procedure.	Tooth identification (edentulous spaces do not qualify for this code)	<ul style="list-style-type: none"> • Tooth identification (edentulous spaces do not qualify for this code) • Current mounted and dated pre-operative periapical radiographs Pre-treatment recommended
D4264	Bone replacement graft – each additional site in quadrant			
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Not a covered benefit.	None	None
D4266	Guided tissue regeneration - resorbable barrier, per site	One per site per 36 months. An allowance will be made in addition to the surgical procedure to cover the cost of the graft material. Not covered when used in an edentulous space, extraction site, or with routine apicoectomy, cystectomy, ridge augmentation, mucogingival grafts, or implant procedure.	Tooth identification (edentulous spaces do not qualify for use of this code)	<ul style="list-style-type: none"> • Tooth identification (edentulous spaces do not qualify for this code) • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D4267	Guided tissue regeneration - non-restorable barrier, per site (includes membrane removal)			
D4268	Surgical revision procedure, per tooth	Not a covered benefit.	None	None

Periodontal Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES), continued				
D4270	Pedicle soft tissue graft procedure	One per tooth per 36 months. Grafting for cosmetic purposes is non-covered.	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Current periodontal charting with amount of attached gingiva indicated • Pre-treatment recommended
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	One per site per 36 months on natural tooth only. Limited to three teeth per graft site.		
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures on the same anatomical area)	One per site per 36 months. Must be adjacent to edentulous area.	Tooth identification	<ul style="list-style-type: none"> • Location • Current dated post phase I periodontal charting • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	One per site per 36 months on natural tooth only. Limited to three teeth per graft site.	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Current periodontal charting with amount of attached gingival indicated • Pre-treatment recommended
D4276	Combined connective tissue and double pedicle graft, per tooth	One per tooth per 36 months. Grafting for cosmetic purposes is non-covered.		
D4277	Free soft tissue graft procedure (including recipient and donor surgical site) first tooth, implant or edentulous tooth position in graft	One per site per 36 months around natural teeth only. Limited to three teeth per graft site.		
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft			
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	Each tooth additional up to three teeth total in graft.		
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	Each tooth additional up to three teeth total.		

Periodontal Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
NON-SURGICAL PERIODONTAL SERVICES				
D4320	Provisional splinting – intracoronal	Not a covered benefit	None	None
D4321	Provisional splinting – extracoronal			
D4341	Periodontal scaling and root planning – four or more teeth per quadrant	One per quadrant per 24 months. Gross debridement of calculus and polishing of all teeth are considered part of this procedure.	<ul style="list-style-type: none"> • Quadrant identification • For D4342, include teeth numbers 	<ul style="list-style-type: none"> • Quadrant identification • For D4342, include teeth numbers
D4342	Periodontal scaling and root planning – one to three teeth per quadrant			
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth.	Covered interchangeably with D1110. Held to the same frequencies and allowable as D1110.	None	None
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Not a covered benefit.	None	None
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	One treatment per tooth per 24 months. Up to 3 teeth per quadrant with 5-6 mm pocket depths and bleeding on probing, with or subsequent to active and maintained periodontal treatment. Should not be used to treat generalized disease. Not covered for treatment of periodontal abscess.	<ul style="list-style-type: none"> • Detailed narrative 	<ul style="list-style-type: none"> • Detailed narrative • Periodontal charting • Tooth/teeth number(s)
OTHER PERIODONTAL SERVICES				
D4910	Periodontal maintenance	One per 3 months. Limited to four reportable services during any 12 months. Maximum 4 combined D4910/D1110 in any 12-month period following active therapy.	None	None
D4920	Unscheduled dressing change (by person other than treating dentist or staff)	Not a covered benefit. One per quadrant per 36 months.*	None	None
D4921	Gingival irrigation – per quadrant	Not a covered benefit.	None	None
D4999	Unspecified periodontal procedure, by report	Individual consideration. Adjunctive periodontal diagnostic testing (sulcular temperature; biochemical markers, microbiological tests, etc.) is included in fee for diagnostic evaluation, not covered as a separate procedure.	Detailed narrative	Detailed narrative

* Applies to specific ACA-compliant small group plans only.

Prosthodontics (Removable)

Bill claims for multiple stage procedures on the date of completion/insertion.

Services may be non-covered for the following conditions:

- Untreated bone loss. An abutment tooth has poor-to-hopeless prognosis from either a restorative or periodontal perspective.
- Periapical pathology or unresolved, incomplete, or failed endodontic therapy.
- Treatment of TMJ to increase vertical dimension or restore occlusion.

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)				
D5110	Complete denture – maxillary	One per arch per 60 months. Not covered if D5130, D5211, D5213, D5221, D5223, D5225, or D5281 was reported within 5 years.	Arch identification	Arch identification
D5120	Complete denture – mandibular	One per arch per 60 months. Not covered if D5140, D5212, D5214, D5222, D5224, D5226 or D5281 was reported within 5 years.		
D5130	Immediate denture – maxillary	One per arch per lifetime.		
D5140	Immediate denture – mandibular			
PARTIAL DENTURES – for the following codes, the denture base is presumed to include any conventional clasps, rests, and teeth.				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	One per arch per 60 months for members, age 16+.	Arch identification	Arch identification
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)			
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive /clasping materials, , rests and teeth)			
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)			

Prosthodontics (Removable)

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
PARTIAL DENTURES, continued				
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	One per arch per 60 months for members, age 16+.	Arch identification	Arch identification
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)			
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)			
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)			
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)			
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)			
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary			
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular			
D5284	Removal unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth), per quadrant	One per arch per 60 months for members 16 +.	<ul style="list-style-type: none"> • Arch identification • Quadrant identification 	<ul style="list-style-type: none"> • Arch identification • Quadrant identification
D5286	Removal unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth), per quadrant			

Prosthodontics (Removable)

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
ADJUSTMENTS TO DENTURES				
D5410	Adjust complete denture – maxillary	Considered part of routine post-delivery care for complete and partial denture for the first 90 days. One per arch per 12 months.	None	None
D5411	Adjust complete denture – mandibular			
D5421	Adjust partial denture – maxillary			
D5422	Adjust partial denture – mandibular			
REPAIRS TO COMPLETE DENTURES				
D5511	Repair broken complete denture base, mandibular	One per arch per 12 months.	Arch identification	Arch identification
D5512	Repair broken complete denture base, maxillary			
D5520	Replace missing or broken teeth – complete denture (each tooth)	One per tooth per 12 months.	Tooth identification	Tooth identification
REPAIRS TO PARTIAL DENTURES				
D5611	Repair resin partial denture base, mandibular	One per arch per 12 months.	Arch identification	Arch identification
D5612	Repair resin partial denture base, maxillary			
D5621	Repair cast partial framework, mandibular			
D5622	Repair cast partial framework, maxillary			
D5630	Repair or replace broken retentive clasping materials - per tooth			
D5640	Repair broken teeth – per tooth			
D5650	Add tooth to existing partial denture	One per tooth per 12 months.	Tooth identification	Tooth identification
D5660	Add clasp to existing partial denture per tooth			
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	One per tooth per partial denture.		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	One per tooth per partial denture.	Arch identification	Arch identification

Prosthodontics (Removable)

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
DENTURE REBASE PROCEDURES – The process of refitting a denture by replacing the base material.				
D5710	Rebase complete maxillary denture	One per arch per 36 months. Adjustments are considered part of routine post-delivery care for complete and partial denture rebases for the first 90 days. Up to age 19: One per arch per 24 months per patient.*	None	None
D5711	Rebase complete mandibular denture			
D5720	Rebase maxillary partial denture			
D5721	Rebase mandibular partial denture			
DENTURE RELINE PROCEDURES – The process of resurfacing the tissue side of a denture with new base material.				
D5730	Reline complete maxillary denture (direct)	One per arch per 24 months for chairside relines. One per arch per 36 months for laboratory relines. Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days. D5750, D5751, D5760, D5761: Up to age 19, one per arch per 24 months per patient Ages 19+: one per arch per 36 months*	None	None
D5731	Reline complete mandibular denture (direct)			
D5740	Reline maxillary partial denture (direct)			
D5741	Reline mandibular partial denture (direct)			
D5750	Reline complete maxillary denture (indirect)			
D5751	Reline complete mandibular denture (indirect)			
D5760	Reline maxillary partial denture (indirect)			
D5761	Reline mandibular partial denture (indirect)			
INTERIM PROSTHESIS				
D5810	Interim complete denture (maxillary)	Not a covered benefit.	None	None
D5811	Interim complete denture (mandibular)			
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary	One per lifetime per arch. Temporary stay-plate covered when inserted immediately after extraction of anterior tooth (6-11 or 22-27) or loss of anterior tooth due to traumatic injury.	Tooth/teeth being replaced	Tooth/teeth being replaced

* Applies to specific ACA-compliant small group plans only.

Prosthodontics (Removable)

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
INTERIM PROSTHESIS, continued				
D5821	Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular	One per lifetime per arch. Temporary stay-plate covered when inserted immediately after extraction of anterior tooth (6-11 or 22-27) or loss of anterior tooth due to traumatic injury.	Tooth/teeth being replaced	Tooth/teeth being replaced
OTHER REMOVABLE PROSTHETIC SERVICES				
D5850	Tissue conditioning, maxillary	One per denture per 36 months. Not covered if performed within 90 days after the delivery of a full or partial denture, rebase, or reline.	None	None
D5851	Tissue conditioning, mandibular			
D5862	Precision attachment, by report	Not a covered benefit.	None	None
D5863	Overdenture – complete maxillary	One per upper arch per 60 months; will reject if history of upper partial or complete denture in prior 60 months. If payable, an alternate benefit of a complete upper denture (D5110) will be made. Member is responsible for the balance. Endodontic therapy or copings placed on remaining teeth are not covered for members age 16+.	Arch identification	Arch identification
D5864	Overdenture – partial maxillary	One per upper arch per 60 months; will reject if history of partial upper denture in prior 60 months. If payable, an alternate benefit of an upper partial denture (D5213) will be made. Member is responsible for the balance. Endodontic therapy or copings placed on remaining teeth are not covered for members ages 16+.		
D5865	Overdenture – complete mandibular	One per lower arch per 60 months. Will reject if history of upper complete or upper partial denture in 60 months. If payable, an alternate benefit of a complete upper denture (D5110) will be made. Member is responsible for the balance. Endodontic therapy or copings placed on remaining teeth are not covered for members age 16+.		
D5866	Overdenture – partial mandibular	One per lower arch per 60 months. Will reject if history of complete or partial lower denture in the prior 60 months. If payable, an alternate benefit of a lower partial denture (D5214) will be made. Member is responsible for the balance. Endodontic therapy or copings placed on remaining teeth are not covered for members age 16+.		
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)	Not a covered benefit.		

Prosthodontics (Removable)

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
OTHER REMOVABLE PROSTHETIC SERVICES, continued				
D5875	Modification of removable prosthesis following implant surgery. Attachment assemblies are reported using separate codes	Not a covered benefit.	None	None
D5876	Add metal substructure to acrylic full denture (per arch)			
D5899	Unspecified removable prosthodontic procedure, by report	Individual consideration.	Detailed narrative	Detailed narrative
MAXILLOFACIAL PROSTHETICS				
D5911	Facial moulage (sectional)	Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage.	None	None
D5912	Facial moulage (complete)			
D5913	Nasal prosthesis			
D5914	Auricula prosthesis			
D5915	Orbital prosthesis			
D5916	Ocular prosthesis			
D5919	Facial prosthesis			
D5922	Nasal septal prosthesis			
D5923	Ocular prosthesis, interim			
D5924	Cranial prosthesis			
D5925	Facial augmentation implant prosthesis			
D5926	Nasal prosthesis, replacement			
D5927	Auricular prosthesis, replacement			
D5928	Orbital prosthesis, replacement			
D5929	Facial prosthesis, replacement			
D5931	Obturator prosthesis, surgical			
D5932	Obturator prosthesis, definitive			
D5933	Obturator prosthesis, modification			
D5934	Mandibular resection prosthesis with guide flange			
D5935	Mandibular resection prosthesis without guide flange			

Prosthodontics (Removable)

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
MAXILLOFACIAL PROSTHETICS, continued				
D5936	Obturator prosthesis, interim	Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage.	None	None
D5937	Trismus appliance (not for TMD treatment)			
D5951	Feeding aid			
D5958	Palatal lift prosthesis, interim			
D5959	Palatal lift prosthesis, modification			
D5960	Speech aid prosthesis, modification			
D5982	Surgical stent			
D5983	Radiation carrier			
D5984	Radiation shield			
D5985	Radiation cone locator			
D5986	Fluoride gel carrier			
D5987	Commissure splint			
D5988	Surgical splint			
D5991	Vesiculobullous disease medicament carrier			
D5992	Adjust maxillofacial prosthetic appliance, by report			
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report			
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	Not a covered benefit	None	None
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular			
D5999	Unspecified maxillofacial prosthesis, by report	Individual consideration.	Detailed narrative	Detailed narrative

Implant Services

Coverage for Implant Services

Benefits for single tooth endosteal dental implants, single tooth abutments, and single tooth implant/abutment supported crowns are now covered as a group 3 benefit up to the member's annual maximum. The surgical placement of implants to be used in the construction of an implant-supported bridge, or used as a component of an implant-supported overdenture or telescoping bridge is not a covered benefit. Also, the prosthetic abutments and pontics used in the construction of an implant supported fixed partial denture are not covered benefits.

Implant services may also be covered under a **special rider** that employer groups may purchase with their dental insurance policy. Please check the member's benefits to determine eligibility. The implant rider has a maximum lifetime dollar amount.

The rider covers the surgical placement of endosteal implants with a minimum age qualification of 16 for the replacement of teeth 2-15 and teeth 18-31. The implant rider does not cover the following services:

- Special preparatory radiographic or imaging studies (i.e., tomographic, CT, or MRI).
- Routine radiographs (i.e., periapical and panoramic.) May be covered under the member's general dental insurance policy to the same extent and under the same conditions and guidelines as those applied to a natural tooth.
- Adjunctive periodontal (D4000 series) or surgical (D7000 series) procedures in preparation for implant placement, in association with implant placement, or in association with salvage attempts of a failing implant. These services are not covered under the rider, since the intent is to have benefits available for the implants themselves.
- Maxillofacial prosthetic procedure D5982, surgical stent (implant positioning type.) Coverage for this service will be denied, since the intent of the rider is to have benefits available for the implants themselves.
- Frequency limitation: once per tooth (replacement) per 60 months
- Prosthetic crowns for implants are not covered under the implant rider.
- Implant-supported fixed partial dentures.

Implant Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
IMPLANT SERVICES – Pre-surgical services				
D6190	Radiographic/surgical implant index, by report	Not a covered benefit.	None	None
D6191	Semi-precision abutment – placement This procedure is the initial placement or replacement of a semiprecision abutment on the implant body			
D6192	Semi-precision attachment – placement This procedure involves the luting of the initial or replacement semiprecision attachment to the removable prosthesis			
IMPLANT SERVICES				
D6010	Surgical placement of implant body, endosteal implant	One per tooth per 60 months for members age 16 and over.	Tooth area identification	<ul style="list-style-type: none"> • Tooth area identification • Current dated pre-operative periapical radiograph
D6011	Surgical access to an implant body (Second stage implant surgery)	One per tooth per 60 months for members age 16 and over. <i>Once per 60 months*</i>	Tooth identification	Tooth identification
D6012	Surgical placement of interim implant body for transitional prosthesis, endosteal implant	Not a covered benefit.	None	None
D6013	Surgical placement of mini implant	One per tooth per 60 months for members age 16 and over. Limit two per arch. Allowed in edentulous arch as components of an overdenture. <i>Once per 60 months. Limit two per arch. Allowed in edentulous arch as components of an overdenture for members 16 and over. *</i>	Tooth identification	<ul style="list-style-type: none"> • Tooth area identification • Current dated pre-operative periapical radiograph
D6040	Surgical placement, eposteal implant	Not a covered benefit.	None	None
D6050	Surgical placement, transosteal implant			
D6051	Interim abutment			
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			

Implant Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
IMPLANT SERVICES, continued				
D6085	Provisional implant crown	Not a covered benefit.	None	None
D6096	Remove broken implant retaining screw	Covered under implant rider only.	Tooth area identification	Tooth area identification
D6100	Implant removal, by report	One per tooth per lifetime.	Tooth area identification	Tooth area identification
D6101	Debridement of a peri-implant defect or defects surrounding a single implant and surface cleaning of exposed implant surfaces, including flap entry and closure	Not a covered benefit.	None	None
D6102	Debridement and osseous contouring of a peri-implant defect; or defects surrounding a single implant and includes surface cleaning of exposed implant surfaces including flap entry and closure			
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure			
D6104	Bone graft at time of implant placement			
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	Once per 60 months as an alternative benefit for a complete denture D5110.	Arch identification	Arch identification
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	Once per 60 months as an alternative benefit for a complete denture D5120.		
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	Once per 60 months as an alternative benefit for a partial denture D5213.		
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	Once per 60 months as an alternative benefit for a partial denture D5214.		
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	Covered by rider only.	None	None
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular			
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary			

Implant Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
IMPLANT SERVICES, continued				
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	Covered by rider only.	None	None
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	Not a covered benefit.	Arch identification	Arch identification
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary			
IMPLANT-SUPPORTED PROSTHETICS - Supporting Structures				
D6051	Interim abutment	Not a covered benefit.	None	None
D6055	Connecting bar – implant supported or abutment supported	Covered by rider only. Not a covered benefit*	Arch identification	<ul style="list-style-type: none"> • Arch identification • Current dated pre-operative periapical radiograph • Detailed narrative
D6056	Prefabricated abutment – includes modification and placement	One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion.	Tooth area identification	<ul style="list-style-type: none"> • Tooth area identification • Current dated pre-operative periapical radiograph • Detailed narrative
D6057	Custom fabricated abutment – includes placement			
SINGLE CROWNS, ABUTMENT SUPPORTED				
D6058	Abutment supported porcelain/ceramic crown. A single crown restoration that is retained, supported and stabilized by an abutment on an implant	One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion.	Tooth area identification	<ul style="list-style-type: none"> • Tooth area identification • Current mounted and dated pre-operative or post-implant periapical radiographs • Pre-treatment recommended
D6059	Abutment supported porcelain fused to metal crown (high noble metal). A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant			

* Applies to specific ACA-compliant small group plans only.

Implant Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
SINGLE CROWNS, ABUTMENT SUPPORTED, continued				
D6060	Abutment-supported porcelain fused to metal crown (predominantly base metal). A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.	One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion.	Tooth area identification	<ul style="list-style-type: none"> • Tooth area identification • Current mounted and dated pre-operative or post-implant periapical radiographs • Pre-treatment recommended
D6061	Abutment-supported porcelain fused to metal crown (noble metal) A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.			
D6062	Abutment-supported cast-metal crown (high noble metal). A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.			
D6063	Abutment-supported cast-metal crown (predominantly base metal). A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.			
D6064	Abutment-supported cast-metal crown (noble metal) A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.			
D6094	Abutment supported crown, titanium and titanium alloy			
D6097	Abutment supported crown, porcelain fused to titanium or titanium alloys			

Implant Services

CDT Code	Description of Services	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-State and Non-par
SINGLE CROWNS, IMPLANT SUPPORTED				
D6065	Implant-supported porcelain/ ceramic crown. A single crown restoration that is retained, supported, and stabilized by an implant.	One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion.	Tooth area identification	<ul style="list-style-type: none"> • Tooth area identification • Current mounted and dated pre-operative or post-implant periapical radiographs • Pre-treatment recommended • Consultant review
D6066	Implant-supported crown – porcelain fused to high noble alloys. A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant.			
D6067	Implant supported crown – high noble alloys. A single cast metal or milled crown restoration that is retained, supported, and stabilized by an implant			
D6082	Implant supported crown – porcelain fused to predominately base alloys. A single crown restoration that is retained, supported, and stabilized by an implant.	One per implant per 60 months for members 16 +.		
D6083	Implant supported crown – porcelain fused to noble alloys. A single crown restoration that is retained, supported, and stabilized by an implant.			
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys. A single crown restoration that is retained, supported, and stabilized by an implant.			
D6086	Implant supported crown – predominately base alloys. A single crown restoration that is retained, supported, and stabilized by an implant			
D6087	Implant supported crown – noble alloys. A single crown restoration that is retained, supported, and stabilized by an implant.			

Implant Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
SINGLE CROWNS, IMPLANT SUPPORTED, continued				
D6088	Implant supported crown – titanium and titanium alloys. A single crown restoration that is retained, supported, and stabilized by an implant.	One per implant per 60 months for members 16 +.	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative or post-implant periapical radiographs • Pre-treatment recommended • Consultant review
FIXED PARTIAL DENTURE, ABUTMENT SUPPORTED				
D6068	Abutment supported retainer for porcelain/ceramic FPD. A ceramic retainer for a fixed partial denture that gains retention, support and stability from an abutment on an implant.	Not a covered benefit, either with or without a rider.	Tooth area identification	Tooth area identification
D6069	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal) A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.			
D6070	Abutment-supported retainer for porcelain fused to metal FPD (predominately base metal)) A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.			
D6071	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)			
D6072	Abutment-supported retainer for cast metal FPD (high noble metal)			
D6073	Abutment-supported retainer for cast metal FPD (predominately base metal)			
D6074	Abutment-supported retainer for cast metal FPD (noble metal)			
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	Not a covered benefit.	None	None

Implant Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state and Non-par
FIXED PARTIAL DENTURE, ABUTMENT SUPPORTED, continued				
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	Not a covered benefit.	None	None
FIXED PARTIAL DENTURE, IMPLANT SUPPORTED				
D6075	Implant-supported retainer for ceramic FPD	Not a covered benefit.	Tooth area identification	Tooth area identification
D6076	Implant-supported retainer for FPD-porcelain fused to high noble alloys			
D6077	Implant-supported retainer for metal FPD – high noble alloys			
D6098	Implant supported retainer – porcelain fused to predominately base alloys			
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys			
D6120	Implant supported retainer for FPD-porcelain fused to titanium and titanium alloys			
D6121	Implant supported retainer for metal FPD – predominately based alloys			
D6122	Implant supported retainer for metal FPD – noble alloys			
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys			
OTHER IMPLANT SERVICES				
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Covered by rider only.	Arch identification	<ul style="list-style-type: none"> • Arch identification • Current dated pre-operative periapical radiograph • Detailed narrative
D6090	Repair implant supported prosthesis, by report	One per arch per 6 months.		
D6095	Repair implant abutment, by report	One per tooth per 6 months.	Tooth area identification	Tooth area identification

Implant Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state and Non-par
OTHER IMPLANT SERVICES, continued				
D6091	Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment-supported prosthesis, per attachment	Not a covered benefit.	Tooth identification	Tooth identification
D6092	Recement or re-bond implant/abutment-supported crown	One per tooth per 12 months for members age 16 and older.		
D6093	Recement or re-bond implant/abutment-supported fixed partial denture	One per bridge per 12 months for members age 16 and older.		
D6199	Unspecified implant procedure, by report	Individual consideration. Not a covered benefit*	Detailed narrative	Detailed narrative

* Applies to specific ACA-compliant small group plans only.

Prosthodontics, Fixed

Benefits for fixed prosthodontics

Bill claims for multiple stage procedures on the date of completion/insertion of the final restoration. Treatments must be generally accepted dental practice and must be necessary and appropriate for the dental condition. The foundation of generally accepted dental practice continues to be:

- Establishing periodontal health prior to final phase restoration prosthetic dentistry.
- Avoiding incomplete or technically deficient endodontic treatment which is detrimental to the long-term prognosis of the tooth and subsequent oral health.
- Cantilever pontic in the natural dentition is only covered for the replacement of a missing lateral incisor with a natural canine, or canine and bicuspid.

When services are non-covered

Fixed prosthodontics will not be covered if certain conditions are present:

- Untreated bone loss
- An abutment tooth has poor-to-hopeless prognosis from either a restorative or periodontal perspective
- Periapical pathology or unresolved, incomplete, or failed endodontic therapy
- Service meant to treat TMJ, increase vertical dimension, or restore occlusion
- A bridge where one or more of the abutments is an implant.

Prosthodontics, Fixed

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
FIXED PARTIAL DENTURE PONTICS				
D6205	Pontic – indirect resin-based composite	Not a covered benefit.	None	None
D6210	Pontic – cast high noble	One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis. D6241: Once per 60 months per patient for all ages* D6242,D6245,D6250, D6251,D6252: One per absent tooth per 60 months for members age 16+	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D6211	Pontic – cast predominantly base metal			
D6212	Pontic – cast noble metal			
D6214	Pontic – titanium and titanium alloys			
D6240	Pontic – porcelain fused to high noble metal			
D6241	Pontic – porcelain fused to predominantly base metal			
D6242	Pontic – porcelain fused to noble metal			
D6243	Pontic -porcelain fused to titanium and titanium alloys			
D6245	Pontic – porcelain/ceramic			
D6250	Pontic – resin with high noble metal			
D6251	Pontic – resin with predominantly base metal			
D6252	Pontic – resin with noble metal			
D6253	Provisional pontic	Individual consideration. Not to be used as a temporary crown/bridge for routine fixed partial denture restorations. Not a covered benefit*	<ul style="list-style-type: none"> • Tooth identification 	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended • Detailed narrative

* Applies to specific ACA-compliant small group plans only.

Prosthodontics, Fixed

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS				
D6545	Retainer – cast metal for resin-bonded fixed prosthesis	One per tooth per 60 months for members age 16+. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D6548	Retainer – porcelain/ ceramic for resin-bonded fixed prosthesis			
D6549	Resin retainer – for resin bonded fixed prosthesis			
D6600	Retainer inlay –porcelain/ ceramic, two surfaces	One per tooth per 60 months for members age 16 and older.	<ul style="list-style-type: none"> • Tooth identification • Surface identification 	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D6601	Retainer inlay – porcelain/ ceramic, three or more surfaces			
D6602	Retainer inlay – cast high noble, two surfaces			
D6603	Retainer inlay – cast high noble metal, three or more surfaces			
D6604	Retainer inlay – cast predominantly base metal, two surfaces	One per tooth per 60 months for members age 16 and over. Inlays pay as an alternate benefit to the corresponding amalgam restoration.	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended 	
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces			
D6606	Retainer inlay – cast noble metal, 2 surfaces			
D6607	Retainer inlay – cast noble metal, three or more surfaces			
D6624	Inlay – titanium			
D6608	Retainer onlay – porcelain/ceramic, two surfaces	One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.	<ul style="list-style-type: none"> • Tooth identification • Surface identification –must include B or L surface 	
D6609	Retainer onlay – porcelain/ ceramic, three or more surfaces			
D6610	Retainer onlay – cast high-noble metal, two surfaces			
D6611	Retainer onlay – cast high-noble metal, three or more surfaces			

Prosthodontics, Fixed

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS, continued				
D6612	Retainer onlay – cast predominantly base metal, two surfaces	One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.	<ul style="list-style-type: none"> • Tooth identification • Surface identification –must include B or L surface 	<ul style="list-style-type: none"> • Tooth identification • Surface identification –must include B or L surface • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces			
D6614	Retainer onlay – cast noble metal, two surfaces			
D6615	Retainer onlay – cast noble metal, three or more surfaces			
D6634	Retainer onlay - titanium			
FIXED PARTIAL DENTURE RETAINERS – CROWNS				
D6710	Retainer crown – indirect resin-based composite	Not a covered benefit.	None	None
D6720	Retainer crown – resin with high noble metal	One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D6721	Retainer crown – resin with predominantly base metal			
D6722	Retainer crown – resin with noble metal	Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.		
D6740	Retainer crown – porcelain/ceramic	D6751(ONLY): One per tooth per 60 months for members all ages.		
D6750	Retainer crown – porcelain fused to high noble			
D6751	Retainer crown – porcelain fused to predominantly base metal			
D6752	Retainer crown – porcelain fused to noble metal			
D6753	Retainer crown – porcelain fused to titanium and titanium alloys			
D6780	Retainer crown – ¾ cast high noble metal			
D6781	Retainer crown – ¾ cast predominately base metal			
D6782	Retainer crown – ¾ cast noble metal			

Prosthodontics, Fixed

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
FIXED PARTIAL DENTURE RETAINERS – CROWNS, continued				
D6783	Retainer crown – ¾ porcelain/ceramic	One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.	Tooth identification	<ul style="list-style-type: none"> • Tooth identification • Current mounted and dated pre-operative periapical radiographs • Pre-treatment recommended
D6784	Retainer crown ¾ titanium and titanium alloys			
D6790	Retainer crown – full cast high noble metal			
D6791	Retainer crown – full cast predominantly base metal			
D6792	Retainer crown – full cast noble metal			
D6794	Retainer crown – titanium and titanium alloys			
D6793	Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression	Not a covered benefit.	None	None
OTHER FIXED PARTIAL DENTURE SERVICES				
D6920	Connector bar	Not a covered benefit.	None	None
D6930	Recement or rebond fixed partial denture	One re-cementation per 12 months. Up to age 19: Not payable within 6 months of the placement of the fixed partial denture. Ages 19+: One re-cementation per 12 months*	Tooth identification	Tooth identification
D6940	Stress breaker	Not a covered benefit.	None	None
D6950	Precision attachments	Not a covered benefit.	None	None
D6980	Fixed partial denture repair necessitated by restorative material failure	One repair per 12 months. Up to age 19: No limits Ages 19+: One repair per 12 months*	Tooth identification	Tooth identification
D6985	Pediatric partial denture, fixed	One per arch per lifetime for members through the age 18 (up to the 19 th birthday).	Arch identification	Arch identification
D6999	Unspecified fixed prosthodontic procedure, by report	Individual consideration.	Detailed narrative	Detailed narrative

* Applies to specific ACA-compliant small group plans only.

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
EXTRACTIONS (Includes local anesthesia, suturing, if needed, and routine post-operative care). Bone grafts (D4263, D4264, D4265) and GTR membranes (D4266, D4267) are not covered in conjunction with oral surgery codes (D7000-D7999)				
D7111	Extraction – coronal remnants, deciduous tooth	One per tooth per lifetime.	Tooth identification	Tooth identification
D7140	Extraction – erupted tooth or exposed root (elevation and/or forcep removal)			
D7210	Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated			
D7220	Removal of impacted tooth – soft tissue			
D7230	Removal of impacted tooth – partially bony			
D7240	Removal of impacted tooth – completely bony			
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications			
D7250	Surgical removal of residual tooth roots (cutting procedure)			
D7251	Coronectomy – intentional partial tooth removal			
OTHER SURGICAL PROCEDURES				
D7260	Oroantral fistula closure	Individual consideration.	<ul style="list-style-type: none"> • Periapical or panoramic radiograph • Detailed narrative 	<ul style="list-style-type: none"> • Periapical or panoramic radiograph • Detailed narrative
D7261	Primary closure of a sinus perforation			
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	One per tooth per lifetime. Up to age 19: No limit Ages 19+: One tooth per lifetime*	Tooth identification	Tooth identification

* Applies to specific ACA-compliant small group plans only.

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
OTHER SURGICAL PROCEDURES, continued				
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Not a covered benefit.	None	None
D7280	Surgical access of unerupted tooth	One per tooth per lifetime.	Tooth identification	Tooth identification
D7282	Mobilization of erupted or mal-positioned tooth to aid eruption			
D7283	Placement of a device to facilitate eruption of impacted tooth	Only covered in conjunction with D7280. One per tooth per lifetime. Report the surgical exposure separately using D7280.	Tooth identification	Tooth identification
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Individual consideration.	Pathology report	Pathology report
D7286	Incisional biopsy of oral tissue – soft			
D7287	Cytology exfoliative sample collection	Individual consideration.	Detailed narrative	Detailed narrative
D7288	Brush biopsy – transepithelial sample collection			
D7290	Surgical repositioning of teeth – grafting procedures are additional	Individual consideration.	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative 	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Individual consideration.	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative incl orthodontic history 	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative incl orthodontic history
D7292	Surgical placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	Not a covered benefit.	None	None
D7293	Surgical placement of temporary anchorage device requiring flap; includes device removal			
D7294	Surgical placement of temporary anchorage device without flap; includes device removal			
D7295	Harvest of bone for use in autogenous grafting procedures			
D7296	Corticotomy one to three teeth			
D7297	Corticotomy four or more teeth			

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
ALVEOLOPLASTY – SURGICAL PREPARATION OF RIDGE FOR DENTURES				
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	One per quadrant per lifetime. Inclusive when used in conjunction with surgical extractions.	<ul style="list-style-type: none"> • Quadrant identification • Include tooth spaces identification for D7311, D7321. 	<ul style="list-style-type: none"> • Quadrant identification • Include tooth spaces identification for D7311, D7321.
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant			
D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant			
D7321	Alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant			
VESTIBULOPLASTY				
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Individual consideration. Not covered in conjunction with implants.	<ul style="list-style-type: none"> • Arch identification • Operative reports 	<ul style="list-style-type: none"> • Arch identification • Operative reports
D7350	Vestibuloplasty – ridge extension (incl. soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)			
INCLUDES NON-ODONTOGENIC CYSTS				
D7410	Excision of benign lesion, up to 1.25 cm	Individual consideration.	Pathology report	Pathology report
D7411	Excision of benign lesion greater than 1.25 cm			
D7412	Excision of benign lesion, complicated			

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
INCLUDES NON-ODONTOGENIC CYSTS, continued				
D7413	Excision of malignant lesion up to 1.25 cm	Individual consideration.	Pathology report	Pathology report
D7414	Excision of malignant lesion greater than 1.25 cm			
D7415	Excision of malignant lesion, complicated			
D7465	Destruction of lesion(s) by physical or chemical methods, by report			
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS				
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	Individual consideration.	Pathology report	Pathology report
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm			
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm			
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm			
D7460	Removal of benign non-odontogenic cyst or tumor – lesion diameter up to 1.25 cm			
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm			
D7471	Removal of lateral exostosis (maxilla or mandible)	One per arch per lifetime.	Arch identification	Arch identification
D7472	Removal of torus palatinus	One per lifetime.	Quadrant identification	Quadrant identification
D7473	Removal of torus mandibularis	One per quadrant per lifetime.		
D7485	Surgical reduction of osseous tuberosity	One per upper quadrant(s) per lifetime.		

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS, continued				
D7490	Radical resection of maxilla or mandible	Not a covered benefit under BCBSMA dental plans. Refer to patient's medical plan for possible benefit coverage.	None	None
SURGICAL INCISION				
D7510	Incision and drainage of abscess – intraoral soft tissue	Individual consideration.	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative 	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)			
D7520	Incision and drainage of abscess – extraoral soft tissue	Individual consideration.	Detailed narrative	Detailed narrative
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)			
D7530	Removal of foreign body, mucosa, skin, or subcutaneous alveolar tissue	Individual consideration.	<ul style="list-style-type: none"> • Pathology report • Operative report 	<ul style="list-style-type: none"> • Pathology report • Operative report
D7540	Removal of reaction-producing foreign bodies, musculoskeletal system			
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone			
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			
D7610	Maxilla – open reduction (teeth immobilized, if present)	Individual consideration.	<ul style="list-style-type: none"> • Panoramic radiograph • Operative report • Include arch identification for D7670 and D7671 	<ul style="list-style-type: none"> • Panoramic radiograph • Operative report • Include arch identification for D7670 and D7671
D7620	Maxilla – closed reduction (teeth immobilized, if present)			

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
TREATMENT OF FRACTURES – SIMPLE				
D7630	Mandible – open reduction (teeth immobilized, if present)	Individual consideration.	<ul style="list-style-type: none"> • Panoramic radiograph • Operative report • Include arch identification for D7670 and D7671 	<ul style="list-style-type: none"> • Panoramic radiograph • Operative report • Include arch identification for D7670 and D7671
D7640	Mandible – closed reduction (teeth immobilized, if present)			
D7650	Malar and/or zygomatic arch – open reduction			
D7660	Malar and/or zygomatic arch – closed reduction			
D7670	Alveolus – closed reduction, may include stabilization of teeth			
D7671	Alveolus – open reduction, may include stabilization of teeth			
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches			
TREATMENT OF FRACTURES – COMPOUND				
D7710	Maxilla – open reduction, stabilization of teeth	Individual consideration.	<ul style="list-style-type: none"> • Panoramic radiograph • Operative report • Include arch identification for D7770 and D7771 	<ul style="list-style-type: none"> • Panoramic radiograph • Operative report • Include arch identification for D7770 and D7771
D7720	Maxilla – closed reduction			
D7730	Mandible – open reduction			
D7740	Mandible – closed reduction			
D7750	Malar and/or zygomatic arch – open reduction			
D7760	Malar and/or zygomatic arch – closed reduction			
D7770	Alveolus – open reduction stabilization of teeth			
D7771	Alveolus – closed reduction, stabilization of teeth			
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches			

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS – Procedures that are integral part of primary procedure should not be reported separately.				
D7810	Open reduction of dislocation	Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.	None	None
D7820	Closed reduction of dislocation			
D7830	Manipulation under anesthesia			
D7840	Condylectomy			
D7850	Surgical disectomy; with or without implant			
D7852	Disc repair			
D7854	Synovectomy			
D7856	Myotomy			
D7858	Joint reconstruction			
D7860	Arthrotomy			
D7865	Arthroplasty			
D7870	Arthrocentesis			
D7871	Non-arthroscopic lysis and lavage			
D7872	Arthroscopy – diagnosis, with or without biopsy			
D7873	Arthroscopy – surgical, lavage and lysis of adhesions			
D7874	Arthroscopy – surgical, disc repositioning and stabilization			
D7875	Arthroscopy – surgical, synovectomy			
D7876	Arthroscopy – surgical, disectomy			
D7877	Arthroscopy – surgical, debridement			
D7880	Occlusal orthotic device, by report			
D7881	Occlusal orthotic device adjustment	Not a covered benefit.		
D7899	Unspecified TMD therapy, by report	Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.		

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
REPAIR OF TRAUMATIC WOUNDS				
D7910	Suture of recent small wounds up to 5 cm	Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.	None	None
D7911	Complicated suture – up to 5 cm			
D7912	Complicated suture – greater than 5 cm			
OTHER REPAIR PROCEDURES				
D7920	Skin grafts (identify defect covered, location, and type of graft)	Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.	None	None
D7921	Collection and application of autologous blood concentrate product			
D7922	Placement on intra-socket biological dressing to aid in hemostasis or clot stabilization, per site			
D7940	Osteoplasty – for orthognathic deformities			
D7941	Osteotomy – mandibular rami			
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft			
D7944	Osteotomy – segmented or sub-apical per sextant or quadrant			
D7945	Osteotomy – body of mandible			
D7946	LeFort I (maxilla – total)			
D7947	LeFort I (maxilla – segmented)			
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft			
D7949	LeFort II or LeFort II – with bone graft			

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
OTHER REPAIR PROCEDURES, continued				
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones, autogenous or nonautogenous, by report	Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.	None	None
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach			
D7952	Sinus augmentation via a vertical approach			
D7953	Bone replacement graft for ridge preservation – per site			
D7955	Repair of maxillofacial soft and/or hard tissue defect	Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.	<ul style="list-style-type: none"> • Pretreatment recommended • Operative report • Appropriate radiographs 	<ul style="list-style-type: none"> • Pretreatment recommended • Operative report • Appropriate radiographs
D7961	Buccal / labial frenectomy (frenulectomy)	D7961 or D7962 covered once per site per lifetime. Covered for members 6 years and older. Not allowed when performed in conjunction with soft tissue graft; same site and same date of service.	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative 	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative
D7962	Lingual frenectomy (frenulectomy)			
D7963	Frenuloplasty			
D7970	Excision of hyperplastic tissue – per arch	Individual consideration.	<ul style="list-style-type: none"> • Arch identification • Operative report 	<ul style="list-style-type: none"> • Arch identification • Operative report
D7971	Excision of pericoronal gingiva	Individual consideration.	<ul style="list-style-type: none"> • Tooth identification • Operative report 	<ul style="list-style-type: none"> • Tooth identification • Operative report
D7972	Surgical reduction of fibrous tuberosity	One per upper quadrant(s) per lifetime.	Quadrant identification	Quadrant identification
D7979	Non-surgical sialolithotomy	Not a covered benefit.	None	None
D7980	Sialolithotomy	Individual consideration.	Operative report	Operative report
D7981	Excision of salivary gland, by report			

Oral and Maxillofacial Surgery

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
OTHER REPAIR PROCEDURES, continued				
D7982	Sialodochoplasty	Individual consideration.	Operative report	Operative report
D7983	Closure of salivary fistula			
D7990	Emergency tracheotomy	Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.	None	None
D7991	Coronoidectomy			
D7993	Surgical placement of craniofacial implant – extra oral Surgical placement of a craniofacial implant to aid in retention of an auricular, nasal, or orbital prosthesis.			
D7994	Surgical placement: zygomatic implant. An implant placed in the zygomatic bone and exiting through the maxillary mucosal tissue providing support and attachment of a maxillary dental prosthesis.			
D7995	Synthetic graft - mandible or facial bones, by report			
D7996	Implant – mandible for augmentation purposes (excluding alveolar ridge), by report			
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Individual consideration. Not covered*	Detailed narrative	Detailed narrative
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Not a covered benefit.	None	None
D7999	Unspecified oral surgery procedure, by report	Individual consideration.	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative • Operative report 	<ul style="list-style-type: none"> • Tooth identification • Detailed narrative • Operative report

* Applies to specific ACA-compliant small group plans only.

Orthodontic Services

Orthodontic Benefit Administration

Limited Orthodontic Treatment. Use these codes for treatment with a limited objective, not involving the entire dentition. For example: Treatment in one arch only to correct crowding, partial treatment to open spaces or upright a tooth for a bridge, implant, and partial treatment for closure of a space.

Interceptive Orthodontic Treatment. Use these codes for procedures to lessen the severity or future effects of a malformation and to eliminate its cause. For example: The redirection of ectopically erupted tooth, correction of isolated dental cross-bite, or recovery of recent minor space loss where overall space is adequate.

Comprehensive Orthodontic Treatment. Use these codes when there are multiple phases of treatment provided at different stages of dentofacial development. For example: The use of an activator is generally stage one of a two-stage treatment. In this situation, placement of fixed appliances will generally be stage two of a two-stage treatment. List both treatment phases as comprehensive treatment modified by the stage of dental development.

How to submit claims for orthodontic treatment

Limited, Interceptive and Minor Treatment. Submit a claim with the appropriate CDT procedure code, including the total treatment fee and the placement date of the appliance. We will make payment after receipt of initial claim for treatment.

Comprehensive Treatment. For patients whose comprehensive treatment started after their orthodontic benefits became effective, submit the claim with the appropriate CDT procedure code, including the treatment charge and the date treatment began.

We will make monthly payments for comprehensive treatments. Initial monthly payment to you will be equal to 50% of the patients orthodontic benefit maximum for covered services less any member cost share. We will pay the rest in monthly installments until treatment plan is complete, or benefits exhausted. You do not need to submit a second claim; we will generate the payments automatically.

If comprehensive treatment began before the patient's orthodontic benefits became effective, submit the monthly visits and your monthly fee using the appropriate CDT procedure code. When submitting claims for the services included in orthodontic records, be sure to itemize listing the appropriate CDT procedure code for each service (e.g., radiographs, evaluation, study models) with your usual fee.

If you have questions regarding a patient's coverage, effective dates, or benefits, please call Dental Provider Service at **1-800-882-1178**.

Orthodontic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
ORTHODONTICS - Limited orthodontic treatment				
D8010	Limited orthodontic treatment of the primary dentition	Available as rider and subject to lifetime maximum and copayment.	None	None
D8020	Limited orthodontic treatment of the transitional dentition	Not covered under the Essential Health Benefit , but may be covered with traditional orthodontics rider*	None	None
D8030	Limited orthodontic treatment of the adolescent dentition			
D8040	Limited orthodontic treatment of the adult dentition			
INTERCEPTIVE ORTHODONTIC TREATMENT				
D8050	Interceptive orthodontic treatment of the primary dentition	Available as rider and subject to lifetime maximum and copayment.	None	None
D8060	Interceptive orthodontic treatment of the transitional dentition	May be covered under traditional orthodontics plan with a rider*	None	None
COMPREHENSIVE ORTHODONTIC TREATMENT				
D8070	Comprehensive orthodontic treatment of the transitional dentition	Available as rider and subject to lifetime maximum and copayment. Not covered*	<ul style="list-style-type: none"> • First date in treatment series • Total treatment charge 	<ul style="list-style-type: none"> • First date in treatment series • Total treatment charge
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Available as rider and subject to lifetime maximum and copayment. May be covered under traditional orthodontics plan with a rider*	<ul style="list-style-type: none"> • First date in treatment series • Total treatment charge 	<ul style="list-style-type: none"> • First date in treatment series • Total treatment charge
D8090	Comprehensive orthodontic treatment of the adult dentition	Available as rider and subject to lifetime maximum and copayment. Not covered*	<ul style="list-style-type: none"> • First date in treatment series • Total treatment charge 	<ul style="list-style-type: none"> • First date in treatment series • Total treatment charge
MINOR TREATMENT TO CONTROL HARMFUL HABITS				
D8210	Removable appliance therapy	Available as rider and subject to lifetime maximum and copayment. Not covered*	None	None
D8220	Fixed appliance therapy			
OTHER ORTHODONTIC SERVICES				
D8660	Pre-orthodontic treatment examination to monitor growth and development	Not a covered benefit. Once per six months. Payable only to a dental provider who is a specialist in orthodontics*	None	None

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Orthodontic Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
OTHER ORTHODONTIC SERVICES, continued				
D8670	Periodic orthodontic treatment visit	Use for payment of monthly benefit when a dentist started a case prior to insurance coverage and is now providing services to patient who has become covered.	Submit monthly charge; not fee for whole case.	Submit monthly charge; not fee for whole case.
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Part of the global fee for the orthodontic outcome.	None	None
D8681	Occlusal orthotic device adjustment	Not a covered benefit.	None	None
D8690	Orthodontic treatment, (alternative billing to a contract fee)	Use for payment of monthly benefit for services provided by dentist other than original treating dentist. A method of payment between the provider and responsible party for services that reflect an open-ended fee arrangement.	Submit monthly charge; not fee for whole case.	Submit monthly charge; not fee for whole case.
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Not a covered benefit.	None	None
D8696	Repair of orthodontic appliance – maxillary			
D8697	Repair of orthodontic appliance – mandibular			
D8698	Re-cement or re-bond fixed retainer – maxillary			
D8699	Re-cement or re-bond retainer – mandibular			
D8701	Repair of fixed retainer, includes reattachment - maxillary			
D8702	Repair of fixed retainer, includes reattachment – mandibular			
D8703	Replacement of lost or broken retainer – maxillary			
D8704	Replacement of lost or broken retainer – mandibular			
D8999	Unspecified orthodontic procedure, by report. Used for procedures not adequately described by a code			

Unclassified Treatment

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
UNCLASSIFIED TREATMENT				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	Not covered when reported with other definitive services on same treatment date. Up to age 19: Other non emergency medically necessary treatment may be provided during the same visit. Ages 19+: Not covered when reported on same day as definitive services.*	None	None
D9120	Fixed partial denture sectioning	Not a covered benefit.	None	None
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies			
ANESTHESIA				
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Not a covered benefit.	None	None
D9211	Regional block anesthesia			
D9212	Trigeminal division block anesthesia			
D9215	Local anesthesia in conjunction with operative or surgical procedures	Included in the total fee for non-surgical or surgical services.		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Not a covered benefit.		
D9222	Deep sedation / general anesthesia first 15 minutes	Covered when provided with covered surgical procedures. Up to age 19: no limit*		
D9223	Deep sedation/general anesthesia – each 15 minute increment	Covered when provided with covered surgical procedures. Up to age 19: no limit*		
D9230	Administration of nitrous oxide/ analgesia, anxiolysis	Not a covered benefit. Up to age 19: One per day per patient *		
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	Covered when provided with covered surgical procedures. Up to age 19: no limit*		
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	Covered when provided with covered surgical procedures. Up to age 19: no limit*		
D9248	Non-intravenous (conscious) sedation	Not a covered benefit. Up to age 19: No limit*		

* Applies to specific ACA-compliant small group plans only.

Adjunctive General Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
PROFESSIONAL CONSULTATION				
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Covered benefit only when a dentist who is not providing treatment is the consultant. Benefits reconsidered on an individual basis.	<ul style="list-style-type: none"> Detailed narrative including the treating dentist's name Submit with code D9999 	<ul style="list-style-type: none"> Detailed narrative including the treating dentist's name Submit with code D9999
D9311	Consultation with a medical health care professional	Not a covered benefit.	None	None
PROFESSIONAL VISITS				
D9410	House call/extended care facility call	Not a covered benefit.	None	None
D9420	Hospital or ambulatory surgical center call	D9410: Up to age 19: One per facility per date of service. Claim must include place of service codes 03,04,12,13,14,31,32,33,34 or 99 *		
D9430	Office visit for observation during regular office hours – no other services performed			
D9440	Office visit-after regular office hours			
D9450	Case presentation, detailed and extensive treatment planning			
DRUGS				
D9610	Therapeutic parenteral drug, single administration	Not a covered benefit.	None	None
D9612	Therapeutic parenteral drugs, two or more administrations, different meds			
D9613	Infiltration of sustained-release therapeutic drug, single or multiple site			
D9630	Other drugs/medicaments, by report			
MISCELLANEOUS SERVICES				
D9910	Application of desensitizing medicament	Once within a 12-month period.	None	None
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Once per tooth per 48 months. Limited to age 16 and older.	Tooth identification	Tooth identification
D9920	Behavior management, by report	Not a covered benefit. Up to age 19: One per day per provider or location*	None	None

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Adjunctive General Services

CDT Code	Description of Service	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA Participating	Out-of-state & Non-par
MISCELLANEOUS SERVICES, continued				
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	Individual consideration.	Detailed narrative	Detailed narrative
D9932	Cleaning and inspection of removable complete denture, maxillary	Not a covered benefit.	None	None
D9933	Cleaning and inspection of removable complete denture, mandibular			
D9934	Cleaning and inspection of removable partial denture, maxillary			
D9935	Cleaning and inspection of removable partial denture, mandibular			
D9941	Fabrication of athletic mouthguard			
D9942	Repair and/ or relines of occlusal guard	Not a covered benefit.	None	None
D9943	Occlusal guard adjustment			
D9944	Occlusal guard hard appliance, full arch			
D9945	Occlusal guard – soft appliance, full arch			
D9946	Occlusal guard – hard appliance, partial arch			
D9950	Occlusion analysis-mounted case	Not a covered benefit (inclusive of rehabilitative services being performed).		
D9951	Occlusal adjustment-limited	One per 24 months, per quadrant.	Quadrant identification	Quadrant identification
D9952	Occlusal adjustment-complete	Once per 24 months.	None	None
D9961	Duplicate/copy patient’s records	Not a covered benefit.		
D9970	Enamel microabrasion			
D9971	Odontoplasty - per tooth			
D9972	External bleaching – per arch – in office			
D9973	External bleaching – per tooth			
D9974	Internal bleaching – per tooth			
D9975	External bleaching – in home – per arch; includes materials & fabrication of custom trays			
D9985	Sales tax			
D9986	Missed appointment			
D9987	Cancelled appointment			

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Adjunctive General Services

CDT Code	Description of Services	Procedure Guidelines	Provider Submission Requirements	
			BCBSMA-participating	Out-of-state and Non-par
MISCELLANEOUS SERVICES, continued				
D9990	Certified translation or sign – language services, per visit	Not a covered benefit.	None	None
D9991	Dental case management – addressing appointment compliance barriers			
D9992	Dental case management – care coordination			
D9993	Dental case management – motivational interviewing			
D9994	Dental case management – patient education			
D9995	Teledentistry synchronous	Not a covered benefit.		
D9996	Teledentistry nonsynchronous			
D9997	Dental case management – patients with special health care needs			
D9999	Unspecified adjunctive procedure by report	Individual consideration.	Detailed narrative	Detailed narrative