

CDT Code	Description of Service	Pediatric EHB Procedure Guidelines Ages 0-19	Adult EHB Procedure Guidelines Ages 19 & older	Submission Requirements
D0120	Periodic oral evaluation – established patient	Two per calendar year of D0145 or D0120. Not a covered benefit when performed on the same day as D9110 by the same dentist/dental office.	Two per calendar year. Not a covered benefit when performed on the same day as D9110 by the same dentist/dental office.	None
D0140	Limited oral evaluation – problem-focused	Two per calendar year. Not a covered benefit when performed on the same day as D9110 or D0160 by the same dentist.	Two per calendar year. Not a covered benefit when performed on the same day as D9110 or D0160 by the same dentist.	None
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Two per calendar year of D0145 or D0120.	Not a covered benefit.	None
D0150	Comprehensive oral evaluation - new or established patient	One per member per lifetime.	Once per 60 months per dentist or location.	None
D0160	Detailed, extensive oral evaluation – problem-focused, by report	Two per twelve months, by report. Not a covered benefit when performed same day as D9110 by same dentist.	Not a covered benefit.	Detailed narrative
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	Not a covered benefit.	Two per twelve months. Not to be used as a periodontal reevaluation.	None

D0171	Re-evaluation – post operative office visit	Not a covered benefit.	Not a covered benefit.	None
D0180	Comprehensive periodontal evaluation - new or established patient	Not a covered benefit.	Once per 60 months per dentist or location.	None
D0190	Screening of a patient	Not a covered benefit.	Not a covered benefit.	None
D0191	Assessment of a patient	Not a covered benefit.	Not a covered benefit.	None
D0210	Intraoral - comprehensive series of radiographic images	One full mouth series (D0210) or panorex (D0330) per three calendar years and consists of a minimum of 7 or more radiographs, including bitewings.	One full mouth series (D0210) or panorex (D0330) per 60 months and consists of a minimum of 7 or more radiographs, including bitewings.	None
D0220	Intraoral - periapical first radiographic image	One per day per patient per (provider or location). Twelve of (D0220, D0230) per 12 months per patient. If reported with endodontic therapy, radiographs are included in the fee for the procedure.	A maximum of 6 radiographs per date of service. Any combination of radiographs that exceed 6 will be processed as D0210. If reported with endodontic therapy, radiographs are included in the fee for the procedure.	None
D0230	Intraoral - periapical each additional radiographic image	Three per day per patient per (provider or location). Twelve of (D0220, D0230) per 12 months per patient.	A maximum of 6 radiographs per date of service. Any combination of radiographs that exceed 6 will be processed as	None

			D0210. If reported with endodontic therapy, radiographs are included in the fee for the procedure.	
D0240	Intraoral - occlusal radiographic image	Not a covered benefit.	One film per arch per 6 months.	None
D0250	Extra-oral – first 2D projection radiographic image created using a stationary radiation source, and detector	Not a covered benefit.	One film per arch per 6 months.	None
D0270	Bitewing - single radiographic image	Two per calendar year per patient.	One per 6 months per patient.	None
D0272	Bitewings - two radiographic images	Two per calendar year per patient.	One per 6 months per patient.	None
D0273	Bitewings - three radiographic images	Two per calendar year per patient.	One per 6 months per patient.	None
D0274	Bitewings - four radiographic images	Two per calendar year per patient.	One per 6 months per patient.	None
D0277	Vertical bitewings - 7 to 8 radiographic images. This does not constitute a full mouth intraoral radiographic series.	Not a covered benefit.	One set per 12 months.	None
D0310	Sialography	Not a covered benefit.	Not a covered benefit.	None
D0320	Temporomandibular joint arthrogram, including injection	Not a covered benefit.	Not a covered benefit.	None
D0321	Other temporomandibular joint radiographic images, by report	Not a covered benefit.	Not a covered benefit.	None
D0322	Tomographic survey	Not a covered benefit.	Not a covered benefit.	None

D0330	Panoramic radiographic image	One full mouth series (D0210) or panorex (D0330) per three calendar years.	One full mouth series (D0210) or panorex (D0330) per 60 months.	None
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	Individual consideration for non-orthodontic services.	Individual consideration for non-orthodontic services.	None
D0350	2D oral/facial photographic image obtained- intra orally or extra-orally	Not a covered benefit.	Covered only when the Plan requests that photos be submitted for utilization review. Otherwise, not covered.	None
D0364	Cone beam CT capture and interpretation with limited field of view-less than one whole jaw	Not a covered benefit.	Not a covered benefit.	None
D0365	Cone beam CT capture and interpretation with limited field of one full dental arch-mandible	Not a covered benefit.	Not a covered benefit.	None
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.	Not a covered benefit.	None
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Not a covered benefit.	Not a covered benefit.	None
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	Not a covered benefit.	Not a covered benefit.	None
D0369	Maxillofacial MRI capture and interpretation	Not a covered benefit.	Not a covered benefit.	None

D0370	Maxillofacial ultrasound capture and interpretation	Not a covered benefit.	Not a covered benefit.	None
D0371	Sialoendoscopy capture and interpretation	Not a covered benefit.	Not a covered benefit.	None
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	Not a covered benefit.	Not a covered benefit.	None
D0373	Intraoral tomosynthesis – bitewing radiographic image	Not a covered benefit.	Not a covered benefit.	None
D0374	Intraoral tomosynthesis – periapical radiographic image	Not a covered benefit.	Not a covered benefit.	None
D0801	3D dental surface scan – direct	Not a covered benefit.	Not a covered benefit.	None
D0802	3D dental surface scan – indirect	Not a covered benefit.	Not a covered benefit.	None
D0803	3D facial surface scan – direct	Not a covered benefit.	Not a covered benefit.	None
D0804	3D facial surface scan – indirect	Not a covered benefit.	Not a covered benefit.	None
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	Not a covered benefit.	Not a covered benefit.	None
D0381	Cone beam CT image capture with field of view of one full dental arch-mandible	Not a covered benefit.	Not a covered benefit.	None
D0382	Cone beam CT image capture with field of view of one full dental arch-maxilla, with or without cranium	Not a covered benefit.	Not a covered benefit.	None
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Not a covered benefit.	Not a covered benefit.	None
D0384	Cone beam CT image capture for TMJ series including two or more exposures	Not a covered benefit.	Not a covered benefit.	None
D0385	Maxillofacial MRI image capture	Not a covered benefit.	Not a covered benefit.	None

D0386	Maxillofacial ultrasound image capture	Not a covered benefit.	Not a covered benefit.	None
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0701	Panoramic radiographic image – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0702	2D cephalometric radiographic image – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally– image capture only	Not a covered benefit.	Not a covered benefit.	None
D0705	Extra-oral posterior dental radiographic image – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0706	Intraoral – occlusal radiographic image – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0707	Intraoral – periapical radiographic image – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0708	Intraoral – bitewing radiographic image – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0709	Intraoral – comprehensive series of radiographic images – image capture only	Not a covered benefit.	Not a covered benefit.	None
D0391	Interpretation of diagnostic image by a practitioner not	Not a covered benefit.	Not a covered benefit.	None

	associated with capture of the image, including report			
D0393	Virtual treatment simulation using 3D image volume or surface scan	Not a covered benefit.	Not a covered benefit.	None
D0394	Digital subtraction of two or more images or image volumes of the same modality to demonstrate changes that occurred over time	Not a covered benefit.	Not a covered benefit.	None
D0395	Fusion of two or more 3D image volumes of one or more modalities	Not a covered benefit.	Not a covered benefit.	None
D0411	HbA1c in-office point-of-service testing	Not a covered benefit.	Not a covered benefit.	None
D0412	Blood glucose level test – in-office using a glucose meter	Not a covered benefit.	Not a covered benefit.	None
D0415	Collection of microorganisms for culture and sensitivity	Not a covered benefit.	Not a covered benefit.	None
D0416	Viral culture. A diagnostic test to identify viral organisms, most often herpes virus.	Not a covered benefit.	Not a covered benefit.	None
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Not a covered benefit.	Not a covered benefit.	None
D0418	Analysis of saliva sample. Chemical or biological analysis of saliva sample for diagnostic purposes.	Not a covered benefit.	Not a covered benefit.	None
D0419	Assessment of salivary flow by measurement	Not a covered benefit.	Not a covered benefit.	None
D0425	Caries susceptibility tests. Not to be used for carious dentin staining.	Not a covered benefit.	Not a covered benefit.	None
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal	Not a covered benefit.	Not a covered benefit.	None

	abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures			
D0460	Pulp vitality tests	Not a covered benefit.	Not a covered benefit.	None
D0470	Diagnostic casts	Not a covered benefit.	Not a covered benefit.	None
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Not a covered benefit.	Not a covered benefit.	None
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Not a covered benefit.	Not a covered benefit.	None
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Not a covered benefit.	Not a covered benefit.	None
D0475	Decalcification procedure	Not a covered benefit.	Not a covered benefit.	None
D0476	Special stains for microorganisms	Not a covered benefit.	Not a covered benefit.	None
D0477	Special stains, not for microorganisms	Not a covered benefit.	Not a covered benefit.	None
D0478	Immunohistochemical stains	Not a covered benefit.	Not a covered benefit.	None
D0479	Tissue in-site hybridization, including interpretation	Not a covered benefit.	Not a covered benefit.	None
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Not a covered benefit.	Not a covered benefit.	None

D0481	Electron microscopy	Not a covered benefit.	Not a covered benefit.	None
D0482	Direct immunofluorescence	Not a covered benefit.	Not a covered benefit.	None
D0483	Indirect immunofluorescence	Not a covered benefit.	Not a covered benefit.	None
D0484	Consultation on slides prepared elsewhere	Not a covered benefit.	Not a covered benefit.	None
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Not a covered benefit.	Not a covered benefit.	None
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Not a covered benefit.	Not a covered benefit.	None
D0502	Other oral pathology procedures, by report	Not a covered benefit.	Not a covered benefit.	None
D0601	Caries risk assessment and documentation, with a finding of low risk	Not a covered benefit.	Not a covered benefit.	None
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Not a covered benefit.	Not a covered benefit.	None
D0603	Caries risk assessment and documentation, with a finding of high risk	Not a covered benefit.	Not a covered benefit.	None
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 insurance for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage.	None
D0605	Antibody testing for a public health related pathogen including coronavirus	Not a covered benefit under BCBSMA dental plans.	Not a covered benefit under BCBSMA dental plans. Please	None

		Please check with patient's medical insurance for possible coverage.	check with patient's medical insurance for possible coverage.	
D0606	Molecular testing for a public health related pathogen, including coronavirus	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage.	None
D0999	Unspecified diagnostic procedure, by report	Individual consideration.	Individual consideration.	Detailed narrative
D1110	Prophylaxis – adult	Two per calendar year.D1110: ages 14+	Two per calendar year. There must be at least three months between a periodontal maintenance cleaning and any other cleanings.	None
D1120	Prophylaxis – child	D1120: ages 0 – 13	Not a covered benefit.	None
D1206	Topical application of fluoride varnish	Once per 90 day(s) of either code D1206 or D1208.	Not a covered benefit.	None
D1208	Topical application of fluoride- excluding varnish	Once per 90 day(s) of either code D1208 or D1206.	Not a covered benefit.	None
D1310	Nutritional counseling for control of dental disease	Not a covered benefit.	Not a covered benefit.	None
D1320	Tobacco counseling for control and prevention of oral disease	Not a covered benefit.	Not a covered benefit.	None
D1321	Counseling for control and prevention of adverse oral, behavioral, and systemic health	Not a covered benefit.	Not a covered benefit.	None

	effects associated with high-risk substance use			
D1330	Oral hygiene instructions	Not a covered benefit.	Not a covered benefit.	None
D1351	Sealant – per tooth	Once per tooth per 3 years on primary or permanent first, second and third non-carious molars.	Not a covered benefit.	Tooth identification Surface identification
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	Not a covered benefit.	Not a covered benefit.	None
D1353	Sealant repair – per tooth	Covered for primary molars for members under age nine. Reapplication only if process fails within three years. Covered for permanent non-carious molars for members under age 17 once every three years per tooth.	Not a covered benefit.	Tooth identification Surface identification
D1354	Application of caries arresting medicament – per tooth	Not a covered benefit.	Not a covered benefit.	None
D1355	Caries preventive medicament application – per tooth, for primary prevention or remineralization.	Not a covered benefit.	Not a covered benefit.	None
D1510	Space maintainer – fixed – unilateral – per quadrant	Individual consideration.	Not a covered benefit.	Quadrant identification
D1516	Space maintainer – fixed – bilateral, maxillary	Individual consideration.	Not a covered benefit.	Arch identification

D1517	Space maintainer-fixed-bilateral, mandibular	Individual consideration.	Not a covered benefit.	Arch identification
D1520	Space maintainer – removable –unilateral – per quadrant	Individual consideration.	Not a covered benefit.	Quadrant identification
D1526	Space maintainer – removable – bilateral, maxillary	Individual consideration.	Not a covered benefit.	Arch identification
D1527	Space maintainer – removable – bilateral, mandibular	Individual consideration.	Not a covered benefit.	Arch identification
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	Individual consideration.	Not a covered benefit.	Arch identification
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	Individual consideration.	Not a covered benefit.	Arch identification
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	Individual consideration.	Not a covered benefit.	Quadrant identification
D1556	Removal of fixed unilateral space maintainer – per quadrant	Not a covered benefit.	Not a covered benefit.	None
D1557	Removal of fixed bilateral space maintainer – maxillary	Not a covered benefit.	Not a covered benefit.	None
D1558	Removal of fixed bilateral space maintainer – mandibular	Not a covered benefit.	Not a covered benefit.	None
D1575	Distal shoe space maintainer- fixed unilateral – per quadrant	Once per arch or quadrant per lifetime.	Not a covered benefit.	Quadrant or arch identification
D1999	Unspecified preventive procedure, by report	Individual consideration.	Not a covered benefit.	Detailed narrative
D1701	Pfizer-BioNTech COVID-19 vaccine administration – first dose	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for	None

		for possible coverage.	possible coverage.	
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	None
D1703	Moderna COVID-19 vaccine administration – first dose	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	None
D1704	Moderna COVID-19 vaccine administration – second dose	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	None
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.	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	None
D1706	AstraZeneca COVID-19 vaccine administration – second dose	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for	None

		for possible coverage.	possible coverage.	
D1707	Janssen COVID-19 vaccine administration	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D1708	Pfizer-BioNTech Covid-19 vaccineadministration – third dose	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D1709	Pfizer-BioNTech Covid-19 vaccineadministration – booster dose	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D1710	Moderna Covid-19 vaccineadministration – third dose	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D1711	Moderna Covid-19 vaccineadministration – booster dose	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for	None

		for possible coverage.	possible coverage.	
D1712	Janssen Covid-19 vaccineadministration - booster dose	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D1713	Pfizer-BioNTech Covid-19 vaccineadministration tris-sucrose pediatric – first dose	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D1714	Pfizer-BioNTech Covid-19 vaccineadministration tris-sucrose pediatric – second dose	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D1781	Vaccine administration – human papillomavirus – Dose 1	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D1782	Vaccine administration – human papillomavirus – Dose 2	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for	None

		for possible coverage.	possible coverage.	
D1783	Vaccine administration – human papillomavirus – Dose 3	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage.	None
D2140	Amalgam – one surface, primary or permanent	One restoration per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2150	Amalgam – two surfaces, primary or permanent	One restoration per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2160	Amalgam – three surfaces, primary or permanent	One restoration per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2161	Amalgam – four or more surfaces, primary or permanent	One restoration per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2330	Resin-based composite – one surface, anterior	One restoration per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification

D2331	Resin-based composite – two surfaces, anterior	One restoration per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2332	Resin-based composite – three surfaces, anterior	One restoration per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	One restoration per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2390	Resin-based composite crown, anterior	One per tooth per 12 months.	One per tooth per 24 months.	Tooth identification
D2391	Resin-based composite – one surface, posterior	One per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2392	Resin-based composite – two surfaces, posterior	One per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2393	Resin-based composite – three surfaces, posterior	One per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification

D2394	Resin-based composite – four or more surfaces, posterior	One per tooth surface per 12 months.	One restoration per tooth surface per 24 months.	Tooth identification Surface identification
D2410	Gold foil, one surface	Not a covered benefit.	One restoration per tooth surface per 12 months.	None
D2420	Gold foil, two surfaces	Not a covered benefit.	One restoration per tooth surface per 12 months.	None
D2430	Gold foil, three surfaces	Not a covered benefit.	One restoration per tooth surface per 12 months.	None
D2510	Inlay – metallic, one surface	Not a covered benefit.	One restoration per tooth surface per 84 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.	Tooth identification Surface identification
D2520	Inlay – metallic, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.	Tooth identification Surface identification
D2530	Inlay – metallic, three or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months. Alternate	Tooth identification

			benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.	Surface identification
D2542	Onlay – metallic, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2543	Onlay – metallic, three surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2544	Onlay – metallic, four or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2610	Inlay – porcelain/ceramic, one surface	Not a covered benefit.	One restoration per tooth surface per 84 months.	Tooth identification Surface identification
D2620	Inlay – porcelain/ceramic, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	Tooth identification Surface identification

D2630	Inlay – porcelain/ceramic, three or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	Tooth identification Surface identification
D2642	Onlay – porcelain/ceramic, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months. Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2643	Onlay – porcelain/ceramic, three surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months. Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2644	Onlay – porcelain/ceramic, four or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months. Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2650	Inlay – resin-based composite, one surface	Not a covered benefit.	One restoration per tooth surface per 84 months.	Tooth identification Surface identification
D2651	Inlay – resin-based composite, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	Tooth identification Surface identification

D2652	Inlay – resin-based composite, three or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	Tooth identification Surface identification
D2662	Onlay – resin-based composite, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months. Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2663	Onlay – resin-based composite, three surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months. Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2664	Onlay – resin-based composite, four or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months. Limited to permanent posterior teeth 1-5, 12-21, 28-32.	Tooth identification Surface identification
D2710	Crown – resin-based composite (indirect)	Once per permanent tooth per 60 months for teeth numbers 3-14 and 19-30.	Once per permanent tooth per 84 months for teeth numbers 3-14 and 19-30.	Tooth identification
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2720	Crown - resin with high noble metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None

D2721	Crown – resin with predominantly base metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2722	Crown – resin with noble metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2740	Crown – porcelain/ceramic substrate	Once per tooth per 60 months for teeth numbers	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D2750	Crown – porcelain fused to high-noble metal	2-15 and 18-31.	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D2751	Crown – porcelain fused to predominantly base metal	2-15 and 18-31.	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D2752	Crown – porcelain fused to noble metal	2-15 and 18-31.	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D2753	Crown – porcelain fused to titanium and titanium alloys	Once per tooth per 60 months for teeth numbers 2-15 and 18-31.	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D2780	Crown – ¾ cast high noble metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2781	Crown – ¾ cast predominantly base metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2782	Crown – ¾ cast noble metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2783	Crown – ¾ porcelain/ceramic	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None

D2790	Crown – full cast high-noble metal	Once per tooth per 60 months for teeth numbers 2-15 and 18-31.	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D2791	Crown – full cast predominantly base metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2792	Crown – full cast noble metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2794	Crown – titanium and titanium alloys	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	None
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	Not a covered benefit.	Not a covered benefit.	None
D2910	Recement inlay, onlay, or partial coverage restoration	One per tooth per 12 months. Not covered within 6 months of initial placement.	One per tooth per 12 months. Not covered within 6 months of initial placement.	Tooth identification
D2915	Recement cast or prefabricated post and core	Not a covered benefit.	One per tooth per 12 months. Not covered within 6 months of initial placement.	Tooth identification
D2920	Recement crown	Once per tooth per 12 months.	Not covered within 6 months of initial placement.	Tooth identification
D2921	Reattachment of tooth fragment, incisal edge or cusp	Not a covered benefit.	Not a covered benefit.	None
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	Not a covered benefit.	Not a covered benefit.	None

D2929	Prefabricated porcelain/ceramic crown – primary tooth	Not a covered benefit.	Not a covered benefit.	None
D2930	Prefabricated stainless steel crown – primary tooth	One per tooth per 12 months. Maximum of four crowns per date of service.	One per tooth per 24 months.	Tooth identification
D2931	Prefabricated stainless steel crown – permanent tooth	One per tooth per 12 months. Maximum of four crowns per date of service. Limited to permanent posterior teeth (#2-5, 12-15, 18-21 and 28-31).	Not a covered benefit.	Tooth identification
D2932	Prefabricated resin crown	One per tooth per 12 months. Maximum of four crowns per date of service.	Not a covered benefit.	Tooth identification
D2933	Prefabricated stainless steel crown with resin window	Not a covered benefit.	Not a covered benefit.	None
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	One per tooth per 12 months. Maximum of four crowns per date of service.	One per tooth per 24 months.	Tooth identification
D2940	Protective restoration	Not a covered benefit.	One per tooth per lifetime.	None
D2941	Interim therapeutic restoration – primary dentition	Not a covered benefit.	Not a covered benefit.	None
D2949	Restorative foundation for an indirect restoration	Not a covered benefit.	Not a covered benefit.	None
D2950	Core buildup, including any pins when required	Not a covered benefit.	Once per permanent tooth per 84 months.	None

D2951	Pin retention – per tooth, in addition to restoration	Covered when billed with a two or more surface restoration on a permanent tooth only.	Limited to three pins per tooth per lifetime.	Tooth identification
D2952	Post and core in addition to crown, indirectly fabricated	Not a covered benefit.	Once per tooth per 84 months.	None
D2953	Each additional indirectly fabricated post – same tooth	Not a covered benefit.	Once per tooth per lifetime.	None
D2954	Prefabricated post and core in addition to crown	Once per tooth per 60 months for teeth numbers 2-15 and 18-31.	Once per tooth per 84 months.	Tooth identification
D2955	Post removal	Not a covered benefit.	Not a covered benefit.	None
D2957	Each additional prefabricated post – same tooth	Not a covered benefit.	Once per tooth per lifetime. Limited to teeth 1-5, 12-21 and 28-32	None
D2960	Labial veneer (resin laminate) – direct	Not a covered benefit.	Not a covered benefit.	None
D2961	Labial veneer (resin laminate) – indirect	Not a covered benefit.	Not a covered benefit.	None
D2962	Labial veneer (porcelain laminate) – indirect	Not a covered benefit.	Not a covered benefit.	None
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	Not a covered benefit.	Individual consideration.	None
D2975	Coping a thin covering of the coronal portion of the tooth. Usually devoid of anatomic contour that can be used as a definitive restoration	Not a covered benefit.	Not a covered benefit.	None
D2980	Crown repair necessitated by restorative material failure	Individual consideration.	Individual consideration.	Detailed narrative

D2981	Inlay repair necessitated by restorative material failure	Not a covered benefit.	Once per tooth per 12 months.	None
D2982	Onlay repair necessitated by restorative material failure	Not a covered benefit.	Once per tooth per 12 months.	None
D2983	Veneer repair necessitated by restorative material failure	Not a covered benefit.	Not a covered benefit.	None
D2990	Resin infiltration of incipient smooth surface lesions	Not a covered benefit.	Once per tooth per 12 months.	None
D2999	Unspecified restorative procedure, by report	Individual consideration.	Individual consideration.	Detailed narrative
D3110	Pulp cap - direct (excluding final restoration)	Not a covered benefit.	Pulp capping is considered part of the final restoration.	None
D3120	Pulp cap - indirect (excluding final restoration)	Not a covered benefit.	Pulp capping is considered part of the final restoration.	None
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	One per tooth per lifetime. Part of endodontic therapy when performed by the same dentist.	One per tooth per lifetime. Part of endodontic therapy when performed by the same dentist.	Tooth identification
D3221	Pulpal debridement, primary & permanent teeth	Not a covered benefit.	Once per tooth per lifetime.	None
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development.	Not a covered benefit.	Once per tooth per lifetime.	None
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	Not a covered benefit.	Once per tooth per lifetime.	None
D3240	Pulpal therapy (resorbable filling)	Not a covered benefit.	Once per tooth per lifetime.	None

	– posterior primary tooth (excluding final restoration)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per permanent tooth per lifetime.	One per permanent tooth per lifetime.	Tooth identification
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	One per permanent tooth per lifetime excluding third molars.	One per permanent tooth per lifetime excluding third molars.	Tooth identification
D3330	Endodontic therapy, molar (excluding final restoration)	One per permanent tooth per lifetime excluding third molars.	One per permanent tooth per lifetime excluding third molars.	Tooth identification
D3331	Treatment of root canal obstruction; non-surgical access	Not a covered benefit.	Individual consideration.	None
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not a covered benefit.	Not a covered benefit.	None
D3333	Internal root repair of perforation defects	Not a covered benefit.	Not a covered benefit.	None
D3346	Retreatment of previous root canal therapy – anterior	One per permanent tooth per lifetime excluding third molars. Coverage is considered when prior root canal failed and re-treatment is performed by another dentist or within 24 months.	One per permanent tooth per lifetime excluding third molars. Coverage is considered when prior root canal failed and re-treatment is performed by another dentist or within 24 months.	Tooth identification
D3347	Retreatment of previous root canal therapy – premolar	One per permanent tooth per lifetime excluding third molars. Coverage is considered when prior root canal failed and	One per permanent tooth per lifetime excluding third molars. Coverage is considered when prior root canal failed and	Tooth identification

		re-treatment is performed by another dentist or within 24 months.	re-treatment is performed by another dentist or within 24 months.	
D3348	Retreatment of previous root canal therapy – molar	One per permanent tooth per lifetime excluding third molars. Coverage is considered when prior root canal failed and re-treatment is performed by another dentist or within 24 months.	One per permanent tooth per lifetime excluding third molars. Coverage is considered when prior root canal failed and re-treatment is performed by another dentist or within 24 months.	Tooth identification
D3351	Apexification / recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc).	Not a covered benefit.	Once per permanent tooth per lifetime.	None
D3352	Apexification / recalcification – interim medication replacement	Not a covered benefit.	Once per permanent tooth per lifetime.	None
D3353	Apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	Not a covered benefit.	Once per permanent tooth per lifetime.	None
D3355	Pulpal regeneration – initial visit	Not a covered benefit.	Once per permanent tooth per lifetime.	None
D3356	Pulpal regeneration – interim medication replacement	Not a covered benefit.	Once per permanent tooth per lifetime.	None
D3357	Pulpal regeneration – completion of treatment	Not a covered benefit.	Once per permanent tooth per lifetime.	None

D3410	Apicoectomy – anterior	One per permanent tooth root per lifetime.	Once per permanent tooth root per lifetime.	Tooth and root identification
D3421	Apicoectomy – premolar (first root)	One per permanent tooth root per lifetime.	Once per permanent tooth root per lifetime.	Tooth and root identification
D3425	Apicoectomy – molar (first root)	One per permanent tooth root per lifetime.	Once per permanent tooth root per lifetime.	Tooth and root identification
D3426	Apicoectomy – (each additional	One per permanent tooth root per lifetime.	Once per permanent tooth root per lifetime.	Tooth and root identification
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	Not a covered benefit.	Not a covered benefit.	None
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous in the same surgical site	Not a covered benefit.	Not a covered benefit.	None
D3430	Retrograde filling – per root	Not a covered benefit.	Once per permanent tooth per lifetime.	Tooth and root identification
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not a covered benefit.	Not a covered benefit.	None
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Not a covered benefit.	Not a covered benefit.	None
D3450	Root amputation – per root	Not a covered benefit.	One per tooth per lifetime for multi-rooted posterior teeth.	Tooth and root identification

D3460	Endodontic endosseous implant	Not a covered benefit.	Not a covered benefit.	None
D3470	Intentional reimplantation (including necessary splinting)	Not a covered benefit.	Individual consideration.	Detailed narrative
D3471	Surgical repair of root resorption – anterior	Not a covered benefit.	One per tooth root per lifetime. Considered inclusive if submitted with D3410, D3421, D3425, D3426.	Tooth and root identification
D3472	Surgical repair of root resorption – premolar	Not a covered benefit.	One per tooth root per lifetime. Considered inclusive if submitted with D3410, D3421, D3425, D3426.	Tooth and root identification
D3473	Surgical repair of root resorption – molar	Not a covered benefit.	One per tooth root per lifetime. Considered inclusive if submitted with D3410, D3421, D3425, D3426.	Tooth and root identification
D3501	Surgical repair of root surface without apicoectomy or repair of root	Not a covered benefit.	Not a covered benefit.	None
	resorption – anterior	Not a covered benefit.	Not a covered benefit.	None
D3502	Surgical repair of root surface without apicoectomy or repair of root	Not a covered benefit.	Not a covered benefit.	None
	resorption – premolar	Not a covered benefit.	Not a covered benefit.	None
D3503	Surgical repair of root surface without apicoectomy or repair of root	Not a covered benefit.	Not a covered benefit.	None
	resorption – molar	Not a covered benefit.	Not a covered benefit.	None

D3910	Surgical procedure for isolation of tooth with rubber dam	Not a covered benefit.	Not a covered benefit.	None
D3911	Intraorifice barrier	Not a covered benefit.	Not a covered benefit.	None
D3920	Hemisection (including any root removal), not including root canal therapy	Not a covered benefit.	One per posterior tooth per lifetime.	None
D3921	Decoronation or submergence of an erupted tooth	Not a covered benefit.	One per tooth per lifetime (D3921 or D7251).	None
D3950	Canal preparation and fitting of preformed dowel or post	Not a covered benefit.	Not a covered benefit.	None
D3999	Unspecified endodontic procedure, by report	Not a covered benefit.	Individual consideration.	None
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth-bounded spaces, per quadrant	One per quadrant per 36 months. Limited to two quadrants on the same date of service.	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,	Current dated post-Phase I periodontal charting Quadrant identification, including tooth numbers Current mounted and dated preoperative periapical radiographs. If a current full mouth set of radiographs is not available, submit current (within last year) bitewing

			D4210 is considered to be included as part of the global restorative/prosthetic procedure.	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 per quadrant per 36 months.Limited to two quadrants on the same date of service.	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, the D4211 is considered to be included as part of the global restorative/prosthetic procedure.	Quadrant identification, including tooth numbers
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Not a covered benefit.	Once per quadrant per 36 months.	None
D4230	Anatomical crown exposure – four or more contiguous teeth or tooth bounded spaces per quadrant	Not a covered benefit.	Not a covered benefit.	None
D4231	Anatomical crown exposure – one to three teeth or tooth bounded spaces per quadrant	Not a covered benefit.	Not a covered benefit.	None
D4240	Gingival flap procedure, including root planning – four or more contiguous	Not a covered benefit.	Once per quadrant per 36 months.	None

	teeth or tooth-bounded spaces per quadrant			
D4241	Gingival flap procedure, including root planning – one to three contiguous teeth or tooth bounded spaces per quadrant	Not a covered benefit.	Once per quadrant per 36 months.	None
D4245	Apically repositioned flap	Not a covered benefit.	Not a covered benefit.	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.	Not a covered benefit.	One per tooth per 60 months.	None
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth-bounded spaces per quadrant	Not a covered benefit.	One per quadrant per 36 months.	<p>Quadrant identification</p> <p>Current dated post phase I periodontal charting</p> <p>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</p>

				<p>radiographs of the treated area</p> <p>Pre-treatment recommended</p>
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	Not a covered benefit.	One per quadrant per 36 months.	<p>Quadrant identification</p> <p>Current dated post phase I periodontal charting</p> <p>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</p> <p>Pre-treatment recommended</p>

D4263	Bone replacement graft – first site in quadrant	Not a covered benefit.	<p>One per site/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.</p>	<p>Tooth identification (edentulous spaces do not qualify for this code)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p>
D4264	Bone replacement graft – each additional site in quadrant	Not a covered benefit.	<p>One per site/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.</p>	<p>Tooth identification (edentulous spaces do not qualify for this code)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p>

D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	Not a covered benefit.	Not a covered benefit.	None
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	Not a covered benefit.	One per site/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, ridge augmentation, mucogingival grafts, or implant procedure.	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, natural teeth – non-restorable barrier, per site	Not a covered benefit.	One per site/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, ridge augmentation, mucogingival grafts, or implant procedure.	Tooth identification (edentulous spaces do not qualify for this code) Current mounted and dated pre-operative periapical radiographs Pre-treatment recommended
D7956	Guided tissue regeneration, edentulous	Not a covered benefit.	Not a covered benefit.	None

	area – resorbable barrier, per site			
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site	Not a covered benefit.	Not a covered benefit.	None
D4268	Surgical revision procedure, per tooth	Not a covered benefit.	Not a covered benefit.	None
D4270	Pedicle soft tissue graft procedure	Not a covered benefit.	Once per tooth per 36 months. Grafting for cosmetic purposes is non-covered.	Tooth identification
D4273	Autogenous connective tissue graft procedures (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Not a covered benefit.	One per site per 36 months on natural teeth only. Limited to three teeth per graft site.	Tooth identification
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Not a covered benefit.	One per site per 36 months. Must be adjacent to edentulous area.	Tooth identification
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Not a covered benefit.	One per site per 36 months on natural teeth only. Limited to three teeth per graft site.	Tooth identification
D4276	Combined connective tissue and pedicle graft, per tooth	Not a covered benefit.	One per tooth per 36 months. Grafting for cosmetic purposes is non-covered.	Tooth identification
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth,	Not a covered benefit.	One per site per 36 months on natural teeth only. Limited to	Tooth identification

	implant or edentulous tooth position in graft		three teeth per graft site.	
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not a covered benefit.	One per site per 36 months on natural teeth only.Limited to three teeth per graft site.	Tooth identification
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not a covered benefit.	Each additional tooth, up to three teeth total in graft..	Tooth identification
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not a covered benefit.	Each additional tooth, up to three teeth total in graft.	Tooth identification
D4286	Removal of non-resorbable barrier Splint – intra-coronal; natural teeth or prosthetic crowns	Not a covered benefit.Not a covered benefit.	Considered inclusive of D4267, not a covered benefit in any other circumstance. Not a covered benefit.	Tooth identification None
D4322	Splint – extra-coronal; natural teeth or prosthetic crowns	Not a covered benefit.Not a covered benefit.	Considered inclusive of D4267, not a covered benefit in any other circumstance. Not a covered benefit.	Tooth identification None

D4323		Not a covered benefit. Not a covered benefit.	Considered inclusive of D4267, not a covered benefit in any other circumstance. Not a covered benefit.	Tooth identification None
D4341	Periodontal scaling and root planning – four or more teeth per quadrant	One per 36 months per quadrant.	Once per quadrant per 24 months.	Quadrant identification For D4342, include teeth numbers
D4342	Periodontal scaling and root planning, one to three teeth per quadrant	One per 36 months per quadrant.	Once per quadrant per 24 months.	Quadrant identification For D4342, include teeth numbers
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.	Covered interchangeably with D1110. Held to the same frequencies and allowable as D1110.	None
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Not a covered benefit.	Not a covered benefit.	None
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Not a covered benefit.	Individual consideration.	None
D4910	Periodontal maintenance	Not a covered benefit.	One per 3 months following active periodontal treatment. There	None

			must be at least three months between a periodontal maintenance cleaning and any other cleanings.	
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Not a covered benefit	Not a covered benefit.	None
D4921	Gingival irrigation with a medicinal agent – per quadrant	Not a covered benefit	Not a covered benefit.	None
D4999	Unspecified periodontal procedure, by report	Individual consideration.	Individual consideration.	Detailed narrative
D5110	Complete denture – maxillary	One per arch per 84 months.	One per arch per 84 months; not covered if D5130, D5211, D5213, D5221, D5223, D5225, or D5227 was done within 84 months.	Arch identification
D5120	Complete denture – mandibular	One per arch per 84 months.	One per arch per 84 months; not covered if D5140, D5212, D5214, D5222, D5224, D5226, or D5228 was done within 84 months.	Arch identification
D5130	Immediate denture – maxillary	One per arch per lifetime.	One per arch per lifetime.	Arch identification
D5140	Immediate denture – mandibular	One per arch per lifetime.	One per arch per lifetime.	Arch identification
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	One per 84 months.	One per 84 months.	Arch identification
D5212	Mandibular partial denture - resin base (including	One per 84 months.	One per 84 months.	Arch identification

	retentive/clasping materials, rests, and teeth)			
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	One per 84 months.	One per 84 months.	Arch identification
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	One per 84 months.	One per 84 months.	Arch identification
D5221	Immediate maxillary partial denture – resin base (including retentive/ clasping materials, rests, and teeth)	One per arch per 84 months for members age 16 and older.	One per arch per 84 months.	Arch identification
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	One per arch per 84 months for members age 16 and older.	One per arch per 84 months.	Arch identification
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	One per arch per 84 months for members age 16 and older.	One per arch per 84 months.	Arch identification
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	One per arch per 84 months for members age 16 and older.	One per arch per 84 months.	Arch identification

D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	One per arch per 84 months.	One per arch per 84 months.	Arch identification
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests, and teeth)	One per arch per 84 months.	One per arch per 84 months.	Arch identification
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	One per arch per 84 months for members age 16 and older.	One per arch per 84 months.	Arch identification
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	One per arch per 84 months for members age 16 and older.	One per arch per 84 months.	Arch identification
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Not a covered benefit.	One per arch per 84 months.	Arch identification
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	Not a covered benefit.	One per arch per 84 months.	Arch identification
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth), per quadrant	Not a covered benefit.	One per arch per 84 months.	Arch identification
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth), per quadrant	Not a covered benefit.	One per arch per 84 months.	Arch identification

D5410	Adjust complete denture – maxillary	Not a covered benefit.	Considered part of routine post-delivery care for complete and partial denture for the first 90 days. Once per arch 12 months.	None
D5411	Adjust complete denture – mandibular	Not a covered benefit.	Considered part of routine post-delivery care for complete and partial denture for the first 90 days. Once per arch 12 months.	None
D5421	Adjust partial denture – maxillary	Not a covered benefit.	Considered part of routine post-delivery care for complete and partial denture for the first 90 days. Once per arch 12 months.	None
D5422	Adjust partial denture – mandibular	Not a covered benefit.	Considered part of routine post-delivery care for complete and partial denture for the first 90 days. Once per arch 12 months.	None
D5511	Repair broken complete denture base, mandibular	Not covered if D5110, D5120, D5130 and D5140 have paid within the prior 6 months.	Once per arch 12 months.	Arch identification
D5512	Repair broken complete denture base, maxillary	Not covered if D5110, D5120, D5130 and D5140 have paid within the prior 6 months.	Once per arch 12 months.	Arch identification

D5520	Replace missing or broken teeth - complete denture (each tooth)	Not covered if D5110, D5120, D5130 and D5140 have paid within the prior 6 months.	Once per arch 12 months.	Tooth identification
D5611	Repair resin partial denture base, mandibular	Not covered if D5110, D5120, D5130, D5140, D5211, D5212, D5213 or D5214 have paid within the prior 6 months.	Once per arch 12 months.	Arch identification
D5612	Repair resin partial denture base, maxillary	Not covered if D5110, D5120, D5130, D5140, D5211, D5212, D5213 or D5214 have paid within the prior 6 months.	Once per arch 12 months.	Arch identification
D5621	Repair cast partial framework, mandibular	Not covered if D5110, D5120, D5130, D5140, D5211, D5212, D5213 or D5214 have paid within the prior 6 months.	Once per arch 12 months.	Arch identification
D5622	Repair cast partial framework, maxillary	Not covered if D5110, D5120, D5130, D5140, D5211, D5212, D5213 or D5214 have paid within the prior 6 months.	Once per arch 12 months.	Arch identification
D5630	Repair or replace broken retentive clasping materials, per tooth	Not covered if D5110, D5120, D5130, D5140, D5211, D5212, D5213 or D5214 have paid within the prior 6 months.	Once per tooth per 12 months.	Tooth identification

D5640	Repair broken teeth, per tooth	Not covered if D5110, D5120, D5130, D5140, D5211, D5212, D5213 or D5214 have paid within the prior 6 months.	Once per tooth per 12 months.	Tooth identification
D5650	Add tooth to existing partial denture	Not covered if D5110, D5120, D5130, D5140, D5211, D5212, D5213 or D5214 have paid within the prior 6 months.	Once per tooth per 12 months.	Tooth identification
D5660	Add clasp to existing partial denture	Not covered if D5110, D5120, D5130, D5140, D5211, D5212, D5213 or D5214 have paid within the prior 6 months.	Once per tooth per 12 months.	Tooth identification
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not a covered benefit.	Once per arch per partial denture.	Arch identification
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not a covered benefit.	Once per arch per partial denture.	Arch and tooth identification
D5710	Rebase complete maxillary denture	One per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 36 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	None
D5711	Rebase complete mandibular denture	One per 24 months; adjustments are	One per 36 months; adjustments are	None

		considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	
D5720	Rebase maxillary partial denture	One per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 36 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	None
D5721	Rebase mandibular partial denture	One per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 36 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	None
D5725	Rebase hybrid prosthesis	Once per arch per 24 months.	Once per arch per 36 months.	Arch identification
D5730	Reline complete maxillary denture – direct	Once per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of	One per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of	Arch identification

		dispensing date of denture.	dispensing date of denture.	
D5731	Reline complete mandibular denture – direct	Once per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	Arch identification
D5740	Reline maxillary partial denture –direct	Once per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	Arch identification
D5741	Reline mandibular partial denture – direct	Once per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	Arch identification
D5750	Reline complete maxillary denture – indirect	Once per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture	One per 36 months; adjustments are considered part of routine post-delivery care for complete and partial denture	Arch identification

		rebases within 6 months of dispensing date of denture.	rebases within 6 months of dispensing date of denture.	
D5751	Reline complete mandibular denture – indirect	Once per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 36 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	Arch identification
D5760	Reline maxillary partial denture – indirect	Once per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 36 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	Arch identification
D5761	Reline mandibular partial denture – indirect	Once per 24 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	One per 36 months; adjustments are considered part of routine post-delivery care for complete and partial denture rebases within 6 months of dispensing date of denture.	Arch identification
D5810	Interim complete denture (maxillary)	Not a covered benefit.	Not a covered benefit.	None
D5811	Interim complete denture (mandibular)	Not a covered benefit.	Not a covered benefit.	None
D5820	Interim partial denture (including	Not a covered benefit.	One per upper arch per lifetime.	None

	retentive/clasping materials, rests, and teeth), maxillary			
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	Not a covered benefit.	One per lower arch per lifetime.	None
D5765	Soft liner for complete or partial removable denture – indirect	Once per arch per 24 months.	Once per arch per 36 months.	Arch identification
D5850	Tissue conditioning, maxillary	Not a covered benefit.	One per denture per 36 months.	None
D5851	Tissue conditioning, mandibular	Not a covered benefit.	One per denture per 36 months.	None
D5862	Precision attachment, by report	Not a covered benefit.	Not a covered benefit.	None
D5863	Overdenture – complete maxillary	Not a covered benefit.	One per arch per 84 months.	None
D5864	Overdenture – partial maxillary	Not a covered benefit.	One per arch per 84 months.	None
D5865	Overdenture – complete mandibular	Not a covered benefit.	One per arch per 84 months.	None
D5866	Overdenture – partial mandibular	Not a covered benefit.	One per arch per 84 months.	None
D5867	Replacement of replaceable part of semi-precision or precision attachment, per attachment	Not a covered benefit.	Not a covered benefit.	None
D5875	Modification of removable prosthesis following implant surgery	Not a covered benefit.	Not a covered benefit.	None
D5876	Add metal substructure to acrylic full denture (per arch)	Not a covered benefit.	Not a covered benefit.	None
D5899	Unspecified removable prosthodontic procedure, by report	Individual consideration.	Individual consideration.	Detailed narrative
D5911	Facial moulage (sectional)	Not a covered benefit.	Not a covered benefit.	None
D5912	Facial moulage (complete)	Not a covered benefit.	Not a covered benefit.	None

D5913	Nasal prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5914	Auricula prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5915	Orbital prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5916	Ocular prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5919	Facial prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5922	Nasal septal prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5923	Ocular prosthesis, interim	Not a covered benefit.	Not a covered benefit.	None
D5924	Cranial prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5925	Facial augmentation implant prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5926	Nasal prosthesis, replacement	Not a covered benefit.	Not a covered benefit.	None
D5927	Auricular prosthesis, replacement	Not a covered benefit.	Not a covered benefit.	None
D5928	Orbital prosthesis, replacement	Not a covered benefit.	Not a covered benefit.	None
D5929	Facial prosthesis, replacement	Not a covered benefit.	Not a covered benefit.	None
D5931	Obturator prosthesis, surgical	Not a covered benefit.	Not a covered benefit.	None
D5932	Obturator prosthesis, definitive	Not a covered benefit.	Not a covered benefit.	None
D5933	Obturator prosthesis, modification	Not a covered benefit.	Not a covered benefit.	None
D5934	Mandibular resection prosthesis with guide flange	Not a covered benefit.	Not a covered benefit.	None
D5935	Mandibular resection prosthesis without guide flange	Not a covered benefit.	Not a covered benefit.	None
D5936	Obturator prosthesis, interim	Not a covered benefit.	Not a covered benefit.	None
D5937	Trismus appliance (not for TMD treatment)	Not a covered benefit.	Not a covered benefit.	None
D5951	Feeding aid	Not a covered benefit.	Not a covered benefit.	None

D5952	Speech aid prosthesis, pediatric	Not a covered benefit.	Not a covered benefit.	None
D5953	Speech aid prosthesis, adult	Not a covered benefit.	Not a covered benefit.	None
D5954	Palatal augmentation prosthesis	Not a covered benefit.	Not a covered benefit.	None
D5955	Palatal lift prosthesis, definitive	Not a covered benefit.	Not a covered benefit.	None
D5958	Palatal lift prosthesis, interim	Not a covered benefit.	Not a covered benefit.	None
D5959	Palatal lift prosthesis, modification	Not a covered benefit.	Not a covered benefit.	None
D5960	Speech aid prosthesis, modification	Not a covered benefit.	Not a covered benefit.	None
D5982	Surgical stent	Not a covered benefit.	Not a covered benefit.	None
D5983	Radiation carrier	Not a covered benefit.	Not a covered benefit.	None
D5984	Radiation shield	Not a covered benefit.	Not a covered benefit.	None
D5985	Radiation cone locator	Not a covered benefit.	Not a covered benefit.	None
D5986	Fluoride gel carrier	Not a covered benefit.	Not a covered benefit.	None
D5987	Commissure splint	Not a covered benefit.	Not a covered benefit.	None
D5988	Surgical splint	Not a covered benefit.	Not a covered benefit.	None
D5991	Vesiculobullous disease medicament carrier	Not a covered benefit.	Not a covered benefit.	None
D5992	Adjust maxillofacial prosthetic appliance, by report	Not a covered benefit.	Not a covered benefit.	None
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Not a covered benefit.	Not a covered benefit.	None
D5995	Periodontal medicament carrier with peripheral seal – laboratoryprocessed – maxillary	Not a covered benefit.	Not a covered benefit.	None

D5996	Periodontal medicament carrier with peripheral seal – laboratory processed - mandibular	Not a covered benefit.	Not a covered benefit.	None
D5999	Unspecified maxillofacial prosthesis, by report	Not a covered benefit.	Not a covered benefit.	None
D6190	Radiographic/surgical implant index, by report	Not a covered benefit	Not a covered benefit	None
D6010	Surgical placement of implant body, endosteal implant	Not a covered benefit	Not a covered benefit	None
D6011	Surgical access to an implant body (Second stage implant surgery)	Not a covered benefit	Not a covered benefit	None
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Not a covered benefit	Not a covered benefit	None
D6013	Surgical placement of mini implant	Not a covered benefit	Not a covered benefit	None
D6040	Surgical placement: eosteal implant	Not a covered benefit	Not a covered benefit	None
D6050	Surgical placement: transosteal implant	Not a covered benefit	Not a covered benefit	None
D6100	Surgical removal of implant body	Not a covered benefit	Not a covered benefit	None
D6101	Debridement of a peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	Not a covered benefit	Not a covered benefit	None
D6102	Debridement and osseous contouring of a peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry	Not a covered benefit	Not a covered benefit	None
D6103	Bone graft for repair of peri-implant defect – not including flap entry and closure	Not a covered benefit	Not a covered benefit	None

D6104	Bone graft at time of implant placement	Not a covered benefit	Not a covered benefit	None
D6105	Removal of implant body not requiring bone removal nor flap elevation	Not a covered benefit	Not a covered benefit	None
D6106	Guided tissue regeneration – resorbable barrier, per implant	Not a covered benefit	Not a covered benefit	None
D6107	Guided tissue regeneration – non-resorbable barrier, per implant	Not a covered benefit	Not a covered benefit	None
D6110	Implant /abutment supported removable denture for edentulous arch – maxillary	Once per 60 months.	Once per 60 months.	None
D6111	Implant /abutment supported removable denture for edentulous arch – mandibular	Once per 60 months.	Once per 60 months.	None
D6112	Implant /abutment supported removable denture for partially edentulous arch – maxillary	Once per 60 months.	Once per 60 months.	None
D6113	Implant /abutment supported removable denture for partially edentulous arch – mandibular	Once per 60 months.	Once per 60 months.	None
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	Covered by rider only.	Covered by rider only.	None
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	Covered by rider only.	Covered by rider only.	None
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	Covered by rider only.	Covered by rider only.	None

D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	Covered by rider only.	Covered by rider only.	None
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	Covered by rider only.	Covered by rider only.	None
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	Covered by rider only.	Covered by rider only.	None
D6051	Interim implant abutment placement	Not a covered benefit.	Not a covered benefit.	None
D6055	Connecting bar – implant- supported or abutment-supported	Not a covered benefit.	Not a covered benefit.	None
D6056	Prefabricated abutment – includes modification and placement	Not a covered benefit.	Not a covered benefit.	None
D6057	Custom fabricated abutment – includes placement	Not a covered benefit.	Not a covered benefit.	None
D6078	Implant/abutment-supported fixed denture, completely edentulous arch	Not a covered benefit.	Not a covered benefit.	None
D6079	Implant/abutment-supported fixed denture, partially edentulous arch	Not a covered benefit.	Not a covered benefit.	None
D6058	Abutment-supported porcelain/ ceramic crown. A single crown restoration that is retained, supported and stabilized by an abutment on an implant	Not a covered benefit.	Not a covered benefit.	None
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	Not a covered benefit.	Not a covered benefit.	None

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.	Not a covered benefit.	Not a covered benefit.	None
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.	Not a covered benefit.	Not a covered benefit.	None
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.	Not a covered benefit.	Not a covered benefit.	None
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.	Not a covered benefit.	Not a covered benefit.	None
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.	Not a covered benefit.	Not a covered benefit.	None
D6094	Abutment-supported crown titanium and titanium alloys	Not a covered benefit.	Not a covered benefit.	None

D6097	Abutment-supported crown – porcelain fused to titanium and titanium alloys	Not a covered benefit.	Not a covered benefit.	None
D6065	Implant-supported porcelain/ceramic crown	Not a covered benefit.	Not a covered benefit.	None
D6066	Implant supported crown – porcelain fused to high noble alloys	Not a covered benefit.	Not a covered benefit.	None
D6067	Implant supported crown – high noble alloys	Not a covered benefit.	Not a covered benefit.	None
D6082	Implant supported crown – porcelain fused to predominately base alloys	Not a covered benefit.	Not a covered benefit.	None
D6083	Implant supported crown –porcelain fused to noble alloys	Not a covered benefit.	Not a covered benefit.	None
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	Not a covered benefit.	Not a covered benefit.	None
D6085	Provisional implant crown	Not a covered benefit.	Not a covered benefit.	None
D6086	Implant supported crown – predominantly base alloys	Not a covered benefit.	Not a covered benefit.	None
D6087	Implant supported crown – noble alloys	Not a covered benefit.	Not a covered benefit.	None
D6088	Implant supported crown – titanium and titanium alloys	Not a covered benefit.	Not a covered benefit.	None
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.	Not a covered benefit.	None
D6069	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal). A metal-	Not a covered benefit.	Not a covered benefit.	None

	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.	Not a covered benefit.	Not a covered benefit.	None
D6071	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)	Not a covered benefit.	Not a covered benefit.	None
D6072	Abutment-supported retainer for cast metal FPD (high noble metal)	Not a covered benefit.	Not a covered benefit.	None
D6073	Abutment-supported retainer for cast metal FPD (predominately base metal)	Not a covered benefit.	Not a covered benefit.	None
D6074	Abutment-supported retainer for cast metal FPD (noble metal)	Not a covered benefit.	Not a covered benefit.	None
D6191	Semi-precision abutment – placement	Not a covered benefit.	Not a covered benefit.	None
D6192	Semi-precision attachment – placement	Not a covered benefit.	Not a covered benefit.	None
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	Not a covered benefit.	Not a covered benefit.	None
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	Not a covered benefit.	Not a covered benefit.	None
D6075	Implant-supported retainer for ceramic FPD	Not a covered benefit.	Not a covered benefit.	None
D6076	Implant-supported retainer for FPD –	Not a covered benefit.	Not a covered benefit.	None

	porcelain fused to high noble alloys)			
D6077	Implant-supported retainer for cast metal FPD – high noble alloys)	Not a covered benefit.	Not a covered benefit.	None
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	Not a covered benefit.	Not a covered benefit.	None
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	Not a covered benefit.	Not a covered benefit.	None
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	Not a covered benefit.	Not a covered benefit.	None
D6121	Implant supported retainer for metal FPD – predominantly base alloys	Not a covered benefit.	Not a covered benefit.	None
D6122	Implant supported retainer for metal FPD – noble alloys	Not a covered benefit.	Not a covered benefit.	None
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	Not a covered benefit.	Not a covered benefit.	None
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Not a covered benefit.	Not a covered benefit.	None
D6090	Repair implant supported prosthesis, by report	Not a covered benefit.	Covered by rider only.	Arch identification
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Not a covered benefit.	Not a covered benefit.	None

D6092	Recement or re-bond implant/abutment-supported crown	Not a covered benefit.	Not a covered benefit.	None
D6093	Recement or re-bond implant/abutment-supported fixed partial denture	Not a covered benefit.	Not a covered benefit.	None
D6095	Repair implant abutment, by report	Not a covered benefit.	Covered by rider only.	Tooth identification
D6096	Remove broken implant retaining screw	Not a covered benefit.	Covered by rider only.	Tooth identification
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Not a covered benefit.	One per tooth per 6 months when done within 3 months of an implant repair (D6095 or D6096) on the same tooth.	Tooth identification
D6198	Remove interim implant component	Not a covered benefit.	Not a covered benefit.	None
D6199	Unspecified implant procedure, by report	Not a covered benefit.	Not a covered benefit.	None
D6205	Pontic – indirect resin-based composite	Not a covered benefit.	Not a covered benefit.	None
D6210	Pontic – cast high noble	Not a covered benefit	One pontic per permanent tooth per 84 months.	None
D6211	Pontic – cast predominantly base metal	Not a covered benefit	One pontic per permanent tooth per 84 months.	None
D6212	Pontic – cast noble metal	Not a covered benefit	One pontic per permanent tooth per 84 months.	None
D6214	Pontic – titanium and titanium alloys	Not a covered benefit	One pontic per permanent tooth per 84 months.	None
D6240	Pontic – porcelain fused to high noble metal	Not a covered benefit	One pontic per permanent tooth per 84 months.	None
D6241	Pontic – porcelain fused to predominantly base metal	Once per 60 months per tooth.	One pontic per permanent tooth per 84 months.	Tooth identification

D6242	Pontic – porcelain fused to noble metal	Not a covered benefit.	One pontic per permanent tooth per 84 months.	None
D6243	Pontic – porcelain fused to titanium and titanium alloys	Not a covered benefit.	One pontic per permanent tooth per 84 months.	None
D6245	Pontic – porcelain/ceramic	Not a covered benefit.	One pontic per permanent tooth per 84 months.	None
D6250	Pontic – resin with high noble metal	Not a covered benefit.	One pontic per permanent tooth per 84 months.	None
D6251	Pontic – resin with predominantly base metal	Not a covered benefit.	One pontic per permanent tooth per 84 months.	None
D6252	Pontic – resin with noble metal	Not a covered benefit.	One pontic per permanent tooth per 84 months.	None
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression	Not a covered benefit.	Individual consideration.	Tooth identification
D6545	Retainer – cast metal for resin-bonded fixed prosthesis	Not a covered benefit.	One restoration per permanent tooth per 84 months.	Tooth identification
D6548	Retainer – porcelain/ceramic for resin-bonded fixed prosthesis	Not a covered benefit.	One restoration per permanent tooth per 84 months.	Tooth identification
D6549	Resin retainer – for resin bonded fixed prosthesis	Not a covered benefit.	One restoration per permanent tooth per 84 months.	Tooth identification
D6600	Retainer inlay – porcelain/ceramic, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	None
D6601	Retainer Inlay – porcelain/ceramic, three or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	None
D6602	Retainer Inlay – cast high noble metal, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	None

D6603	Retainer inlay – cast high noble metal, three or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	None
D6604	Retainer inlay – cast predominantly base metal, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	None
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	None
D6606	Retainer inlay – cast noble metal, two surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	None
D6607	Retainer inlay – cast noble metal, three or more surfaces	Not a covered benefit.	One restoration per tooth surface per 84 months.	None
D6608	Retainer onlay – porcelain/ceramic, two surfaces	Not a covered benefit.	Once per tooth per 84 months.	None
D6609	Retainer onlay – porcelain/ ceramic, three or more surfaces	Not a covered benefit.	Once per tooth per 84 months.	None
D6610	Retainer onlay – cast high noble metal, two surfaces	Not a covered benefit.	Once per tooth per 84 months.	None
D6611	Retainer onlay – cast high noble metal, three or more surfaces	Not a covered benefit.	Once per tooth per 84 months.	None
D6612	Retainer onlay – cast predominantly base metal, two surfaces	Not a covered benefit.	Once per tooth per 84 months.	None
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	Not a covered benefit.	Once per tooth per 84 months.	None
D6614	Retainer onlay – cast noble metal, two surfaces	Not a covered benefit.	Once per tooth per 84 months.	None
D6615	Retainer onlay – cast noble metal, three or more surfaces	Not a covered benefit.	Once per tooth per 84 months.	None
D6624	Retainer Inlay – titanium	Not a covered benefit.	Not a covered benefit.	None
D6634	Retainer onlay – titanium	Not a covered benefit.	Once per tooth per 84 months.	None

D6710	Retainer crown – indirect resin-based composite	Not a covered benefit.	Not a covered benefit.	None
D6720	Retainer crown – resin with high noble metal	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	None
D6721	Retainer crown – resin with predominantly base metal	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	None
D6722	Retainer crown – resin with noble metal	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	None
D6740	Retainer crown – porcelain/ceramic	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	None
D6750	Retainer crown – porcelain fused to high noble	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	None
D6751	Retainer crown – porcelain fused to predominantly base metal	Once per 60 months per tooth.	One retainer crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6752	Retainer crown – porcelain fused to noble metal	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6780	Retainer crown – $\frac{3}{4}$ cast high noble metal	Not a covered benefit.	One retainer crown or cast restoration per	Tooth identification

			permanent tooth per 84 months.	
D6781	Retainer crown – $\frac{3}{4}$ cast predominately base metal	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6782	Retainer crown – $\frac{3}{4}$ cast noble metal	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6783	Retainer crown – $\frac{3}{4}$ porcelain/ceramic	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6784	Retainer crown $\frac{3}{4}$ – titanium and titanium alloys	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6790	Retainer crown – full cast high noble metal	Not a covered benefit.	One retainer crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6791	Retainer crown – full cast predominantly base metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6792	Retainer crown – full cast noble metal	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification
D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression	Not a covered benefit.	Not a covered benefit.	Tooth identification
D6794	Retainer crown – titanium and titanium alloys	Not a covered benefit.	One crown or cast restoration per permanent tooth per 84 months.	Tooth identification

D6920	Connector bar	Not a covered benefit.	Not a covered benefit.	None
D6930	Recement or re-bond fixed partial denture	Not payable within 6 months of the placement of the fixed partial denture.	One re-cementation per 12 months.	Tooth identification
D6940	Stress breaker	Not a covered benefit.	Not a covered benefit.	None
D6950	Precision attachment	Not a covered benefit.	Not a covered benefit.	None
D6980	Fixed partial denture repair necessitated by restorative material failure	Covered.	One repair per 12 months.	Quadrant identification Detailed narrative
D6985	Pediatric partial denture, fixed	Not a covered benefit.	Not a covered benefit.	None
D6999	Unspecified fixed prosthodontic procedure, by report	Individual consideration.	Individual consideration.	Detailed narrative
D7111	Extraction – coronal remnants, deciduous tooth	One per tooth per lifetime.	One per tooth per lifetime.	Tooth identification
D7140	Extraction – erupted tooth or exposed root (elevation and/or forcep removal)	One per tooth per lifetime.	One per tooth per lifetime.	Tooth identification
D7210	Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	One per tooth per lifetime.	If D7140, D7210 or D7250 is performed within 90 days after a D3921, payment for the extraction will be reduced by the payment of D3921.	Tooth identification
D7220	Removal of impacted tooth – soft tissue	One per tooth per lifetime.	If D7140, D7210 or D7250 is performed within 90 days after a D3921, payment for the extraction will be reduced	Tooth identification

			by the payment of D3921.	
D7230	Removal of impacted tooth – partially bony	One per tooth per lifetime.	If D7140, D7210 or D7250 is performed within 90 days after a D3921, payment for the extraction will be reduced by the payment of D3921.	Tooth identification
D7240	Removal of impacted tooth – completely bony	One per tooth per lifetime.	If D7140, D7210 or D7250 is performed within 90 days after a D3921, payment for the extraction will be reduced by the payment of D3921.	Tooth identification
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	Not a covered benefit.	If D7140, D7210 or D7250 is performed within 90 days after a D3921, payment for the extraction will be reduced by the payment of D3921.	Tooth identification
D7250	Surgical removal of residual tooth roots (cutting procedure)	Only covered for teeth that are symptomatic, carious or pathologic.	If D7140, D7210 or D7250 is performed within 90 days after a D3921, payment for the extraction will be reduced by the payment of D3921.	Tooth identification
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	Not a covered benefit.	Once per tooth per lifetime (D3921 or D7251).	None
D7260	Oroantral fistula closure	Not a covered benefit.	Individual consideration.	Periapical or panoramic radiograph

				Operative note
D7261	Primary closure of a sinus perforation	Not a covered benefit.	Individual consideration.	Periapical or panoramic radiograph Operative note
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	Individual consideration.	Once per permanent tooth per lifetime.	Tooth identification
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	Not a covered benefit.	Not a covered benefit.	None
D7280	Surgical access of unerupted tooth	Not a covered benefit.	Once per permanent tooth (1 through 32) per lifetime.	None
D7282	Mobilization of erupted or mal-positioned tooth to aid eruption	Not a covered benefit.	Once per permanent tooth (1 through 32) per lifetime.	None
D7283	Placement of a device to facilitate eruption of impacted tooth	Once per tooth per lifetime and covered only with approved medically necessary orthodontics.	Once per tooth per lifetime.	Tooth identification
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Not a covered benefit.	Individual consideration.	Pathology report
D7286	Incisional biopsy of oral tissue – soft	Not a covered benefit.	Individual consideration.	Pathology report
D7287	Cytology exfoliative sample collection	Not a covered benefit.	Individual consideration.	Detailed narrative
D7288	Brush biopsy – transepithelial sample collection	Not a covered benefit.	Individual consideration.	Detailed narrative
D7290	Surgical repositioning of teeth – grafting procedures are additional	Not a covered benefit.	Individual consideration.	Tooth identification

				Detailed narrative
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Not a covered benefit.	Individual consideration.	Tooth identification Detailed narrative
		Not a covered benefit.	Individual consideration.	Include orthodontic history
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	Not a covered benefit.	Not a covered benefit.	None
D7293	Placement of temporary anchorage device requiring flap	Not a covered benefit.	Not a covered benefit.	None
D7294	Placement of temporary anchorage device without flap	Not a covered benefit.	Not a covered benefit.	None
D7295	Harvest of bone for use in autogenous grafting procedures	Not a covered benefit.	Not a covered benefit.	None
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap	Not a covered benefit.	Not a covered benefit.	None
D7299	Removal of temporary anchorage device, requiring flap	Not a covered benefit.	Not a covered benefit.	None
D7300	Removal of temporary anchorage device without flap	Not a covered benefit.	Not a covered benefit.	None
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Once per quadrant per lifetime.	Once per quadrant per lifetime.	Quadrant Identification Include tooth spaces identification for D7311, D7321. Detailed narrative or

				<p>progress notes</p> <p>Pre-operative radiographs</p>
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	Once per quadrant per lifetime.	Once per quadrant per lifetime.	<p>Quadrant Identification</p> <p>Include tooth spaces identification for D7311, D7321.</p> <p>Detailed narrative or progress notes</p> <p>Pre-operative radiographs</p>
D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	Once per quadrant per lifetime.	Once per quadrant per lifetime.	<p>Quadrant Identification</p> <p>Include tooth spaces identification for D7311, D7321.</p> <p>Detailed narrative or progress notes</p> <p>Pre-operative radiographs</p>
D7321	Alveoloplasty, not in conjunction with extractions – one to three	Once per quadrant per lifetime.	Once per quadrant per lifetime.	<p>Quadrant Identification</p>

	teeth or tooth spaces, per quadrant			<p>Include tooth spaces identification for D7311, D7321.</p> <p>Detailed narrative or progress notes</p> <p>Pre-operative radiographs</p>
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	Individual consideration. Services must be rendered by an oral surgeon for benefit coverage.	Individual consideration. Services must be rendered by an oral surgeon for benefit coverage.	Arch identification
D7350	Vestibuloplasty – ridge extension (incl. soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Individual consideration. Services must be rendered by an oral surgeon for benefit coverage.	Individual consideration. Services must be rendered by an oral surgeon for benefit coverage.	Arch identification
D7410	Excision of benign lesion, up to 1.25 cm	Individual consideration.	Individual consideration.	Detailed narrative
D7411	Excision of benign lesion greater than 1.25 cm	Individual consideration.	Individual consideration.	Detailed narrative
D7412	Excision of benign lesion, complicated	Not a covered benefit.	Individual consideration.	Pathology report
D7413	Excision of malignant lesion up to 1.25 cm	Not a covered benefit.	Individual consideration.	Pathology report
D7414	Excision of malignant lesion greater than 1.25 cm	Not a covered benefit.	Individual consideration.	Pathology report
D7415	Excision of malignant lesion, complicated	Not a covered benefit.	Individual consideration.	None
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	Not a covered benefit.	Individual consideration.	Pathology report

D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	Not a covered benefit.	Individual consideration.	Pathology report
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	Individual consideration; services must be rendered by an oral surgeon for benefit coverage.	Individual consideration.	Pathology report
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Individual consideration; services must be rendered by an oral surgeon for benefit coverage.	Individual consideration.	Pathology report
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	Individual consideration; services must be rendered by an oral surgeon for benefit coverage.	Individual consideration.	Pathology report
D7461	Removal of benign nonodontogenic cyst or tumor– lesion diameter greater than	Individual consideration; services must be rendered by an oral surgeon for benefit coverage.	Individual consideration.	Pathology report
	1.25 cm	Individual consideration; services must be rendered by an oral surgeon for benefit coverage.	Individual consideration.	Pathology report
D7465	Destruction of lesion(s) by physical or chemical methods, by report	Not a covered benefit.	Individual consideration.	Pathology report
D7471	Removal of lateral exostosis (maxilla or mandible)	Individual consideration. Services must be rendered by an oral surgeon for	Once per arch per lifetime.	Arch identification

		benefit coverage.		
D7472	Removal of torus palatinus	Not a covered benefit.	Once per arch per lifetime	Arch identification
D7473	Removal of torus mandibularis	Not a covered benefit.	Once per quadrant per lifetime.	Quadrant identification
D7485	Surgical reduction of osseous tuberosity	Not a covered benefit.	Once per upper quadrant per lifetime.	Quadrant identification
D7490	Radical resection of maxilla or mandible	Not a covered benefit.	Not a covered benefit.	None
D7509	Marsupialization of odontogenic cyst	Not a covered benefit.	Individual consideration.	Tooth identification Detailed narrative or operative report
D7510	Incision and drainage of abscess – intraoral soft tissue	Not a covered benefit.	Individual consideration.	Tooth identification Detailed narrative
D7511	Incision and drainage of abscess intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	Not a covered benefit.	Individual consideration.	Tooth identification Detailed narrative
D7520	Incision and drainage of abscess – extraoral soft tissue	Not a covered benefit.	Individual consideration.	Detailed narrative
D7521	Incision and drainage of abscess – extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	Not a covered benefit.	Individual consideration.	Detailed narrative
D7530	Removal of foreign body, mucosa, skin, or subcutaneous alveolar tissue	Not a covered benefit.	Individual consideration.	Pathology report Operative report

D7540	Removal of reaction-producing foreign bodies, musculoskeletal system	Not a covered benefit.	Individual consideration.	Pathology report Operative report
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Not a covered benefit.	Individual consideration.	Pathology report Operative report
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Not a covered benefit.	Individual consideration.	Operative report
D7610	Maxilla – open reduction (teeth immobilized, if present)	Not a covered benefit.	Individual consideration.	Panoramic radiograph Operative report
D7620	Maxilla – closed reduction (teeth immobilized, if present)	Not a covered benefit.	Individual consideration.	Panoramic radiograph Operative report
D7630	Mandible – open reduction (teeth immobilized, if present)	Not a covered benefit.	Individual consideration.	Panoramic radiograph Operative report Include arch identification for D7670 and D7671
D7640	Mandible – closed reduction (teeth immobilized, if present)	Not a covered benefit.	Individual consideration.	Panoramic radiograph Operative report Include arch identification for D7670 and D7671
D7650	Malar and/or zygomatic arch – open reduction	Not a covered benefit.	Individual consideration.	Panoramic radiograph

				Operative report Include arch identification for D7670 and D7671
D7660	Malar and/or zygomatic arch – closed reduction	Not a covered benefit.	Individual consideration.	Panoramic radiograph Operative report Include arch identification for D7670 and D7671
D7670	Alveolus - closed reduction, may include stabilization of teeth	Not a covered benefit.	Individual consideration.	Panoramic radiograph Operative report Include arch identification for D7670 and D7671
D7671	Alveolus - open reduction, may include stabilization of teeth	Not a covered benefit.	Individual consideration.	Panoramic radiograph Operative report Include arch identification for D7670 and D7671
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	Not a covered benefit.	Individual consideration.	Panoramic radiograph Operative report Include arch identification for D7670 and D7671

D7710	Maxilla – open reduction, stabilization of teeth	Not a covered benefit.	Individual consideration.	None
D7720	Maxilla – closed reduction	Not a covered benefit.	Individual consideration.	None
D7730	Mandible – open reduction	Not a covered benefit.	Individual consideration.	None
D7740	Mandible – closed reduction	Not a covered benefit.	Individual consideration.	None
D7750	Malar and/or zygomatic arch – open reduction	Not a covered benefit.	Individual consideration.	None
D7760	Malar and/or zygomatic arch – closed reduction	Not a covered benefit.	Individual consideration.	None
D7770	Alveolus – open reduction stabilization of teeth	Not a covered benefit.	Individual consideration.	None
D7771	Alveolus – closed reduction, stabilization of teeth	Not a covered benefit.	Individual consideration.	None
D7780	Facial bones – complicated reduction with fixation and multiple surgical approaches	Not a covered benefit.	Individual consideration.	None
D7810	Open reduction of dislocation	Not a covered benefit.	Not a covered benefit.	None
D7820	Closed reduction of dislocation	Not a covered benefit.	Not a covered benefit.	None
D7830	Manipulation under anesthesia	Not a covered benefit.	Not a covered benefit.	None
D7840	Condylectomy	Not a covered benefit.	Not a covered benefit.	None
D7850	Surgical disectomy; with or without implant	Not a covered benefit.	Not a covered benefit.	None
D7852	Disc repair	Not a covered benefit.	Not a covered benefit.	None
D7854	Synovectomy	Not a covered benefit.	Not a covered benefit.	None
D7856	Myotomy	Not a covered benefit.	Not a covered benefit.	None
D7858	Joint reconstruction	Not a covered benefit.	Not a covered benefit.	None
D7860	Arthrotomy	Not a covered benefit.	Not a covered benefit.	None

D7865	Arthroplasty	Not a covered benefit.	Not a covered benefit.	None
D7870	Arthrocentesis	Not a covered benefit.	Not a covered benefit.	None
D7871	Non-arthroscopic lysis and lavage	Not a covered benefit.	Not a covered benefit.	None
D7872	Arthroscopy – diagnosis, with or without biopsy	Not a covered benefit.	Not a covered benefit.	None
D7873	Arthroscopy – surgical, lavage and lysis of adhesions	Not a covered benefit.	Not a covered benefit.	None
D7874	Arthroscopy – surgical, disc repositioning and stabilization	Not a covered benefit.	Not a covered benefit.	None
D7875	Arthroscopy – surgical, synovectomy	Not a covered benefit.	Not a covered benefit.	None
D7876	Arthroscopy – surgical, disectomy	Not a covered benefit.	Not a covered benefit.	None
D7877	Arthroscopy – surgical, debridement	Not a covered benefit.	Not a covered benefit.	None
D7880	Occlusal orthotic device, by report	Not a covered benefit.	Not a covered benefit.	None
D7881	Occlusal orthotic device adjustment	Not a covered benefit.	Not a covered benefit.	None
D7899	Unspecified TMD therapy, by report	Not a covered benefit.	Not a covered benefit.	None
D7910	Suture of recent small wounds up to 5 cm	Not a covered benefit.	Not a covered benefit.	None
D7911	Complicated suture – up to 5 cm	Not a covered benefit.	Not a covered benefit.	None
D7912	Complicated suture – greater than 5 cm	Not a covered benefit.	Not a covered benefit.	None
D7920	Skin grafts (identify defect covered, location, and type of graft)	Not a covered benefit.	Not a covered benefit.	None
D7921	Collection and application of autologous blood concentrate product	Not a covered benefit.	Not a covered benefit.	None
D7922	Placement on intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Not a covered benefit.	Not a covered benefit.	None

D7940	Osteoplasty – for orthognathic deformities	Not a covered benefit.	Not a covered benefit.	None
D7941	Osteotomy – mandibular rami	Not a covered benefit.	Not a covered benefit.	None
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	Not a covered benefit.	Not a covered benefit.	None
D7944	Osteotomy – segmented or sub-apical, per sextant or quadrant	Not a covered benefit.	Not a covered benefit.	None
D7945	Osteotomy – body of mandible	Not a covered benefit.	Not a covered benefit.	None
D7946	LeFort I (maxilla – total)	Not a covered benefit.	Not a covered benefit.	None
D7947	LeFort I (maxilla – segmented)	Not a covered benefit.	Not a covered benefit.	None
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	Not a covered benefit.	Not a covered benefit.	None
D7949	LeFort II or LeFort II – with bone graft	Not a covered benefit.	Not a covered benefit.	None
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones, autogenous or nonautogenous, by report	Not a covered benefit.	Not a covered benefit.	None
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Not a covered benefit.	Not a covered benefit.	None
D7952	Sinus augmentation via a vertical approach	Not a covered benefit.	Not a covered benefit.	None
D7953	Bone replacement graft for ridge preservation – per site	Not a covered benefit.	Not a covered benefit.	None
D7955	Repair of maxillofacial soft and/or hard tissue defect	Not a covered benefit.	Not a covered benefit.	None

D7961	Buccal / labial frenectomy (frenulectomy)	D7961, D7962 or D7963 covered once per site per lifetime. Not allowed when performed in conjunction with soft tissue graft; same site and same date of service.	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.	Tooth identification Detailed narrative
D7962	Lingual frenectomy (frenulectomy)	D7961, D7962 or D7963 covered once per site per lifetime. Not allowed when performed in conjunction with soft tissue graft; same site and same date of service.	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.	Tooth identification Detailed narrative
D7963	Frenuloplasty	0	Individual consideration.	Tooth identification Detailed narrative
D7970	Excision of hyperplastic tissue – per arch	Not payable on the same date of service as an extraction in the same area.	Individual consideration.	Arch identification
D7971	Excision of pericoronal gingiva	Not a covered benefit.	Once per upper quadrant per lifetime.	None
D7972	Surgical reduction of fibrous tuberosity	Not a covered benefit.	Once per upper quadrant per lifetime.	None
D7979	Non-surgical sailolithotomy	Not a covered benefit.	Not a covered benefit.	None

D7980	Sialolithotomy	Not a covered benefit.	Individual consideration.	Detailed narrative
D7981	Excision of salivary gland, by report	Not a covered benefit.	Individual consideration.	Detailed narrative
D7982	Sialodochoplasty	Not a covered benefit.	Individual consideration.	Detailed narrative
D7983	Closure of salivary fistula	Not a covered benefit.	Individual consideration.	Detailed narrative
D7990	Emergency tracheotomy	Not a covered benefit.	Not a covered benefit.	None
D7991	Coronoidectomy	Not a covered benefit.	Not a covered benefit.	None
D7993	Surgical placement of craniofacial implant – extra oral	Not a covered benefit.	Not a covered benefit.	None
D7994	Surgical placement: zygomatic implant	Not a covered benefit.	Not a covered benefit.	None
D7995	Synthetic graft - mandible or facial bones, by report	Not a covered benefit.	Not a covered benefit.	None
D7996	Implant – mandible for amentation purposes (excluding alveolar ridge), by report	Not a covered benefit.	Not a covered benefit.	None
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Not a covered benefit.	Individual consideration.	Detailed narrative
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Not a covered benefit.	Not a covered benefit.	None
D7999	Unspecified oral surgery procedure, by report	Individual consideration.	Individual consideration.	Tooth identification Detailed narrative Operative report
D8010	Limited orthodontic treatment of the primary dentition	Once per child per lifetime; services must be provided by an orthodontist.	Not a covered benefit.	Prior authorization

D8020	Limited orthodontic treatment of the transitional dentition	Once per child per lifetime; services must be provided by an orthodontist.	Not a covered benefit.	Prior authorization
D8030	Limited orthodontic treatment of the adolescent dentition	Not a covered benefit.	Not a covered benefit.	None
D8040	Limited orthodontic treatment of the adult dentition	Not a covered benefit.	Not a covered benefit.	None
D8070	Comprehensive orthodontic treatment of transitional dentition	Not a covered benefit.	Not a covered benefit.	None
D8080	Comprehensive orthodontic treatment of adolescent dentition	Once per child per lifetime; services must be provided by an orthodontist.	Not a covered benefit.	Prior authorization.
D8090	Comprehensive orthodontic treatment of the adult dentition	Not a covered benefit.	Not a covered benefit.	None
D8210	Removable appliance therapy	Not a covered benefit.	Not a covered benefit.	None
D8220	Fixed appliance therapy	Not a covered benefit.	Not a covered benefit.	None
D8660	Pre-orthodontic treatment examination to monitor growth and development	Use for orthodontic work-up. Services must be rendered by orthodontist. Covered when prior auth for codes D8010, D8020 and D8080 is denied. Not covered and considered inclusive of D8010, D8020 and D8080 when prior auth for orthodontics is approved.	Not a covered benefit.	None

D8670	Periodic orthodontic treatment visit	Included in the allowance for the comprehensive treatment. Also covered for previously approved EHB take over cases.	Not a covered benefit.	None
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Included in the allowance for the comprehensive treatment.	Not a covered benefit.	None
D8681	Removable orthodontic retainer adjustment	Not a covered benefit.	Not a covered benefit.	None
D8696	Repair of orthodontic appliance – maxillary	Not a covered benefit.	Not a covered benefit.	None
D8697	Repair of orthodontic appliance – mandibular	Not a covered benefit.	Not a covered benefit.	None
D8698	Re-cement or re-bond fixed retainer – maxillary	Not a covered benefit.	Not a covered benefit.	None
D8699	Re-cement or re-bond retainer – mandibular	Not a covered benefit.	Not a covered benefit.	None
D8701	Repair of fixed retainer, includes reattachment – maxillary	Not a covered benefit.	Not a covered benefit.	None
D8702	Repair of fixed retainer, includes reattachment – mandibular	Not a covered benefit.	Not a covered benefit.	None
D8703	Replacement of lost or broken retainer – maxillary	Individual consideration.	Not a covered benefit.	Prior authorization Detailed narrative
D8704	Replacement of lost or broken retainer – mandibular	Individual consideration.	Not a covered benefit.	Prior authorization Detailed narrative

D8999	Unspecified orthodontic procedure, by report. Use for procedures not adequately described by a code	Individual consideration.	Not a covered benefit.	Prior authorization Detailed narrative
D9110	Palliative treatment of dental pain – per visit	Not covered in conjunction with D0140 on the same date of service.	Not a covered benefit.	None
D9120	Fixed partial denture sectioning	Not a covered benefit.	Not a covered benefit.	None
D9130	Temporomandibular joint dysfunction – non-invasive physical therapies	Not a covered benefit.	Not a covered benefit.	None
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Not a covered benefit.	Not a covered benefit.	None
D9211	Regional block anesthesia	Not a covered benefit.	Not a covered benefit.	None
D9212	Trigeminal division block anesthesia	Not a covered benefit.	Not a covered benefit.	None
D9215	Local anesthesia in conjunction with operative or surgical procedures	Not a covered benefit.	Not a covered benefit.	None
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Not a covered benefit.	Not a covered benefit.	None
D9222	Deep sedation/general anesthesia – first 15 minutes Anesthesia time route of administration	Covered when provided with covered surgical procedures.	Covered when provided with covered surgical procedures.	None
D9223	Deep sedation/general anesthesia – each 15 minute increment	Covered when provided with covered surgical procedures.	Covered when provided with covered surgical procedures.	None
D9230	Administration of nitrous oxide/ analgesia, anxiolysis	Not a covered benefit.	Not a covered benefit.	None
D9239	Intravenous moderate (conscious)	Once per child per date of service.	Not a covered benefit.	None

	sedation/analgesia- first 15 minutes			
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	Once per child per date of service.	Not a covered benefit.	None
D9248	Non-intravenous (conscious) sedation. This includes non-IV minimal and moderate sedation	Once per child per date of service.	Not a covered benefit.	None
D9219	Evaluation for deep sedation or general anesthesia	Not a covered benefit.	Not a covered benefit.	None
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	Not a covered benefit.	Covered benefit only when documented as used for a second opinion.	Detailed narrative including the referring dentist’s name Submit with both codes: D9310 at the charge amount and D9999 at no charge on the same claim.
D9410	House call/extended care facility call	Individual consideration.	Not a covered benefit.	Detailed narrative
D9420	Hospital or ambulatory surgical center call	Not a covered benefit.	Not a covered benefit.	None
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed	Not a covered benefit.	Not a covered benefit.	None
D9440	Office visit-after regularly scheduled hours	Not a covered benefit.	Not a covered benefit.	None
D9450	Case presentation, subsequent to detailed	Not a covered benefit.	Not a covered benefit.	None

	and extensive treatment planning			
D9610	Therapeutic parenteral drug, single administration	Not a covered benefit.	Not a covered benefit.	None
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	Not a covered benefit.	Not a covered benefit.	None
D9613	Infiltration of sustained release therapeutic drug, per quadrant	Not a covered benefit.	Not a covered benefit.	None
D9630	Other drugs and/or medicaments, by report	Not a covered benefit.	Not a covered benefit	None
D9910	Application of desensitizing medicament	Not a covered benefit.	Once per 12 months.	None
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Not a covered benefit.	Once per permanent tooth (1 through 32) per 48 months.	Tooth identification
D9912	Pre-visit patient screening	Not a covered benefit (Included in the primary service that is being rendered).	Not a covered benefit (Included in the primary service that is being rendered).	None
D9920	Behavior management, by report	Individual consideration.	Not a covered benefit.	Detailed narrative
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	Individual consideration.	Individual consideration.	Detailed narrative
D9932	Cleaning and inspection of removable complete denture, maxillary	Not a covered benefit.	Not a covered benefit.	None
D9933	Cleaning and inspection of removable complete denture, mandibular	Not a covered benefit.	Not a covered benefit.	None
D9934	Cleaning and inspection of removable partial denture, maxillary	Not a covered benefit.	Not a covered benefit.	None
D9935	Cleaning and inspection of removable partial denture, mandibular	Not a covered benefit.	Not a covered benefit.	None

D9941	Fabrication of athletic mouthguard	Covered for ACA plans.	Not a covered benefit.	None
D9942	Repair and/or relining of occlusal guard	Not a covered benefit.	Not a covered benefit.	None
D9943	Occlusal guard adjustment	Not a covered benefit.	Not a covered benefit.	None
D9944	Occlusal guard – hard appliance, full arch	One D9944, D9945 or D9946 covered once per calendar year.	Not a covered benefit	None
D9945	Occlusal guard – soft appliance, full arch	One D9944, D9945 or D9946 covered once per calendar year.	Not a covered benefit	None
D9946	Occlusal guard – hard appliance, partial arch	One D9944, D9945 or D9946 covered once per calendar year.	Not a covered benefit	None
D9947	Custom sleep apnea appliance fabrication and placement	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D9948	Adjustment of custom sleep apnea appliance	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.	None
D9949	Repair of custom sleep apnea appliance	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer	Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for	None

		for possible coverage.	possible coverage.	
D9950	Occlusion analysis – mounted case	Not a covered benefit	Not a covered benefit	None
D9951	Occlusal adjustment – limited	Not a covered benefit	Once per quadrant per 24 months	Quadrant identification
D9952	Occlusal adjustment – complete	Not a covered benefit	Once per arch 24 months	Arch identification
D9953	Reline custom sleep apnea appliance (indirect)	Not a covered benefit	Not a covered benefit	None
D9961	Duplicate/copy patient’s records	Not a covered benefit	Not a covered benefit	None
D9970	Enamel microabrasion	Not a covered benefit	Not a covered benefit	None
D9971	Odontoplasty – per tooth	Not a covered benefit	Not a covered benefit	None
D9972	External bleaching – per arch – in office	Not a covered benefit	Not a covered benefit	None
D9973	External bleaching – per tooth	Not a covered benefit	Not a covered benefit	None
D9974	Internal bleaching – per tooth	Not a covered benefit	Not a covered benefit	None
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Not a covered benefit	Not a covered benefit	None
D9985	Sales tax	Not a covered benefit	Not a covered benefit	None
D9986	Missed appointment	Not a covered benefit	Not a covered benefit	None
D9987	Cancelled appointment	Not a covered benefit	Not a covered benefit	None
D9990	Certified translation or sign language services – per visit	Not a covered benefit	Not a covered benefit	None
D9997	Dental case management – patients with special health care needs	Not a covered benefit	Not a covered benefit	None
D9999	Unspecified adjunctive procedure by report	Individual consideration	Individual consideration	Detailed narrative