

| <b>CDT Code</b> | <b>Description of Service</b>  | <b>Procedure Guidelines</b>  | <b>BCBSMA - Participating</b> | <b>Out-of-state &amp; Non-par</b> |
|-----------------|--|--|-------------------------------|-----------------------------------|
| D0120           | Periodic oral evaluation – established patient   | Two per calendar year. Not a covered benefit when performed on the same day as D9110 by the same dentist/dental office.<br><br>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.*<br><br>Three per 12 months** | None                          | None                              |
| D0140           | Limited oral evaluation – problem-focused  | Covered service<br><br>Two per calendar year. Not covered with D9110, D0160 by the same dentist/dental office on the same date of service.*  | None                          | None                              |
| D0145           | Oral evaluation for a patient under three years of age and counseling with primary caregiver | One per member per dentist. Maximum 3 per member, up to age 3.<br><br>Two per calendar year of D0145 or D0120. Not covered with D9110 by the same dentist/dental office on the same date of service.*  | None                          | None                              |
| D0150           | Comprehensive oral evaluation - new or established patient                                   | Once per 60 months per dentist or location.  | None                          | None                              |
| D0160           | Detailed and extensive oral evaluation – problem-focused, by report                          | Not a covered benefit.<br><br>Two per 12 months. Not covered with D9110 by same dentist/dental office on same date of service.*  | None                          | None                              |
| D0170           | Re-evaluation – limited, problem focused (established patient; not post-operative visit)     | Two per twelve months. Not to be used as a periodontal reevaluation.   | None                          | None                              |

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| D0171 | Re-evaluation post-operative office visit.  | Considered to be inclusive of the definitive procedure performed previously.  | None                | None                |
| D0180 | Comprehensive periodontal evaluation – new or established patient   | Once per 60 months per dentist or location.   | None                | None                |
| D0190 | Screening of a patient  | Not a covered benefit.  | None                | None                |
| D0191 | Assessment of a patient   | Not a covered benefit.  | None                | None                |
| D0210 | Intraoral - comprehensive series of radiographic images   | One full mouth series or a panorex (D0330) per 60 months and consists of a minimum of 7 or more radiographs, including bitewings.<br><br>Up to age 19: a full mouth series (including bitewings) or panorex once per three calendar year(s).* | None                | None                |
| D0220 | Intraoral - periapical first radiographic image   | 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                | None                |
| D0230 | Intraoral - periapical each additional radiographic image   | 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                | None                |
| D0240 | Intraoral - occlusal radiographic image   | One film per 6 months per arch.   | Arch identification | Arch identification |
| D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiations source, and detector. | Not a covered benefit.  | None                | None                |
| D0251 | Extra-oral posterior dental radiographic image  | Not a covered benefit.  | None                | None                |

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| D0270 | Bitewing - single radiographic image | <p>Two per calendar year. Bitewing radiographs reported within 6 months of D0210 are considered included in this procedure and are non-covered. If reported within 6 months of D0330, we will make an allowance for the difference between the payment of the panoramic and a full series of radiographs.</p> <p>Up to age 19: Two per calendar year per patient.*</p> <p>Ages 19+: One per 6 months per patient.*</p> <p>May be a combination of any 2 codes D0270, D0272, D0273, D0274.*</p> <p>One per 6 months per patient.**</p> | None | None |
| D0272 | Bitewings - two radiographic images  | <p>Two per calendar year. Bitewing radiographs reported within 6 months of D0210 are considered included in this procedure and are non-covered. If reported within 6 months of D0330, we will make an allowance for the difference between the payment of the panoramic and a full series of radiographs.</p> <p>Up to age 19: Two per calendar year per patient.*</p> <p>Ages 19+: One per 6 months per patient.*</p> <p>May be a combination of any 2 codes D0270, D0272, D0273, D0274.*</p> <p>One per 6 months per patient.**</p> | None | None |

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| D0273 | Bitewings - three radiographic images | <p>Two per calendar year. Bitewing radiographs reported within 6 months of D0210 are considered included in this procedure and are non-covered. If reported within 6 months of D0330, we will make an allowance for the difference between the payment of the panoramic and a full series of radiographs.</p> <p>Up to age 19: Two per calendar year per patient.*</p> <p>Ages 19+: One per 6 months per patient.*</p> <p>May be a combination of any 2 codes D0270, D0272, D0273, D0274.*</p> <p>One per 6 months per patient.**</p> | None | None |
| D0274 | Bitewings - four radiographic images  | <p>Two per calendar year. Bitewing radiographs reported within 6 months of D0210 are considered included in this procedure and are non-covered. If reported within 6 months of D0330, we will make an allowance for the difference between the payment of the panoramic and a full series of radiographs.</p> <p>Up to age 19: Two per calendar year per patient.*</p> <p>Ages 19+: One per 6 months per patient.*</p> <p>May be a combination of any 2 codes D0270, D0272, D0273, D0274.*</p> <p>One per 6 months per patient.**</p> | None | None |

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| D0277 | Vertical bitewings<br>7-8 radiographical<br>images                                   | One set per 12 month for members<br>age 16 and over. Not covered if<br>reported within six months of other<br>bitewing series.<br><br>Members age 16+: One set per 12<br>months.*   | None | None |
| D0310 | Sialography  | Not a covered benefit under<br>BCBSMA dental plans. Please<br>check with patient's medical insurer<br>for possible coverage.  | None | None |
| D0320 | Temporomandibula<br>r joint arthrogram,<br>including injection                       | Not a covered benefit under<br>BCBSMA dental plans. Please<br>check with patient's medical insurer<br>for possible coverage.  | None | None |
| D0321 | Other<br>temporomandibular<br>joint radiographic<br>images, by report                | Not a covered benefit under<br>BCBSMA dental plans. Please<br>check with patient's medical insurer<br>for possible coverage.  | None | None |
| D0322 | Tomographic<br>survey  | Not a covered benefit.  | None | None |
| D0330 | Panoramic<br>radiographic image  | Panoramic radiograph or full mouth<br>series (D0210) is limited to one per<br>60 months. Submit bitewing<br>radiographs done in conjunction<br>with a panoramic on a separate line;<br>we will pay for the difference<br>between the panorex and a full<br>mouth series of radiographs.<br><br>Up to age 19: One per three<br>calendar year(s) per member.* | None | None |
| D0340 | Cephalometric<br>radiographic image  | Covered only for members with<br>orthodontic benefits. Limited to<br>twice per lifetime.<br><br>Up to age 19: Covered for members<br>without orthodontic benefits.*   | None | None |
| D0350 | 2D oral/facial<br>photographic<br>images obtained<br>intra-orally or extra<br>orally | Covered only when BCBSMA<br>requests these images to support the<br>claim for another service.  | None | None |
| D0364 | Cone beam CT<br>capture and<br>interpretation with                                   | Not a covered benefit.  | None | None |

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|       | limited field of view-less than one whole jaw   |                        |      |      |
| D0365 | Cone beam CT capture and interpretation with limited field of one full dental arch-mandible                         | Not a covered benefit. | None | 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. | None | None |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium                    | Not a covered benefit. | None | None |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures                              | Not a covered benefit. | None | None |
| D0369 | Maxillofacial MRI capture and interpretation  | Not a covered benefit. | None | None |
| D0370 | Maxillofacial ultrasound capture and interpretation   | Not a covered benefit. | None | None |
| D0371 | Sialoendoscopy capture and interpretation   | Not a covered benefit. | None | None |
| D0372 | Intraoral tomosynthesis comprehensive series of radiographic images   | Not a covered benefit. | None | None |
| D0373 | Intraoral tomosynthesis –   | Not a covered benefit. | None | None |

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|       | bitewing radiographic image  |                        |      |      |
| D0374 | Intraoral tomosynthesis – periapical radiographic image  | Not a covered benefit. | None | None |
| D0801 | 3D dental surface scan – direct  | Not a covered benefit. | None | None |
| D0802 | 3D dental surface scan – indirect  | Not a covered benefit. | None | None |
| D0803 | 3D facial surface scan – direct  | Not a covered benefit. | None | None |
| D0804 | 3D facial surface scan – indirect  | Not a covered benefit. | None | None |
| D0380 | Cone beam CT image capture with limited field of view – less than one whole jaw                          | Not a covered benefit. | None | None |
| D0381 | Cone beam CT image capture with field of view of one full dental arch – mandible                         | Not a covered benefit. | None | 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. | None | None |
| D0383 | Cone beam CT image capture with field of view of both jaws, with or without cranium                      | Not a covered benefit. | None | None |
| D0384 | Cone beam CT image capture for TMJ series including two or more exposures                                | Not a covered benefit. | None | None |
| D0385 | Maxillofacial MRI image capture  | Not a covered benefit. | None | None |
| D0386 | Maxillofacial ultrasound image capture   | Not a covered benefit. | None | None |

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| D0387 | Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only   | Not a covered benefit. | None | None |
| D0388 | Intraoral tomosynthesis – bitewing radiographic image – image capture only   | Not a covered benefit. | None | None |
| D0389 | Intraoral tomosynthesis – periapical radiographic image – image capture only   | Not a covered benefit. | None | None |
| D0701 | Panoramic radiographic image – image capture only  | Not a covered benefit. | None | None |
| D0702 | 2-D cephalometric radiographic image – image capture only  | Not a covered benefit. | None | None |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally– image capture only   | Not a covered benefit. | None | None |
| D0705 | Extra-oral posterior dental radiographic image – image capture only. Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image not derived from another image. | Not a covered benefit. | None | None |

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| D0706 | Intraoral – occlusal radiographic image – image capture only  | Not a covered benefit. | None | None |
| D0707 | Intraoral – periapical radiographic image – image capture only  | Not a covered benefit. | None | None |
| D0708 | Intraoral – bitewing radiographic image – image capture only. Image axis may be horizontal or vertical                                | Not a covered benefit. | None | None |
| D0709 | Intraoral – comprehensive series of radiographic images – image capture only.   | Not a covered benefit. | None | None |
| D0391 | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report                       | Not a covered benefit. | None | None |
| D0393 | Virtual treatment simulation using 3D image volume or surface scan.   | Not a covered benefit. | None | None |
| D0394 | Digital subtraction of two or more images or image volumes of the same modality. To demonstrate changes that have occurred over time. | Not a covered benefit. | None | None |
| D0395 | Fusion of two or more 3D image volumes of one or more modalities.   | Not a covered benefit. | None | None |

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| D0411 | HbA1c in-office point of service testing   | Not a covered benefit.  | None | None |
| D0412 | Blood glucose level test — in-office using a glucose meter   | Not a covered benefit.  | None | None |
| D0415 | Collection of microorganisms for culture and sensitivity   | Not a covered benefit.  | None | None |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report | Not a covered benefit.  | None | None |
| D0416 | Viral culture. A diagnostic test to identify viral organisms, most often herpes virus  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage. | None | None |
| D0417 | Collection and preparation of saliva sample for laboratory diagnostic testing  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage. | None | None |
| D0418 | Analysis of saliva sample. Chemical or biological analysis of saliva sample for diagnostic purposes                                    | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage. | None | None |
| D0419 | Assessment of salivary flow by measurement   | Not a covered benefit.  | None | None |
| D0422 | Collection and preparation of genetic sample material for laboratory analysis and report   | Not a covered benefit.  | None | None |
| D0423 | Genetic test for susceptibility to   | Not a covered benefit.  | None | None |

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|       | diseases – specimen analysis  |   |      |      |
| D0425 | Caries susceptibility tests. Not to be used for carious dentin staining   | Not a covered benefit   | None | None |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures | Not a routinely covered benefit under BCBSMA dental plans. Please check with patient's medical insurance for possible coverage. | None | None |
| D0460 | Pulp vitality tests   | Considered inclusive of other evaluation services performed on the same day. Not a covered benefit in any other circumstances.  | None | None |
| D0470 | Diagnostic casts  | One complete set per 60 months.   | None | None |
| D0472 | Accession of tissue, gross examination, preparation and transmission of written report  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.             | None | None |
| D0473 | Accession of tissue, gross and microscopic examination, preparation and transmission of written report  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.             | None | None |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and                                 | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.             | None | None |

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|       | transmission of written report   |   |      |      |
| D0475 | Decalcification procedure  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0476 | Special stains for microorganisms  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0477 | Special stains, not for microorganisms   | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0478 | Immunohistochemical stains   | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0479 | Tissue in-site hybridization, including interpretation   | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0480 | Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0481 | Electron microscopy  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0482 | Direct immunofluorescence  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0483 | Indirect immunofluorescence  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0484 | Consultation on slides prepared elsewhere  | Not a covered benefit under BCBSMA dental plans. Please   | None | None |

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|       |  | check with patient's medical insurer for possible coverage.   |      |      |
| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0486 | Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report      | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0502 | Other oral pathology procedures, by report   | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None | None |
| D0600 | Non ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum | Not a covered benefit.  | None | None |
| D0601 | Caries risk assessment and documentation, with a finding of low risk   | Not a covered benefit.  | None | None |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk  | Not a covered benefit.  | None | None |
| D0603 | Caries risk assessment and documentation, with a finding of high risk  | Not a covered benefit.  | None | None |

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| D0604 | Antigen testing for a public health related pathogen including coronavirus    | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.   | None               | None               |
| D0605 | Antibody testing for a public health related pathogen including coronavirus   | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.   | None               | None               |
| 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 insurer for possible coverage.   | None               | None               |
| D0999 | Unspecified diagnostic procedure, by report                                   | Individual consideration.   | Detailed narrative | Detailed narrative |
| D1110 | Prophylaxis - adult   | Two per calendar year. There must be at least three months between a periodontal maintenance cleaning and any other cleanings<br><br>Use D1110 for ages 14+; use D1120 for ages 0 – 13<br><br>Two per calendar year.*<br><br>Three per 12 months.** | None               | None               |
| D1120 | Prophylaxis - child   | Two per calendar year. There must be at least three months between a periodontal maintenance cleaning and any other cleanings<br><br>Use D1110 for ages 14+; use D1120 for ages 0 – 13<br><br>Two per calendar year.*<br><br>Three per 12 months.** | None               | None               |
| D1206 | Topical application of fluoride varnish                                       | Two per calendar year through age 18 (up to the 19th birthday). Benefit will be in place of D1208.  | None               | None               |

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|       |   | Up to age 19: Once per 90 days. Benefit will be in place of D1208.*   |      |      |
| D1208 | Topical application of fluoride-excluding varnish   | Two per calendar year through age 18 (up to the 19th birthday). Benefit will be in place of D1206.<br><br>Up to age 19: Once per 90 days. Benefit will be in place of D1206.* | None | None |
| D1310 | Nutritional counseling for control of dental disease  | Not a covered benefit.  | None | None |
| D1320 | Tobacco counseling for control and prevention of oral disease   | Not a covered benefit.  | None | None |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use. Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injecting, inhaling and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, | Not a covered benefit.  | None | None |

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|       | nicotine, cannabis, methamphetamine and other pharmaceuticals or chemicals.            |   |   |   |
| D1330 | Oral hygiene instructions  | Not a covered benefit.  | None  | None  |
| D1351 | Sealant – per tooth  | <p>One per tooth per 48 months, regardless of the number of surfaces, on premolars and permanent first and second molars. Covered through age 13 (up to the 14th birthday.) No coverage for sealants on a restored surface of a tooth. Preventive resin restorations are considered sealants for benefit purposes.</p> <p>Under age 9: Covered for primary molars. Reapplication only if process fails within three years.</p> <p>Under age 19: Covered for permanent non-carious molars for members once every three years per tooth.</p> <p>Ages 19+: Not covered.*</p> | <p>Tooth identification</p> <p>Surface identification</p> | <p>Tooth identification</p> <p>Surface identification</p>   |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient-permanent tooth | <p>One per tooth per 48 months, regardless of the number of surfaces, on premolars and permanent first and second molars. Covered through age 13 (up to 14th birthday). No coverage for sealants on a restored surface of a tooth. Preventive resin restorations are considered sealants for benefit purposes.</p> <p>Up to 14th birthday: Once per tooth per 48 months, on premolars and permanent first and second molars.*</p>   | <p>Tooth identification</p> <p>Surface identification</p> | <p>Tooth identification</p> <p>Surface identification</p> <p>Narrative indicating risk criteria</p> |
| D1353 | Sealant repair – per tooth   | Not a covered benefit.  | None  | None  |

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| D1354 | Application of caries-arresting medicament per tooth  | Covered once per tooth per lifetime.<br><br>Not a covered benefit.*  | Tooth identification                               | Tooth identification                               |
| D1355 | Caries preventive medicament application – per tooth. For primary prevention or remineralization. Medicaments applied do not include topical fluorides. | Not a covered benefit.   | None   | None   |
| D1510 | Space maintainer – fixed, unilateral – per quadrant   | One per arch or quadrant per lifetime for members through age 18 (up to the 19th birthday).<br><br>Up to age 19: Once per arch or quadrant per lifetime<br><br>Ages 19+: not covered.* | Quadrant identification<br><br>Arch identification | Quadrant identification<br><br>Arch identification |
| D1516 | Space maintainer – fixed – bilateral, maxillary   | One per arch or quadrant per lifetime for members through age 18 (up to the 19th birthday).<br><br>Up to age 19: Once per arch or quadrant per lifetime<br><br>Ages 19+: not covered.* | Quadrant identification<br><br>Arch identification | Quadrant identification<br><br>Arch identification |
| D1517 | Space maintainer – fixed – bilateral, mandibular  | One per arch or quadrant per lifetime for members through age 18 (up to the 19th birthday).<br><br>Up to age 19: Once per arch or quadrant per lifetime<br><br>Ages 19+: not covered.* | Quadrant identification<br><br>Arch identification | Quadrant identification<br><br>Arch identification |
| D1520 | Space maintainer – removable, unilateral – per quadrant   | One per arch or quadrant per lifetime for members through age 18 (up to the 19th birthday).<br><br>Up to age 19: Once per arch or quadrant per lifetime<br><br>Ages 19+: not covered.* | Quadrant identification<br><br>Arch identification | Quadrant identification<br><br>Arch identification |

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| D1526 | Space maintainer – removable – bilateral, maxillary           | One per arch or quadrant per lifetime for members through age 18 (up to the 19th birthday).<br><br>Up to age 19: Once per arch or quadrant per lifetime.<br><br>Age 19+: not covered.* | Arch identification     | Arch identification     |
| D1527 | Space maintainer – removable – bilateral, mandibular          | One per arch or quadrant per lifetime for members through age 18 (up to the 19th birthday).<br><br>Up to age 19: Once per arch or quadrant per lifetime.<br><br>Age 19+: not covered.* | Arch identification     | Arch identification     |
| D1551 | Re-cement or rebond bilateral space maintainer, maxillary     | One per arch per 6 months for members through age 18 (up to the 19th birthday)..   | Arch identification     | Arch identification     |
| D1552 | Re-cement or rebond bilateral space maintainer, mandibular    | One per arch per 6 months for members through age 18 (up to the 19th birthday)..   | Arch identification     | Arch identification     |
| D1553 | Re-cement or rebond unilateral space maintainer, per quadrant | One per arch per 6 months for members through age 18 (up to the 19th birthday)..   | Arch identification     | Arch identification     |
| D1556 | Removal of fixed unilateral space maintainer, per quadrant    | Covered only when procedure is performed by a dentist who did not place the original appliance.  | Quadrant identification | Quadrant identification |
| D1557 | Removal of fixed bilateral space maintainer, maxillary        | Covered only when procedure is performed by a dentist who did not place the original appliance.  | Arch identification     | Arch identification     |
| D1558 | Removal of fixed bilateral space maintainer, mandibular       | Covered only when procedure is performed by a dentist who did not place the original appliance.  | Arch identification     | Arch identification     |
| D1575 | Distal shoe space maintainer – fixed unilateral, per quadrant | One per quadrant per lifetime for members through age 18 (up to the 19th birthday).<br><br>Up to age 19: Once per arch or quadrant per lifetime.                                       | Quadrant identification | Quadrant identification |

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|       |  | Age 19+: not covered.*  |                    |                    |
| D1999 | Unspecified preventive procedure, by report                    | Individual consideration.   | Detailed narrative | 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 for possible coverage. | None               | None               |
| 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. | None               | 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. | None               | 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. | None               | 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. | None               | None               |
| D1706 | AstraZeneca COVID-19 vaccine administration – second dose      | Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage. | None               | None               |
| D1707 | Janssen COVID-19 vaccine administration                        | Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage. | None               | None               |
| D1708 | Pfizer-BioNTech Covid-19 vaccine administration – third dose   | Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage. | None               | None               |
| D1709 | Pfizer-BioNTech Covid-19 vaccine administration – booster dose | Not a covered benefit under BCBSMA dental plans. Please check with patient’s medical insurer for possible coverage. | None               | None               |
| D1710 | Moderna Covid-19 vaccine administration – third dose           | Not a covered benefit under BCBSMA dental plans. Please   | None               | None               |

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|       |   | check with patient's medical insurer for possible coverage.   |  |  |
| D1711 | Moderna Covid-19 vaccine administration – booster dose                              | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.                               | None   | None   |
| D1712 | Janssen Covid-19 vaccine administration - booster dose                              | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.                               | None   | None   |
| D1713 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric –first dose  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.                               | None   | None   |
| D1714 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric –second dose | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.                               | None   | 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.                               | None   | None   |
| D1782 | Vaccine administration – human papillomavirus – Dose 2                              | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage.                               | None   | None   |
| 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.                               | None   | None   |
| D2140 | Amalgam – one surface, primary or permanent   | One amalgam restoration per tooth surface per 12 months. We consider contiguous surface amalgam restorations as one multiple-surface restoration. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |

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| D2150 | Amalgam – two surfaces, primary or permanent          | One amalgam restoration per tooth surface per 12 months. We consider contiguous surface amalgam restorations as one multiple-surface restoration. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2160 | Amalgam – three surfaces, primary or permanent        | One amalgam restoration per tooth surface per 12 months. We consider contiguous surface amalgam restorations as one multiple-surface restoration. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2161 | Amalgam – four or more surfaces, primary or permanent | One amalgam restoration per tooth surface per 12 months. We consider contiguous surface amalgam restorations as one multiple-surface restoration. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2330 | Resin-based composite – one surface, anterior         | One resin restoration per tooth surface per 12 months. Contiguous surface resin restorations are considered one multiple surface restoration.     | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2331 | Resin-based composite – two surfaces, anterior        | One resin restoration per tooth surface per 12 months. Contiguous surface resin restorations are considered one multiple surface restoration.     | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2332 | Resin-based composite – three surfaces, anterior      | One resin restoration per tooth surface per 12 months. Contiguous surface resin restorations are considered one multiple surface restoration.     | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2335 | Resin-based composite – four or more surfaces or      | One resin restoration per tooth surface per 12 months. Contiguous surface resin restorations are  | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |

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|       | involving incisal angle (anterior)                | considered one multiple surface restoration.  | Surface identification                             | Surface identification                             |
| D2390 | Resin-based composite crown, anterior             | Once per tooth per 12 months  | Tooth identification                               | Tooth identification                               |
| D2391 | Resin-based composite – one surface, posterior    | One resin restoration per tooth surface per 12 months. We consider contiguous surface resin restorations one multiple surface restoration. Based on the member's benefits, posterior composites may pay as an alternate benefit to the corresponding amalgam procedure code. The patient would be responsible for the remainder of the charge. If the member's plan provides full benefits on posterior resins, you may not balance bill the patient. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2392 | Resin-based composite – two surfaces, posterior   | One resin restoration per tooth surface per 12 months. We consider contiguous surface resin restorations one multiple surface restoration. Based on the member's benefits, posterior composites may pay as an alternate benefit to the corresponding amalgam procedure code. The patient would be responsible for the remainder of the charge. If the member's plan provides full benefits on posterior resins, you may not balance bill the patient. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2393 | Resin-based composite – three surfaces, posterior | One resin restoration per tooth surface per 12 months. We consider contiguous surface resin restorations one multiple surface restoration. Based on the member's benefits, posterior composites may pay as an alternate benefit to the corresponding amalgam procedure code. The patient would be responsible for the remainder of the charge. If the member's plan provides full benefits on posterior   | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |

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|       |  | resins, you may not balance bill the patient.   |  |  |
| D2394 | Resin-based composite – four or more surfaces, posterior | One resin restoration per tooth surface per 12 months. We consider contiguous surface resin restorations one multiple surface restoration. Based on the member's benefits, posterior composites may pay as an alternate benefit to the corresponding amalgam procedure code. The patient would be responsible for the remainder of the charge. If the member's plan provides full benefits on posterior resins, you may not balance bill the patient. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2410 | Gold foil – one surface                                  | One restoration per tooth surface per 12 months. Restoration includes tooth preparation, localized tissue removal, base direct and indirect pulp cap, and polishing. Gold foil restorations will pay as an alternate benefit, based on the corresponding amalgam procedure code. The patient is responsible for the remainder of the charge.<br><br>One per tooth surface per 12 months.*   | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2420 | Gold foil – two surfaces                                 | One restoration per tooth surface per 12 months. Restoration includes tooth preparation, localized tissue removal, base direct and indirect pulp cap, and polishing. Gold foil restorations will pay as an alternate benefit, based on the corresponding amalgam procedure code. The patient is responsible for the remainder of the charge.<br><br>One per tooth surface per 12 months.*   | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Surface identification |
| D2430 | Gold foil – three surfaces                               | One restoration per tooth surface per 12 months. Restoration includes tooth preparation, localized tissue removal, base direct and indirect   | Tooth identification                               | Tooth identification                               |

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|       |   | <p>pulp cap, and polishing. Gold foil restorations will pay as an alternate benefit, based on the corresponding amalgam procedure code. The patient is responsible for the remainder of the charge.</p> <p>One per tooth surface per 12 months.*</p>   | Surface identification  | Surface identification  |
| D2510 | Inlay – metallic – one surface            | <p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.</p>   | <p>Tooth identification</p> <p>Surface identification</p>                               | <p>Tooth identification</p> <p>Surface identification</p>   |
| D2520 | Inlay – metallic – two surfaces           | <p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.</p>   | <p>Tooth identification</p> <p>Surface identification</p>                               | <p>Tooth identification</p> <p>Surface identification</p>   |
| D2530 | Inlay – metallic – three or more surfaces | <p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.</p>   | <p>Tooth identification</p> <p>Surface identification</p>                               | <p>Tooth identification</p> <p>Surface identification</p>   |
| D2542 | Onlay – metallic – two surfaces           | <p>One per permanent posterior tooth per 60 months for members ages 16 and older. Includes preparation, impression, temporary, and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> </ul> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> |

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|       |  | <ul style="list-style-type: none"> <li>Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul>   |   | Pre-treatment recommended  |
| D2543 | Onlay – metallic – three surfaces        | <p>One per permanent posterior tooth per 60 months for members ages 16 and older. Includes preparation, impression, temporary, and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> <li>Untreated bone loss</li> <li>Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2544 | Onlay – metallic – four or more surfaces | <p>One per permanent posterior tooth per 60 months for members ages 16 and older. Includes preparation, impression, temporary, and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> <li>Untreated bone loss</li> <li>Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2610 | Inlay – porcelain/ceramic – one surface  | <p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration</p>   | <p>Tooth identification</p>   | <p>Tooth identification</p>  |

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|       |  | paid for porcelain inlays. The patient is responsible for the balance.   | Surface identification   | Surface identification  |
| D2620 | Inlay – porcelain/ceramic – two surfaces           | One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for porcelain inlays. The patient is responsible for the balance.   | Tooth identification<br><br>Surface identification                               | Tooth identification<br><br>Surface identification  |
| D2630 | Inlay – porcelain/ceramic – three or more surfaces | One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for porcelain inlays. The patient is responsible for the balance.<br><br>Age 16+: One per tooth per 60 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.*  | Tooth identification<br><br>Surface identification                               | Tooth identification<br><br>Surface identification  |
| D2642 | Onlay – porcelain/ceramic – two surfaces           | One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and cementation. May be non-covered if certain conditions are present: <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic, or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion.</li> </ul> Age 16+: One per tooth per 60 months.* | Tooth identification<br><br>Surface identification (must include B or L surface) | Tooth identification<br><br>Surface identification (must include B or L surface)<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |

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| D2643 | Onlay – porcelain/ceramic – three surfaces        | <p>One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic, or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion.</li> </ul> <p>Age 16+: One per tooth per 60 months.*</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2644 | Onlay – porcelain/ceramic – four or more surfaces | <p>One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic, or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion.</li> </ul> <p>Age 16+: One per tooth per 60 months.*</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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| D2650 | Inlay – resin-based composite – one surface            | <p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for composite inlays. The patient is responsible for the balance.</p> <p>Age 16+: One per tooth per 60 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.*</p> | <p>Tooth identification</p> <p>Surface identification</p>       | <p>Tooth identification</p> <p>Surface identification</p>               |
| D2651 | Inlay – resin-based composite – two surfaces           | <p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for composite inlays. The patient is responsible for the balance.</p> <p>Age 16+: One per tooth per 60 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.*</p> | <p>Tooth identification</p> <p>Surface identification</p>       | <p>Tooth identification</p> <p>Surface identification</p>               |
| D2652 | Inlay – resin-based composite – three or more surfaces | <p>One per tooth per 60 months for members ages 16 and older. Alternate benefit of a corresponding amalgam restoration paid for composite inlays. The patient is responsible for the balance.</p> <p>Age 16+: One per tooth per 60 months. Alternate benefit of a corresponding amalgam restoration paid for metallic inlays. The patient is responsible for the balance.*</p> | <p>Tooth identification</p> <p>Surface identification</p>       | <p>Tooth identification</p> <p>Surface identification</p>               |
| D2662 | Onlay – resin-based composite – two surfaces           | <p>One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration, and cementation. May be non-covered if certain conditions are present:</p>   | <p>Tooth identification</p> <p>Surface identification (must</p> | <p>Tooth identification</p> <p>Surface identification (must include</p> |

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|       |   | <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion.</li> </ul> <p>Age 16+: One per tooth per 60 months.*</p>  | include B or L surface)   | <p>B or L surface)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p>  |
| D2663 | Onlay – resin-based composite – three surfaces        | <p>One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration, and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion.</li> </ul> <p>Age 16+: One per tooth per 60 months.*</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2664 | Onlay – resin-based composite – four or more surfaces | <p>One per posterior tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration, and cementation. May be non-covered if certain conditions are present:</p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> </ul>   | <p>Tooth identification</p> <p>Surface identification (must include B</p>               | <p>Tooth identification</p> <p>Surface identification (must include B or L surface)</p>  |

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|       |  | <ul style="list-style-type: none"> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion.</li> </ul> <p>Age 16+: One per tooth per 60 months.*</p>   | or L surface)        | <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p>                             |
| D2710 | Crown – resin-based composite (indirect)             | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2712 | Crown – ¾ resin-based composite (indirect) (does not | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration</p>   | Tooth identification | Tooth identification   |

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|       | include facial veneers)             | <p>and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> |                      | <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p>                             |
| D2720 | Crown – resin with high noble metal | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul>   | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |   | <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p>  |                      |  |
| D2721 | Crown – resin with predominantly base metal | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2722 | Crown – resin with noble metal              | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative</p>   |

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|       |                                     | <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p>   |                      | <p>periapical radiographs</p> <p>Pre-treatment recommended</p>   |
| D2740 | Crown – porcelain/ceramic substrate | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782,</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |   | <p>D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p>   |                      |  |
| D2750 | Crown – porcelain fused to high noble metal         | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2751 | Crown – porcelain fused to predominantly base metal | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> </ul>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p>                                  |

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|-------|--|--|----------------------|--|
|       |  | <ul style="list-style-type: none"> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p>  |                      | Pre-treatment recommended  |
| D2752 | Crown – porcelain fused to noble metal | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |   | D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 :<br>One per tooth per 60 months.*  |                      |  |
| D2753 | Crown – porcelain fused to titanium and titanium alloys | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 :<br/>One per tooth per 60 months.*</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2780 | Crown – ¾ cast high noble metal                         | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> </ul>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |   | <ul style="list-style-type: none"> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p>  |                      |  |
| D2781 | Crown – ¾ cast predominantly base metal | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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| D2782 | Crown – ¾ cast noble metal                                    | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2783 | Crown – ¾ porcelain/ceramic (does not include facial veneers) | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> </ul>   | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |   | <ul style="list-style-type: none"> <li>Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p>   |                      |  |
| D2790 | Crown – full cast, high-noble metal         | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>Untreated bone loss</li> <li>Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2791 | Crown – full cast, predominantly base metal | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are</p>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and</p>   |

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|       |                                | <p>limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> |                      | <p>dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p>   |
| D2792 | Crown – full cast, noble metal | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |  | <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p>  |                      |  |
| D2794 | Crown – titanium and titanium alloys   | <p>One per permanent tooth per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. D2710 and D2712 are limited to teeth #6-11 and #22-27. <b>May be non-covered if certain conditions are present:</b></p> <ul style="list-style-type: none"> <li>• Untreated bone loss</li> <li>• Tooth has poor-to-hopeless prognosis from a restorative, endodontic or periodontal perspective</li> <li>• Periapical pathology or unresolved, incomplete or failed endodontic therapy</li> <li>• Services meant to treat TMJ, increase vertical dimension, or restore occlusion</li> </ul> <p>D2712, D2720, D2721, D2722, D2780, D2781, D2782, D2783: Ages 16+: One per permanent tooth per 60 months.</p> <p>D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794 : One per tooth per 60 months.*</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D2799 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression | Not a covered benefit.   | None                 | None   |
| D2910 | Recement or re-bond inlay, onlay, veneer or partial  | One per tooth per 12 months for members age 16 and over.   | Tooth identification | Tooth identification   |

|       |  |  |                      |                      |
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|       | coverage restoration   | Age 16+: One per tooth per 12 months.*   |                      |                      |
| D2915 | Recement or re-bond indirectly fabricated or prefabricated post and core | One per tooth per 12 months for members age 16 and over.<br><br>Age 16+: One per tooth per 12 months.*   | Tooth identification | Tooth identification |
| D2920 | Recement or re-bond crown  | One per tooth per 12 months for members age 16 and over.<br><br>Age 16+: One per tooth per 12 months.*   | Tooth identification | Tooth identification |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp                     | Not a covered benefit.   | None                 | None                 |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth                  | Not a covered benefit.   | None                 | None                 |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth                    | One per primary tooth per 24 months as an alternate benefit to D2932.  | Tooth identification | Tooth identification |
| D2930 | Prefabricated stainless steel crown– primary tooth                       | One per primary tooth per 24 months.   | Tooth identification | Tooth identification |
| D2931 | Prefabricated stainless steel crown– permanent tooth                     | One per first and second molar per 24 months for members through age 15 (up to the 16th birthday)  | Tooth identification | Tooth identification |
| D2932 | Prefabricated resin crown  | One per permanent anterior tooth per 24 months for members through age 15 (up to the 16 <sup>th</sup> birthday).<br>One per primary tooth per 24 months. | Tooth identification | Tooth identification |
| D2933 | Prefabricated stainless steel crown with resin window                    | One per 1st molar per 24 months for members through age 15 (up to the 16th birthday). One per primary tooth per 24 months.                               | Tooth identification | Tooth identification |
| D2934 | Prefabricated esthetic coated stainless steel crown – primary tooth      | One per primary tooth per 24 months.   | Tooth identification | Tooth identification |

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| D2940 | Protective restoration                                    | One per tooth per lifetime. Direct placement of a temporary restorative material to protect tooth and/or tissue form. May be used to relieve pain, promote healing or prevent further deterioration. Should not be reported as a base or in conjunction with other restorations.   | Tooth identification | Tooth identification |
| D2941 | Interim therapeutic restoration – primary dentition       | One per tooth per lifetime on primary teeth for members under 3 years of age. Direct placement of a temporary restorative material to protect tooth and/or tissue form. May be used to relieve pain, promote healing or prevent further deterioration. Should not be reported as a base or in conjunction with other restorations.           | Tooth identification | Tooth identification |
| D2949 | Restorative foundation for an indirect restoration        | Not a covered benefit.   | Tooth identification | Tooth identification |
| D2950 | Core buildup, including any pins when required            | One per tooth per 60 months. Not covered if reported with D2952 or D2954. Refers to building up of anatomical crown when restorative crown will be placed, whether or not pins are used. Not intended to be used as a 4-5 surface restoration if crown is not to be considered for a final restoration.<br><br>One per tooth per 60 months.* | Tooth identification | Tooth identification |
| D2951 | Pin retention – per tooth, in addition to restoration     | Once per tooth per lifetime. Not covered if reported with D2950.<br><br>Up to age 19: Must be billed with two or more surface restorations on a permanent tooth for members.<br><br>Ages 19+: Once per tooth per lifetime.*  | Tooth identification | Tooth identification |
| D2952 | Post and core in addition to crown, indirectly fabricated | One per tooth per 60 months. If reported with a restoration or a core buildup on the same service date, the restoration, amalgam, or   | Tooth identification | Tooth identification |

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|       |   | <p>composite core build-up is considered part of the post- and core procedure. Cast post and core is separate from crown.</p> <p>One per tooth per 60 months*</p>   |                      |                      |
| D2953 | Each additional indirectly fabricated post – same tooth | Limited to posterior teeth only (#1-5, 12-16, 17-21 and 28-32). One per tooth per lifetime. Tooth must be badly broken down and missing at least 3 walls. If reported with a restoration or a core build-up on the same service date, the restoration amalgam or composite core build-up is considered part of the post and core procedure.   | Tooth identification | Tooth identification |
| D2954 | Prefabricated post and core in addition to crown        | One per tooth per 60 months. If reported with a restoration or a core buildup on the same service date, the restoration amalgam or composite core buildup is considered part of the post and core procedure. Cast restorations submitted on same date of service with this procedure will be non-covered.   | Tooth identification | Tooth identification |
| D2955 | Post removal  | Not a covered benefit.  | None                 | None                 |
| D2957 | Each additional prefabricated post – same tooth         | <p>Limited to posterior teeth only (#1-5, 12-16, 17-21 and 28-32). One per tooth per lifetime for members age 16 and older. Tooth must be badly broken down and missing at least 3 walls. If reported with a restoration or a core build-up on the same service date, the restoration, amalgam, or composite core build-up is considered part of the post and core procedure.</p> <p>Once per tooth per lifetime for all ages on permanent posterior teeth (#1-5, 12-16, 17-21 and 28-32).*</p> | Tooth identification | Tooth identification |
| D2960 | Labial veneer (resin laminate) – direct                 | Not a covered benefit.  | Tooth identification | Tooth identification |

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|       |   |  |  | Detailed narrative<br><br>Current mounted and dated pre-operative periapical radiographs                             |
| D2961 | Labial veneer (resin laminate) – indirect   | Not a covered benefit.   | Tooth identification                           | Tooth identification<br><br>Detailed narrative<br><br>Current mounted and dated pre-operative periapical radiographs |
| D2962 | Labial veneer (porcelain laminate) – indirect   | Not a covered benefit.   | Tooth identification                           | Tooth identification<br><br>Detailed narrative<br><br>Current mounted and dated pre-operative periapical radiographs |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework | Individual consideration. One per tooth per 60 months for members age 16 and older - must be reported with individual crown.<br><br>Age 16+: One per tooth per 60 months. Must be reported with individual crown.* | Tooth identification<br><br>Detailed narrative | Tooth identification<br><br>Detailed narrative   |
| D2975 | Coping – A thin covering of the coronal portion of a tooth, usually devoid of anatomic        | Not a covered benefit.   | None   | None   |

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|       | contour, that can be used as a definitive restoration  |  |  |  |
| D2980 | Crown repair necessitated by restorative material failure  | One per tooth per 12 months.<br>Up to age 19: no limit. Age 19+: one per tooth per 12 months.* | Tooth identification   | Tooth identification   |
| D2981 | Inlay repair necessitated by restorative material failure  | One per tooth per 12 months.   | Tooth identification   | Tooth identification   |
| D2982 | Onlay repair necessitated by restorative material failure  | One per tooth per 12 months.   | Tooth identification   | Tooth identification   |
| D2983 | Veneer repair necessitated by restorative material failure                                       | Not a covered benefit.   | None   | None   |
| D2990 | Resin infiltration of incipient smooth surface lesions   | One per covered tooth surface per 12 months.   | Tooth identification<br><br>Surface identification (B, L, F surfaces only) | Tooth identification<br><br>Surface identification (B, L, F surfaces only) |
| D2999 | Unspecified restorative procedure, by report   | Individual consideration.  | Detailed narrative   | Detailed narrative   |
| D3110 | Pulp cap – direct (excluding final restoration)  | A separate allowance is not made. Pulp capping is considered part of the final restoration.    | None   | None   |
| D3120 | Pulp cap – indirect (excluding final restoration)  | A separate allowance is not made. Pulp capping is considered part of the final restoration.    | None   | None   |
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to dentinocemental | One per tooth per lifetime. Part of endodontic therapy when performed by the same dentist.     | Tooth identification   | Tooth identification   |

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|       | junction and application of medicament  |  |                      |  |
| D3221 | Pulpal debridement, primary and permanent teeth   | One per tooth per lifetime. Part of endodontic therapy when performed by the same dentist. | Tooth identification | Tooth identification   |
| D3222 | Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development       | One per tooth per lifetime. Part of endodontic therapy when performed by the same dentist. | Tooth identification | Tooth identification   |
| D3230 | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) | One per tooth per lifetime.  | Tooth identification | Tooth identification   |
| D3240 | Pulpal therapy (resorbable filling) – posterior primary tooth (excluding final restoration) | One per tooth per lifetime.  | Tooth identification | Tooth identification   |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration)                            | One per permanent tooth per lifetime.  | Tooth identification | Tooth identification   |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration)                            | One per permanent tooth per lifetime.  | Tooth identification | Tooth identification   |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration)                               | One per permanent tooth per lifetime.  | Tooth identification | Tooth identification   |
| D3331 | Treatment of root canal obstruction; non-surgical access                                    | Individual consideration. Once per tooth per lifetime.                                     | Tooth identification | Tooth identification<br>Detailed narrative<br><br>Current dated pre- and post-operative periapical radiographs |
| D3332 | Incomplete endodontic therapy; inoperable,  | Not a covered benefit.   | None                 | None   |

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|       | unrestorable or fractured tooth   |  |                      |                      |
| D3333 | Internal root repair of perforation defects   | Not a covered benefit.   | None                 | None                 |
| D3346 | Retreatment of previous root canal therapy – anterior   | One per tooth per lifetime. Coverage is considered when prior root canal failed and re-treatment is performed by another dentist.  | Tooth identification | Tooth identification |
| D3347 | Retreatment of previous root canal therapy – premolar   | One per tooth per lifetime. Coverage is considered when prior root canal failed and re-treatment is performed by another dentist.  | Tooth identification | Tooth identification |
| D3348 | Retreatment of previous root canal therapy – molar  | One per tooth per lifetime. Coverage is considered when prior root canal failed and re-treatment is performed by another dentist.  | Tooth identification | Tooth identification |
| D3351 | Apexification / recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)                                   | One per permanent tooth per lifetime. Includes opening tooth, preparation of canal spaces, first placement of medication and necessary radiographs. (This procedure may include first phase of complete root canal therapy). | Tooth identification | Tooth identification |
| D3352 | Apexification/recalcification – interim medication replacement  | One per permanent tooth per lifetime.  | Tooth identification | Tooth identification |
| D3353 | Apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) | One per permanent tooth per lifetime.  | Tooth identification | Tooth identification |
| D3355 | Pulpal regeneration – initial visit   | One per permanent tooth per lifetime.  | Tooth identification | Tooth identification |
| D3356 | Pulpal regeneration – interim medication replacement  | One per permanent tooth per lifetime.  | Tooth identification | Tooth identification |

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| D3357 | Pulpal regeneration – completion of treatment   | One per permanent tooth per lifetime.   | Tooth identification        | Tooth identification   |
| D3410 | Apicoectomy – anterior  | One per tooth root per lifetime.  | Tooth & root identification | Tooth & root identification  |
| D3421 | Apicoectomy – premolar (first root)   | One per tooth root per lifetime.  | Tooth & root identification | Tooth & root identification  |
| D3425 | Apicoectomy – molar (first root)  | One per tooth root per lifetime.  | Tooth & root identification | Tooth & root identification  |
| D3426 | Apicoectomy – (each additional root)  | One per tooth root per lifetime.  | Tooth & root identification | Tooth & root identification  |
| D3428 | Bone graft in conjunction with periradicular surgery – per tooth, single site                               | Not a covered benefit.  | None                        | None   |
| D3429 | Bone graft in conjunction with periradicular surgery – each additional contiguous in the same surgical site | Not a covered benefit.  | None                        | None   |
| D3430 | Retrograde filling – per root   | One per tooth root (not canal) per lifetime. Only covered when reported with D3410, D3421, D3425, D3426. Benefit is paid at a maximum of a one-surface amalgam restoration. If more than one filling is placed per tooth, report additional root (not canal) as D3999 and describe. | Tooth & root identification | Tooth & root identification<br><br>For additional retrogrades on the same tooth, include either post-operative periapical radiograph or clinical imaging of finished filling at root |

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|       |   |   |  | end of the tooth and report.                   |
| D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | Not a covered benefit.  | None   | None   |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery         | Not a covered benefit.  | None   | None   |
| D3450 | Root amputation – per root  | One per tooth per lifetime for multi-rooted posterior teeth.  | Tooth identification                           | Tooth identification                           |
| D3460 | Endodontic endosseous implant   | Not a covered benefit.  | None   | None   |
| D3470 | Intentional reimplantation (including necessary splinting)  | Individual consideration.   | Tooth identification<br><br>Detailed narrative | Tooth identification<br><br>Detailed narrative |
| D3471 | Surgical repair of root resorption – anterior   | One per tooth root per lifetime. Considered inclusive if submitted with D3410, D3421, D3425, D3426. | Tooth & root identification                    | Tooth & root identification                    |
| D3472 | Surgical repair of root resorption – premolar   | One per tooth root per lifetime. Considered inclusive if submitted with D3410, D3421, D3425, D3426. | Tooth & root identification                    | Tooth & root identification                    |
| D3473 | Surgical repair of root resorption– molar   | One per tooth root per lifetime. Considered inclusive if submitted with D3410, D3421, D3425, D3426. | Tooth & root identification                    | Tooth & root identification                    |
| D3501 | Surgical repair of root surface without apicoectomy or repair of root resorption – anterior                 | Not a covered benefit.  | None   | None   |

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| D3502 | Surgical repair of root surface without apicoectomy or repair of root resorption – premolar | Not a covered benefit.   | None   | None   |
| D3503 | Surgical repair of root surface without apicoectomy or repair of root resorption – molar    | Not a covered benefit.   | None   | None   |
| D3910 | Surgical procedure for isolation of tooth with rubber dam                                   | Not a covered benefit.   | None   | None   |
| D3911 | Intraorifice barrier  | Not a covered benefit.   | None   | None   |
| D3920 | Hemisection (including any root removal), not including root canal therapy                  | One per posterior tooth per lifetime.  | Tooth identification   | Tooth identification   |
| D3921 | Decoronation or submergence of an erupted tooth   | One per tooth per lifetime (D3921 or D7251).   | Tooth identification   | Tooth identification   |
| D3950 | Canal preparation and fitting of preformed dowel or post                                    | Not a covered benefit.   | None   | None   |
| D3999 | Unspecified endodontic procedure, by report   | Individual consideration.  | Tooth identification<br>Detailed narrative<br><br>Current dated pre- and post-operative periapical radiographs | Tooth identification<br>Detailed narrative<br><br>Current dated pre- and post-operative periapical radiographs |
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth-bounded              | One per quadrant per 36 months. An evaluation period of <sup>3</sup> 21 days to assess tissue response must be observed following scaling and root planning before benefits become | Quadrant identification  | Quadrant identification<br><br>Current dated post-Phase I  |

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|       | spaces, per quadrant   | available for soft tissue procedures. A gingivectomy procedure is unusual in the presence of infrabony defects. If reported at any time in preparation and/or temporization phase of teeth for, or in association with restoration/ prostheses, D4210 is considered to be included as part of the global restorative/prosthetic procedure. |  | <p>periodontal charting</p> <p>Current mounted and dated preoperative periapical radiographs. If a current full mouth set of radiographs is not available, submit current (within last year) bitewing and/or periapical radiographs of the treated area)Pre-treatment recommended</p> |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant | One to three teeth per quadrant per 36 months. If reported at any time in preparation and/or temporization phase of tooth for, or in association with restoration/prostheses, D4211 is considered to be included as part of the global restorative/ prosthetic procedure.  | Quadrant identification, including teeth numbers | <p>Quadrant identification</p> <p>Current dated post-Phase I periodontal charting</p> <p>Current mounted and dated preoperative periapical radiographs. If a current full mouth set of radiographs is not available,</p>  |

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|       |   |  |  | submit current (within last year) bitewing and/or periapical radiographs of the treated area)Pre-treatment recommended        |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth                                    | One per tooth per quadrant per 36 months. Not covered on same DOS in association with restoration/ prostheses services.  | Quadrant identification, including teeth numbers | Quadrant identification, including teeth number<br><br>Current mounted and dated preoperative periapical radiographs.         |
| D4230 | Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant                        | Not a covered benefit.   | None   | None  |
| D4231 | Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant                                   | Not a covered benefit.   | None   | None  |
| D4240 | Gingival flap procedure, including root planning – four or more contiguous teeth or tooth-bounded spaces per quadrant | One per quadrant per 36 months. An evaluation period of <sup>3</sup> 28 days to assess tissue response must be observed following scaling and root planning. If scaling and root planning are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for D4341/2. | Quadrant identification                          | Quadrant identification<br><br>Current dated post-phase I periodontal charting<br><br>Current mounted and dated pre-operative |

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|       |   |   |  | <p>periapical radiographs. If a current full mouth set of radiographs is not available, submit current (within last year) bitewing radiographs and/or periapical radiographs of the treated area</p> <p>Pre-treatment recommended</p>  |
| D4241 | Gingival flap procedure, including root planning – one to three contiguous teeth or tooth bounded spaces per quadrant | One to three teeth per quadrant per 36 months. An evaluation period of <sup>3</sup> 28 days to assess tissue response must be observed following scaling and root planning. If scaling and root planning are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for D4341 or D4342 | Quadrant identification, including teeth numbers | <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 radiographs</p> |

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|       |  |  |                         | and/or periapical radiographs of the treated area<br><br>Pre-treatment recommended   |
| D4245 | Apically repositioned flap   | Not a covered benefit.   | None                    | None   |
| D4249 | Clinical crown lengthening – hard tissue. This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. | One per tooth per 60 months. Procedure must alter the crown-to-root ratio and be performed in a healthy periodontal environment to be covered. Non-covered when performed on the same day and by the same provider as a crown preparation /insertion or when performed for aesthetic purposes or in conjunction with osseous surgery in the same quadrant. | Tooth identification    | Tooth identification   |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure ) – four or more contiguous teeth or tooth-bounded spaces per quadrant                               | One per quadrant per 36 months. A waiting period of <sup>3</sup> 28 days should follow periodontal scaling and root planning in order to allow healing and observation of tissue response. If scaling and root planning are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for D4341 or D4342.        | Quadrant identification | Quadrant identification<br><br>Current dated post phase I periodontal charting<br><br>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 |

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|       |  |  |   | <p>periapical radiographs of the treated area</p> <p>Pre-treatment recommended</p>  |
| D4261 | <p>Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant</p> | <p>One to three teeth per quadrant per 36 months. A waiting period of <sup>3</sup> 28 days should follow periodontal scaling and root planning to allow healing and observation of tissue response. If scaling and root planning are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for D4341 or D4342.</p> | <p>Quadrant identification, including teeth numbers</p> | <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 | <p>Bone replacement graft – first site in quadrant</p>   | <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,</p>   | <p>Tooth identification (edentulous spaces do not</p>   | <p>Tooth identification (edentulous spaces do not qualify for this code)</p>  |

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|       |   | cystectomy, sinus augmentation, ridge augmentation, mucogingival grafts or implant procedure.   | qualify for this code)   | Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended  |
| D4264 | Bone replacement graft – each additional site in quadrant                   | 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. | Tooth identification (edentulous spaces do not qualify for this code)        | Tooth identification (edentulous spaces do not qualify for this code)<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | Not a covered benefit.  | None   | None   |
| D4266 | Guided tissue regeneration, natural teeth - resorbable barrier, per site    | 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 use of this code) | Tooth identification (edentulous spaces do not qualify for this code)<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |

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| D4267 | Guided tissue regeneration, natural teeth - non-restorable barrier, per site   | 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 use of this code) | Tooth identification (edentulous spaces do not qualify for this code)<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D7956 | Guided tissue regeneration, edentulous area – resorbable barrier, per site     | Not a covered benefit.  | None   | None   |
| D7957 | Guided tissue regeneration, edentulous area – non-resorbable barrier, per site | Not a covered benefit.  | None   | None   |
| D4268 | Surgical revision procedure, per tooth   | Not a covered benefit.  | None   | None   |
| D4270 | Pedicle soft tissue graft procedure  | One per tooth per 36 months. <b>Grafting for cosmetic purposes is non-covered.</b>  | Tooth identification   | Tooth identification<br><br>Current periodontal charting with amount of attached gingiva indicated<br><br>Pre-treatment recommended  |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient)   | One per site per 36 months on natural teeth only.<br><br>Limited to three teeth per graft site.   | Tooth identification   | Tooth identification<br><br>Current periodontal  |

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|       | surgical sites) first tooth, implant, or edentulous tooth position in graft  |  |                      | charting with amount of attached gingiva indicated<br><br>Pre-treatment recommended  |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures on the same anatomical area)                      | One per site per 36 months. Must be adjacent to edentulous area.                         | Tooth identification | Location<br><br>Current dated post phase I periodontal charting<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | One per site per 36 months on natural teeth only. Limited to three teeth per graft site. | Tooth identification | Tooth identification<br><br>Current periodontal charting with amount of attached gingival indicated<br><br>Pre-treatment recommended                                   |
| D4276 | Combined connective tissue and pedicle graft, per tooth  | One per tooth per 36 months. <b>Grafting for cosmetic purposes is non-covered.</b>       | Tooth identification | Tooth identification<br><br>Current periodontal charting with amount of attached   |

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|       |  |  |                      | gingival indicated<br><br>Pre-treatment recommended  |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical site) first tooth, implant or edentulous tooth position in graft.   | One per site per 36 months on natural teeth only. Limited to three teeth per graft site. | Tooth identification | Tooth identification<br><br>Current periodontal charting with amount of attached gingival indicated<br><br>Pre-treatment recommended |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft   | One per site per 36 months on natural teeth only. Limited to three teeth per graft site. | Tooth identification | Tooth identification<br><br>Current periodontal charting with amount of attached gingival indicated<br><br>Pre-treatment recommended |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site | Each additional tooth, up to three teeth total in graft.                                 | Tooth identification | Tooth identification<br><br>Current periodontal charting with amount of attached gingival indicated<br><br>Pre-treatment recommended |

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| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | Each additional tooth, up to three teeth total in graft.  | Tooth identification  | Tooth identification<br><br>Current periodontal charting with amount of attached gingival indicated<br><br>Pre-treatment recommended |
| D4286 | Removal of non-resorbable barrier   | Considered inclusive of D4267, not a covered benefit in any other circumstance.   | Tooth identification  | Tooth identification   |
| D4322 | Splint – intra-coronal; natural teeth or prosthetic crowns  | Not a covered benefit   | None  | None   |
| D4323 | Splint – extra-coronal; natural teeth or prosthetic crowns  | Not a covered benefit   | None  | None   |
| D4341 | Periodontal scaling and root planning – four or more teeth per quadrant   | One per quadrant per 24 months. Gross debridement of calculus and polishing of all teeth are considered part of this procedure. | Quadrant identification<br><br>For D4342, include teeth numbers | Quadrant identification<br><br>For D4342, include teeth numbers  |
| D4342 | Periodontal scaling and root planning – one to three teeth per quadrant   | One per quadrant per 24 months. Gross debridement of calculus and polishing of all teeth are considered part of this procedure. | Quadrant identification<br><br>For D4342, include teeth numbers | Quadrant identification<br><br>For D4342, include teeth numbers  |
| D4346 | Scaling in the presence of generalized moderate or severe   | Covered interchangeably with D1110. Held to the same frequencies and allowable as D1110.  | None  | None   |

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|       | gingival inflammation – full mouth   |  |                     |   |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit            | Not a covered benefit.   | None                | None  |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | One treatment per tooth per 24 months. Up to 3 teeth per quadrant with 5-6 mm pocket depths and bleeding on probing, with or subsequent to active and maintained periodontal treatment. Should not be used to treat generalized disease. Not covered for treatment of periodontal abscess. | Detailed narrative  | Detailed narrative<br><br>Periodontal charting<br><br>Tooth/teeth number(s) |
| D4910 | Periodontal maintenance  | One per 3 months following active periodontal treatment. There must be at least three months between a periodontal maintenance cleaning and any other cleanings.   | None                | None  |
| D4920 | Unscheduled dressing change (by person other than treating dentist or staff)   | Not a covered benefit.<br><br>One per quadrant per 36 months.*   | None                | None  |
| D4921 | Gingival irrigation with a medicinal agent – per quadrant  | Not a covered benefit.   | None                | None  |
| D4999 | Unspecified periodontal procedure, by report   | Individual consideration. Adjunctive periodontal diagnostic testing (sulcular temperature; biochemical markers, microbiological tests, etc.) is included in fee for diagnostic evaluation, not covered as a separate procedure.  | Detailed narrative  | Detailed narrative  |
| D5110 | Complete denture – maxillary   | One per arch per 60 months. Not covered if D5130, D5211, D5213, D5221, D5223, D5225, or D5227 was reported within 5 years.   | Arch identification | Arch identification   |

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| D5120 | Complete denture – mandibular  | One per arch per 60 months. Not covered if D5140, D5212, D5214, D5222, D5224, D5226, or D5228 was reported within 5 years. | Arch identification | Arch identification |
| D5130 | Immediate denture – maxillary  | One per arch per lifetime.   | Arch identification | Arch identification |
| D5140 | Immediate denture – mandibular   | One per arch per lifetime.   | Arch identification | Arch identification |
| D5211 | Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)                                    | One per arch per 60 months for members age 16+.<br>One per arch per 60 months.*  | Arch identification | Arch identification |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)                                   | One per arch per 60 months for members age 16+.<br>One per arch per 60 months.*  | Arch identification | Arch identification |
| D5213 | Maxillary partial denture – cast metal framework with resin denture bases (including retentive /clasping materials, rests and teeth) | One per arch per 60 months for members age 16+.<br>One per arch per 60 months.*  | Arch identification | Arch identification |
| D5214 | Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | One per arch per 60 months for members age 16+.<br>One per arch per 60 months.*  | Arch identification | Arch identification |
| D5221 | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)                          | One per arch per 60 months for members age 16+.  | Arch identification | Arch identification |

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| D5222 | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)                                   | One per arch per 60 months for members age 16+.                                     | Arch identification | Arch identification |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth) | One per arch per 60 months for members age 16+.                                     | Arch identification | 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 60 months for members age 16+.                                     | Arch identification | Arch identification |
| D5225 | Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)  | One per arch per 60 months for members age 16+.<br><br>One per arch per 60 months.* | Arch identification | Arch identification |
| D5226 | Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)   | One per arch per 60 months for members age 16+.<br><br>One per arch per 60 months.* | Arch identification | Arch identification |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)  | One per arch per 60 months for members age 16+.                                     | Arch identification | Arch identification |
| D5228 | Immediate mandibular partial denture - flexible  | One per arch per 60 months for members age 16+.                                     | Arch identification | Arch identification |

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|       | base (including any clasps, rests and teeth)   |   |                     |                     |
| D5282 | Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary       | One per arch per 60 months for members age 16+.   | Arch identification | Arch identification |
| D5283 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular      | One per arch per 60 months for members age 16+.   | Arch identification | Arch identification |
| D5284 | Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth), per quadrant | One per arch per 60 months for members 16 +.  | Arch identification | Arch identification |
| D5286 | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth), per quadrant         | One per arch per 60 months for members 16 +.  | Arch identification | Arch identification |
| D5410 | Adjust complete denture – maxillary  | Considered part of routine post-delivery care for complete and partial denture for the first 90 days. One per arch per 12 months. | None                | None                |
| D5411 | Adjust complete denture – mandibular   | Considered part of routine post-delivery care for complete and partial denture for the first 90 days. One per arch per 12 months. | None                | None                |
| D5421 | Adjust partial denture – maxillary   | Considered part of routine post-delivery care for complete and partial denture for the first 90 days. One per arch per 12 months. | None                | None                |

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| D5422 | Adjust partial denture – mandibular                               | Considered part of routine post-delivery care for complete and partial denture for the first 90 days. One per arch per 12 months. | None                 | None                 |
| D5511 | Repair broken complete denture base, mandibular                   | One per arch per 12 months.   | Arch identification  | Arch identification  |
| D5512 | Repair broken complete denture base, maxillary                    | One per arch per 12 months.   | Arch identification  | Arch identification  |
| D5520 | Replace missing or broken teeth – complete denture (each tooth)   | One per tooth per 12 months.  | Tooth identification | Tooth identification |
| D5611 | Repair resin partial denture base, mandibular                     | One per arch per 12 months.   | Arch identification  | Arch identification  |
| D5612 | Repair resin partial denture base, maxillary                      | One per arch per 12 months.   | Arch identification  | Arch identification  |
| D5621 | Repair cast partial framework, mandibular                         | One per arch per 12 months.   | Arch identification  | Arch identification  |
| D5622 | Repair cast partial framework, maxillary                          | One per arch per 12 months.   | Arch identification  | Arch identification  |
| D5630 | Repair or replace broken retentive clasping materials - per tooth | One per tooth per 12 months.  | Tooth identification | Tooth identification |
| D5640 | Repair broken teeth – per tooth                                   | One per tooth per 12 months.  | Tooth identification | Tooth identification |
| D5650 | Add tooth to existing partial denture                             | One per tooth per 12 months.  | Tooth identification | Tooth identification |
| D5660 | Add clasp to existing partial denture per tooth                   | One per tooth per 12 months.  | Tooth identification | Tooth identification |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | One per arch per lifetime.  | Arch identification  | Arch identification  |

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| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | One per arch per lifetime.  | Arch identification | Arch identification |
| D5710 | Rebase complete maxillary denture                                  | One per arch per 36 months.<br>Adjustments are considered part of routine post-delivery care for complete and partial denture rebases for the first 90 days.<br><br>Up to age 19: One per arch per 24 months per patient.*<br><br>Ages 19+: one per arch per 36 months* | Arch identification | Arch identification |
| D5711 | Rebase complete mandibular denture                                 | One per arch per 36 months.<br>Adjustments are considered part of routine post-delivery care for complete and partial denture rebases for the first 90 days.<br><br>Up to age 19: One per arch per 24 months per patient.*<br><br>Ages 19+: one per arch per 36 months* | Arch identification | Arch identification |
| D5720 | Rebase maxillary partial denture                                   | One per arch per 36 months.<br>Adjustments are considered part of routine post-delivery care for complete and partial denture rebases for the first 90 days.<br><br>Up to age 19: One per arch per 24 months per patient.*<br><br>Ages 19+: one per arch per 36 months* | Arch identification | Arch identification |
| D5721 | Rebase mandibular partial denture                                  | One per arch per 36 months.<br>Adjustments are considered part of routine post-delivery care for complete and partial denture rebases for the first 90 days.<br><br>Up to age 19: One per arch per 24 months per patient.*  | Arch identification | Arch identification |

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|       |   | Ages 19+: one per arch per 36 months*   |                     |                     |
| D5725 | Rebase hybrid prosthesis                    | <p>One per arch per 36 months. Adjustments are considered part of routine post-delivery care for complete and partial denture rebases for the first 90 days.</p> <p>Up to age 19: One per arch per 24 months per patient.*</p> <p>Ages 19+: one per arch per 36 months*</p>   | Arch identification | Arch identification |
| D5730 | Reline complete maxillary denture (direct)  | <p>One per arch per 24 months for direct relines.</p> <p>One per arch per 36 months for indirect relines.</p> <p>Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days.</p> <p>D5750, D5751, D5760, D5761:<br/>Up to age 19: one per arch per 24 months</p> <p>Ages 19+: one per arch per 36 months*</p> | Arch identification | Arch identification |
| D5731 | Reline complete mandibular denture (direct) | <p>One per arch per 24 months for direct relines.</p> <p>One per arch per 36 months for indirect relines.</p> <p>Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days.</p> <p>D5750, D5751, D5760, D5761:<br/>Up to age 19: one per arch per 24 months</p> <p>Ages 19+: one per arch per 36 months*</p> | Arch identification | Arch identification |

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| D5740 | Reline maxillary partial denture (direct)    | <p>One per arch per 24 months for direct relines.</p> <p>One per arch per 36 months for indirect relines.</p> <p>Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days.</p> <p>D5750, D5751, D5760, D5761:<br/>Up to age 19: one per arch per 24 months</p> <p>Ages 19+: one per arch per 36 months*</p> | Arch identification | Arch identification |
| D5741 | Reline mandibular partial denture (direct)   | <p>One per arch per 24 months for direct relines.</p> <p>One per arch per 36 months for indirect relines.</p> <p>Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days.</p> <p>D5750, D5751, D5760, D5761:<br/>Up to age 19: one per arch per 24 months</p> <p>Ages 19+: one per arch per 36 months*</p> | Arch identification | Arch identification |
| D5750 | Reline complete maxillary denture (indirect) | <p>One per arch per 24 months for direct relines.</p> <p>One per arch per 36 months for indirect relines.</p> <p>Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days.</p>  | Arch identification | Arch identification |

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|       |   | <p>D5750, D5751, D5760, D5761:<br/>Up to age 19: one per arch per 24 months</p> <p>Ages 19+: one per arch per 36 months*</p>  |                     |                     |
| D5751 | Reline complete mandibular denture (indirect) | <p>One per arch per 24 months for direct relines.</p> <p>One per arch per 36 months for indirect relines.</p> <p>Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days.</p> <p>D5750, D5751, D5760, D5761:<br/>Up to age 19: one per arch per 24 months</p> <p>Ages 19+: one per arch per 36 months*</p> | Arch identification | Arch identification |
| D5760 | Reline maxillary partial denture (indirect)   | <p>One per arch per 24 months for direct relines.</p> <p>One per arch per 36 months for indirect relines.</p> <p>Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days.</p> <p>D5750, D5751, D5760, D5761:<br/>Up to age 19: one per arch per 24 months</p> <p>Ages 19+: one per arch per 36 months*</p> | Arch identification | Arch identification |
| D5761 | Reline mandibular partial denture (indirect)  | <p>One per arch per 24 months for direct relines.</p> <p>One per arch per 36 months for indirect relines.</p>   | Arch identification | Arch identification |

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|       |   | Adjustments are considered part of routine post-delivery care for complete and partial denture relines for the first 90 days.<br><br>D5750, D5751, D5760, D5761:<br>Up to age 19: one per arch per 24 months<br><br>Ages 19+: one per arch per 36 months* |                            |                            |
| D5810 | Interim complete denture (maxillary)  | Not a covered benefit   | None.                      | None.                      |
| D5811 | Interim complete denture (mandibular)   | Not a covered benefit   | None                       | None                       |
| D5820 | Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary  | One per lifetime per arch. Temporary stay-plate covered when inserted immediately after extraction of anterior tooth 6-11 or loss of anterior tooth due to traumatic injury.  | Tooth/teeth being replaced | Tooth/teeth being replaced |
| D5821 | Interim partial denture (including retentive/clasping materials, rests and teeth), mandibular | One per lifetime per arch. Temporary stay-plate covered when inserted immediately after extraction of anterior tooth 22-27 or loss of anterior tooth due to traumatic injury.   | Tooth/teeth being replaced | Tooth/teeth being replaced |
| D5765 | Soft liner for complete or partial removable denture – indirect                               | One per arch per 36 months.<br><br>Up to age 19: one per arch per 24 months<br>Ages 19+: one per arch per 36 months*  | Arch identification        | Arch identification        |
| D5850 | Tissue conditioning, maxillary  | One per denture per 36 months. Not covered if performed within 90 days after the delivery of a full or partial denture, rebase, or relines.   | None                       | None                       |
| D5851 | Tissue conditioning, mandibular   | One per denture per 36 months. Not covered if performed within 90 days after the delivery of a full or partial denture, rebase, or relines.   | None                       | None                       |
| D5862 | Precision attachment, by report   | Not a covered benefit.  | None                       | None                       |

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| D5863 | Overdenture – complete maxillary  | One per upper arch per 60 mont hs. Will reject if history of upper complete or upper partial denture in past 60 months. Endodontic therapy or copings placed on remaining teeth are not covered for members age 16+. | Arch identificati on | Arch identification |
| D5864 | Overdenture – partial maxillary   | One per upper arch per 60 mont hs. Will reject if history of upper partial denture in past 60 mont hs. Endodontic therapy or copings placed on remaining teeth are not covered for members age 16+.                  | Arch identificati on | Arch identification |
| D5865 | Overdenture – complete mandibular   | One per lower arch per 60 mont hs. Will reject if history of lower complete or lower partial denture in past 60 months. Endodontic therapy or copings placed on remaining teeth are not covered for members age 16+. | Arch identificati on | Arch identification |
| D5866 | Overdenture – partial mandibular  | One per lower arch per 60 months. Will reject if history of lower complete or lower partial denture in past 60 months. Endodontic therapy or copings placed on remaining teeth are not covered for members age 16+.  | Arch identificati on | Arch identification |
| D5867 | Replacement of replaceable part of semi-precision or precisionattachment , per attachment                               | Not a covered benefit  | None                 | None                |
| D5875 | Modification of removable prosthesis following implant surgery. Attachment assemblies are reported using separate codes | Not a covered benefit.   | None                 | None                |
| D5876 | Add metal substructure to acrylic full denture (per arch)   | Not a covered benefit.   | None                 | None                |

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| D5899 | Unspecified removable prosthodontic procedure, by report | Individual consideration.  | Detailed narrative | Detailed narrative |
| D5911 | Facial moulage (sectional)                               | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5912 | Facial moulage (complete)                                | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5913 | Nasal prosthesis   | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5914 | Auricula prosthesis                                      | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5915 | Orbital prosthesis                                       | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5916 | Ocular prosthesis  | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5919 | Facial prosthesis  | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5922 | Nasal septal prosthesis                                  | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5923 | Ocular prosthesis, interim                               | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5924 | Cranial prosthesis                                       | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |

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| D5925 | Facial augmentation implant prosthesis               | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5926 | Nasal prosthesis, replacement                        | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5927 | Auricular prosthesis, replacement                    | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5928 | Orbital prosthesis, replacement                      | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5929 | Facial prosthesis, replacement                       | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5931 | Obturator prosthesis, surgical                       | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5932 | Obturator prosthesis, definitive                     | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5933 | Obturator prosthesis, modification                   | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5934 | Mandibular resection prosthesis with guide flange    | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5935 | Mandibular resection prosthesis without guide flange | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5936 | Obturator prosthesis, interim                        | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |

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| D5937 | Trismus appliance (not for TMD treatment) | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5951 | Feeding aid                               | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5958 | Palatal lift prosthesis, interim          | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5959 | Palatal lift prosthesis, modification     | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5960 | Speech aid prosthesis, modification       | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5982 | Surgical stent                            | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5983 | Radiation carrier                         | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5984 | Radiation shield                          | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5985 | Radiation cone locator                    | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5986 | Fluoride gel carrier                      | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |
| D5987 | Commissure splint                         | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None | None |

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| D5988 | Surgical splint  | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5991 | Vesiculobullous disease medicament carrier   | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5992 | Adjust maxillofacial prosthetic appliance, by report   | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5993 | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report | Not a covered benefit under BCBSMA dental plans. Please refer to the patient's medical plan for possible benefit coverage. | None               | None               |
| D5995 | Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary                                 | Not a covered benefit  | None               | None               |
| D5996 | Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular                                | Not a covered benefit  | None               | None               |
| D5999 | Unspecified maxillofacial prosthesis, by report  | Individual consideration.  | Detailed narrative | Detailed narrative |
| D6190 | Radiographic/surgical implant index, by report   | Not a covered benefit.   | None               | None               |
| D6191 | Semi-precision abutment – placement This procedure is the initial placement or replacement of a semiprecision          | Not a covered benefit.   | None               | None               |

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|       | abutment on the implant body  |   |                           |  |
| D6192 | Semi-precision attachment – placement This procedure involves the luting of the initial or replacement semiprecision attachment to the removable prosthesis | Not a covered benefit.  | None                      | None   |
| D6010 | Surgical placement of implant body, endosteal implant   | One per permanent tooth (excluding third molars) per 60 months for members age 16 and over.   | Tooth area identification | Tooth area identification<br><br>Current dated pre-operative periapical radiograph |
| D6011 | Surgical access to an implant body (Second stage implant surgery)   | One per tooth per 60 months for members age 16 and over.<br><br>Once per 60 months*   | Tooth identification      | Tooth identification   |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant   | Not a covered benefit.  | None                      | None   |
| D6013 | Surgical placement of mini implant  | One per tooth per 60 months for members age 16 and over. Limit two per arch. Allowed in edentulous arch as components of an overdenture.<br><br>Once per 60 months. Limit two per arch. Allowed in edentulous arch as components of an overdenture for members 16+. * | Tooth identification      | Tooth area identification<br><br>Current dated pre-operative periapical radiograph |
| D6040 | Surgical placement, eposteal implant  | Not a covered benefit.  | None                      | None   |
| D6050 | Surgical placement, transosteal implant   | Not a covered benefit.  | None                      | None   |
| D6051 | Interim implant abutment placement  | Not a covered benefit.  | None                      | None   |

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| D6055 | Connecting bar – implant supported or abutment supported   | Covered by rider only.<br>Not a covered benefit*   | Arch identification       | Arch identification<br><br>Current dated pre-operative periapical radiograph<br><br>Detailed narrative |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | Not a covered benefit.   | None                      | None   |
| D6085 | Interim implant crown  | Not a covered benefit.   | None                      | None   |
| D6096 | Remove broken implant retaining screw  | Covered under implant rider only.  | Tooth area identification | Tooth area identification  |
| D6100 | Surgical removal of implant body   | One per permanent tooth (excluding third molars) per lifetime for members age 16 and over (either D6100 or D6105). | Tooth area identification | Tooth area identification  |
| D6101 | Debridement of a peri-implant defect or defects surrounding a single implant and surface cleaning of exposed implant surfaces, including flap entry and closure      | Not a covered benefit.   | None                      | None   |
| D6102 | Debridement and osseous contouring of a peri-implant defect; or defects surrounding a single implant and   | Not a covered benefit.   | None                      | None   |

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|       | includes surface cleaning of exposed implant surfaces including flap entry and closure |  |                           |                           |
| D6103 | Bone graft for repair of peri-implant defect – does not include flap entry and closure | Not a covered benefit.   | None                      | None                      |
| D6104 | Bone graft at time of implant placement  | Not a covered benefit.   | None                      | None                      |
| D6105 | Removal of implant body not requiring bone removal nor flap elevation                  | One per permanent tooth (excluding third molars) per lifetime for members age 16 and over (either D6100 or D6105). | Tooth area identification | Tooth area identification |
| D6106 | Guided tissue regeneration – resorbable barrier, per implant                           | Not a covered benefit.   | None                      | None                      |
| D6107 | Guided tissue regeneration – non-resorbable barrier, per implant                       | Not a covered benefit.   | None                      | None                      |
| D6110 | Implant/abutment supported removable denture for edentulous arch – maxillary           | Once per 60 months.  | Arch identification       | Arch identification       |
| D6111 | Implant/abutment supported removable denture for edentulous arch – mandibular          | Once per 60 months.  | Arch identification       | Arch identification       |
| D6112 | Implant/abutment supported removable denture for partially edentulous arch – maxillary | Once per 60 months.  | Arch identification       | Arch identification       |
| D6113 | Implant /abutment supported removable denture for partially                            | Once per 60 months.  | Arch identification       | Arch identification       |

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|       | edentulous arch – mandibular  |  |                      |  |
| D6114 | Implant/abutment supported fixed denture for edentulous arch – maxillary  | Covered by rider only.   | None                 | None   |
| D6115 | Implant/abutment supported fixed denture for edentulous arch – mandibular   | Covered by rider only.   | None                 | None   |
| D6116 | Implant /abutment supported fixed denture for partially edentulous arch – maxillary   | Covered by rider only.   | None                 | None   |
| D6117 | Implant /abutment supported fixed denture for partially edentulous arch – mandibular  | Covered by rider only.   | None                 | None   |
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch – mandibular   | Not a covered benefit.   | Arch identification  | Arch identification                                    |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch – maxillary  | Not a covered benefit.   | Arch identification  | Arch identification                                    |
| D6197 | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | For members age 16 and older, one per tooth per 6 months when done within 3 months of an implant repair (D6090, D6095 or D6096) on the same tooth. | Tooth identification | Tooth identification                                   |
| D6051 | Interim abutment  | Not a covered benefit.   | None                 | None   |
| D6055 | Connecting bar – implant supported or abutment supported  | Covered by rider only.<br><br>Not a covered benefit*   | Arch identification  | Arch identification<br><br>Current dated pre-operative |

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|       |   |  |                           | periapical radiograph<br><br>Detailed narrative   |
| D6056 | Prefabricated abutment – includes modification and placement  | One per implant per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current dated pre-operative periapical radiograph<br><br>Detailed narrative                    |
| D6057 | Custom fabricated abutment – includes placement   | One per implant per 60 months for members age 16 and older. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current dated pre-operative periapical radiograph<br><br>Detailed narrative                    |
| D6058 | Abutment supported porcelain/ ceramic crown. A single crown restoration that is retained, supported and stabilized by an abutment on an implant | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion.          | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal). A single metal-ceramic crown restoration that is retained, supported, and | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion.          | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs                                  |

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|       | stabilized by an abutment on an implant  |   |                           | Pre-treatment recommended   |
| D6060 | Abutment-supported porcelain fused to metal crown (predominantly base metal). A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant. | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended |
| D6061 | Abutment-supported porcelain fused to metal crown (noble metal) A single metal-ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.               | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended |
| 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.                       | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended |
| D6063 | Abutment-supported cast-metal crown (predominantly base metal). A single metal-  | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-  |

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|       | ceramic crown restoration that is retained, supported, and stabilized by an abutment on an implant.  |   |                           | implant periapical radiographs<br><br>Pre-treatment recommended   |
| 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. | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended |
| D6094 | Abutment supported crown, titanium and titanium alloy  | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended |
| D6097 | Abutment supported crown, porcelain fused to titanium or titanium alloys   | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended |
| D6065 | Implant-supported porcelain/ ceramic crown. A single crown restoration   | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification   |

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|       | that is retained, supported, and stabilized by an implant.   |   |                           | Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended<br><br>Consultant review                                  |
| D6066 | Implant-supported crown – porcelain fused to high noble alloys. A single metal-ceramic crown restoration that is retained, supported and stabilized by an implant. | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended<br><br>Consultant review |
| D6067 | Implant supported crown – high noble alloys. A single cast metal or milled crown restoration that is retained, supported, and stabilized by an implant.            | One per implant per 60 months for members age 16+. Includes preparation, impression, temporary restoration and insertion. | Tooth area identification | Tooth area identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended<br><br>Consultant review |
| D6082 | Implant supported crown – porcelain fused to predominately base alloys. A single   | One per implant per 60 months for members 16 +.   | Tooth area identification | Tooth area identification<br><br>Current mounted and   |

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|       | <p>crown restoration that is retained, supported, and stabilized by an implant.</p>   |  |                                  | <p>dated post-implant periapical radiographs</p> <p>Pre-treatment recommended</p> <p>Consultant review</p>  |
| D6083 | <p>Implant supported crown – porcelain fused to noble alloys. A single crown restoration that is retained, supported, and stabilized by an implant.</p>                 | <p>One per implant per 60 months for members 16 +.</p> | <p>Tooth area identification</p> | <p>Tooth area identification</p> <p>Current mounted and dated post-implant periapical radiographs</p> <p>Pre-treatment recommended</p> <p>Consultant review</p> |
| D6084 | <p>Implant supported crown – porcelain fused to titanium and titanium alloys. A single crown restoration that is retained, supported, and stabilized by an implant.</p> | <p>One per implant per 60 months for members 16 +.</p> | <p>Tooth area identification</p> | <p>Tooth area identification</p> <p>Current mounted and dated post-implant periapical radiographs</p> <p>Pre-treatment recommended</p> <p>Consultant review</p> |
| D6086 | <p>Implant supported crown – predominately base alloys. A single crown restoration that is retained, supported, and</p>   | <p>One per implant per 60 months for members 16 +.</p> | <p>Tooth identification</p>      | <p>Tooth identification</p> <p>Current mounted and dated post-implant</p>   |

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|       | stabilized by an implant.   |  |                           | periapical radiographs<br><br>Pre-treatment recommended<br><br>Consultant review  |
| D6087 | Implant supported crown – noble alloys. A single crown restoration that is retained, supported, and stabilized by an implant.                 | One per implant per 60 months for members 16 +.        | Tooth identification      | Tooth identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended<br><br>Consultant review |
| D6088 | Implant supported crown – titanium and titanium alloys. A single crown restoration that is retained, supported, and stabilized by an implant. | One per implant per 60 months for members 16 +.        | Tooth identification      | Tooth identification<br><br>Current mounted and dated post-implant periapical radiographs<br><br>Pre-treatment recommended<br><br>Consultant review |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD. A ceramic retainer for a fixed partial denture that gains retention, support and       | Not a covered benefit, either with or without a rider. | Tooth area identification | Tooth area identification   |

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|       | stability from an abutment on an implant.   |  |                           |                           |
| D6069 | Abutment-supported retainer for porcelain fused to metal FPD (high noble metal) A metal-ceramic retainer for a fixed partial denture that gains retention, support, and stability from an abutment on an implant.           | Not a covered benefit, either with or without a rider. | Tooth area identification | Tooth area identification |
| 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, either with or without a rider. | Tooth area identification | Tooth area identification |
| D6071 | Abutment-supported retainer for porcelain fused to metal FPD (noble metal)  | Not a covered benefit, either with or without a rider. | Tooth area identification | Tooth area identification |
| D6072 | Abutment-supported retainer for cast metal FPD (high noble metal)   | Not a covered benefit, either with or without a rider. | Tooth area identification | Tooth area identification |
| D6073 | Abutment-supported retainer for cast metal FPD (predominately base metal)   | Not a covered benefit, either with or without a rider. | Tooth area identification | Tooth area identification |

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| D6074 | Abutment-supported retainer for cast metal FPD (noble metal)                       | Not a covered benefit, either with or without a rider. | Tooth area identification | Tooth area identification |
| D6194 | Abutment supported retainer crown for FPD - titanium and titanium alloys           | Not a covered benefit.                                 | None                      | None                      |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys      | Not a covered benefit.                                 | None                      | None                      |
| D6075 | Implant-supported retainer for ceramic FPD   | Not a covered benefit.                                 | Tooth area identification | Tooth area identification |
| D6076 | Implant-supported retainer for FPD-porcelain fused to high noble alloys            | Not a covered benefit.                                 | Tooth area identification | Tooth area identification |
| D6077 | Implant-supported retainer for metal FPD – high noble alloys                       | Not a covered benefit.                                 | Tooth area identification | Tooth area identification |
| D6098 | Implant supported retainer – porcelain fused to predominately base alloys          | Not a covered benefit.                                 | Tooth area identification | Tooth area identification |
| D6099 | Implant supported retainer for FPD – porcelain fused to noble alloys               | Not a covered benefit.                                 | Tooth area identification | Tooth area identification |
| D6120 | Implant supported retainer for FPD-porcelain fused to titanium and titanium alloys | Not a covered benefit.                                 | Tooth area identification | Tooth area identification |
| D6121 | Implant supported retainer for metal FPD – predominately based alloys              | Not a covered benefit.                                 | Tooth area identification | Tooth area identification |

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| D6122 | Implant supported retainer for metal FPD – noble alloys  | Not a covered benefit.                                     | Tooth area identification | Tooth area identification  |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys  | Not a covered benefit.                                     | Tooth area identification | Tooth area identification  |
| D6080 | Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments         | Covered by rider only.                                     | Arch identification       | Arch identification<br><br>Current dated pre-operative periapical radiograph |
| D6090 | Repair implant supported prosthesis, by report   | One per arch per 6 months for members age 16 and older.    | Arch identification       | Detailed narrative   |
| D6095 | Repair implant abutment, by report   | One per tooth per 6 months for members age 16 and older.   | Tooth area identification | Tooth area identification  |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment | Not a covered benefit.                                     | Tooth identification      | Tooth identification   |
| D6092 | Recement or re-bond implant/abutment-supported crown   | One per tooth per 12 months for members age 16 and older.  | Tooth identification      | Tooth identification   |
| D6093 | Recement or re-bond implant/abutment-supported fixed partial denture   | One per bridge per 12 months for members age 16 and older. | Tooth identification      | Tooth identification   |
| D6198 | Remove interim implant component   | Not a covered benefit.                                     | None                      | None   |
| D6199 | Unspecified implant procedure, by report   | Individual consideration.<br><br>Not a covered benefit*    | Detailed narrative        | Detailed narrative   |

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| D6205 | Pontic – indirect resin-based composite | Not a covered benefit.   | None                 | None   |
| D6210 | Pontic – cast high noble                | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6211 | Pontic – cast predominantly base metal  | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of</p>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |                                       | <p>an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p>  |                      |  |
| D6212 | Pontic – cast noble metal             | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6214 | Pontic – titanium and titanium alloys | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care</p>   | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p>                                  |

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|       |  | <p>indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p>   |                      | Pre-treatment recommended  |
| D6240 | Pontic – porcelain fused to high noble metal         | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6241 | Pontic – porcelain fused to predominantly base metal | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal</p>   | Tooth identification | Tooth identification   |

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|       |   | <p>complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p>   |                      | <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p>                             |
| D6242 | Pontic – porcelain fused to noble metal | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |   | tooth per 60 months for members age 16+   |                      |  |
| D6243 | Pontic -porcelain fused to titanium and titanium alloys | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251,D6252: One per absent tooth per 60 months for members age 16+</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6245 | Pontic – porcelain/ceramic                              | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of</p>   | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |

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|       |  | <p>an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p>  |                      |  |
| D6250 | Pontic – resin with high noble metal         | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6251 | Pontic – resin with predominantly base metal | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care</p>   | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p>                                  |

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|       |   | <p>indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p>   |                      | Pre-treatment recommended  |
| D6252 | Pontic – resin with noble metal   | <p>One per absent tooth per 60 months for members age 16 and over. Pontics to replace an impacted tooth or a space beyond the normal complement of teeth due to a diastema or drifting are not covered. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Our current clinical standard of care indicating the utilization of a cantilever pontic in the natural dentition is for the replacement of a missing lateral incisor supported by a natural canine, or canine and premolar. Not covered when part of an implant-supported fixed prosthesis.</p> <p>D6241: Once per 60 months per patient for all ages*</p> <p>D6242, D6245, D6250, D6251, D6252: One per absent tooth per 60 months for members age 16+</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6253 | Interim pontic - further treatment or completion of diagnosis necessary | Individual consideration. Not to be used as a temporary crown/bridge for routine fixed partial denture restorations.   | Tooth identification | Tooth identification   |

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|       | prior to final impression                                       | Not a covered benefit*  |                      | Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended<br><br>Detailed narrative                             |
| D6545 | Retainer – cast metal for resin-bonded fixed prosthesis         | One per tooth per 60 months for members age 16+. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.               | Tooth identification | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended<br><br>Detailed narrative |
| D6548 | Retainer – porcelain/ ceramic for resin-bonded fixed prosthesis | One per tooth per 60 months for members age 16+. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.               | Tooth identification | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended<br><br>Detailed narrative |
| D6549 | Resin retainer – for resin bonded fixed prosthesis              | One restoration per permanent tooth per 60 months for members age 16+. Not covered if history of any other prosthetic restoration on the same tooth within 60 months. | Tooth identification | Tooth identification<br><br>Current mounted and   |

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|       |   |   |  | dated pre-operative periapical radiographs<br><br>Pre-treatment recommended   |
| D6600 | Retainer inlay – porcelain/ ceramic, two surfaces           | One per tooth per 60 months for members age 16 and older. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6601 | Retainer inlay – porcelain/ ceramic, three or more surfaces | One per tooth per 60 months for members age 16 and older. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6602 | Retainer inlay – cast high noble, two surfaces              | One per tooth per 60 months for members age 16 and older. | Tooth identification<br><br>Surface identification | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |

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| D6603 | Retainer inlay – cast high noble metal, three or more surfaces         | One per tooth per 60 months for members age 16 and older.   | Tooth identification<br><br>Surface identification  | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6604 | Retainer inlay – cast predominantly base metal, two surfaces           | One per tooth per 60 months for members age 16 and over. Inlays pay as an alternate benefit to the corresponding amalgam restoration. | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6605 | Retainer inlay – cast predominantly base metal, three or more surfaces | One per tooth per 60 months for members age 16 and over. Inlays pay as an alternate benefit to the corresponding amalgam restoration. | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |

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| D6606 | Retainer inlay – cast noble metal, 2 surfaces             | One per tooth per 60 months for members age 16 and over. Inlays pay as an alternate benefit to the corresponding amalgam restoration. | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6607 | Retainer inlay – cast noble metal, three or more surfaces | One per tooth per 60 months for members age 16 and over. Inlays pay as an alternate benefit to the corresponding amalgam restoration. | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6624 | Inlay – titanium  | One per tooth per 60 months for members age 16 and over. Inlays pay as an alternate benefit to the corresponding amalgam restoration. | Tooth identification<br><br>Current mounted and dated pre-operative periapical  | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |

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|       |   |   | radiographs<br><br>Pre-treatment recommended                                    |  |
| D6608 | Retainer onlay – porcelain/ceramic, two surfaces            | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. | Tooth identification<br><br>Surface identification –must include B or L surface | Tooth identification<br><br>Surface identification –must include B or L surface<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6609 | Retainer onlay – porcelain/ ceramic, three or more surfaces | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. | Tooth identification<br><br>Surface identification –must include B or L surface | Tooth identification<br><br>Surface identification –must include B or L surface<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6610 | Retainer onlay – cast high-noble metal, two surfaces        | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. | Tooth identification<br><br>Surface identification                              | Tooth identification<br><br>Surface identification   |

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|       |  |   | on –must include B or L surface   | –must include B or L surface<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended  |
| D6611 | Retainer onlay – cast high-noble metal, three or more surfaces | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. | Tooth identification<br><br>Surface identification –must include B or L surface | Tooth identification<br><br>Surface identification –must include B or L surface<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6612 | Retainer onlay – cast predominantly base metal, two surfaces   | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. | Tooth identification<br><br>Surface identification –must include B or L surface | Tooth identification<br><br>Surface identification –must include B or L surface<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |

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| D6613 | Retainer onlay – cast predominantly base metal, three or more surfaces | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. | Tooth identification<br><br>Surface identification –must include B or L surface | Tooth identification<br><br>Surface identification –must include B or L surface<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6614 | Retainer onlay – cast noble metal, two surfaces                        | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. | Tooth identification<br><br>Surface identification –must include B or L surface | Tooth identification<br><br>Surface identification –must include B or L surface<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6615 | Retainer onlay – cast noble metal, three or more surfaces              | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. | Tooth identification<br><br>Surface identification –must include B or L surface | Tooth identification<br><br>Surface identification –must include B or L surface<br><br>Current mounted and dated pre-operative   |

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|       |  |  |   | periapical radiographs<br><br>Pre-treatment recommended  |
| D6634 | Retainer onlay - titanium                            | One per tooth per 60 months for members 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.  | Tooth identification<br><br>Surface identification –must include B or L surface | Tooth identification<br><br>Surface identification –must include B or L surface<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6710 | Retainer crown – indirect resin-based composite      | Not a covered benefit.   | None  | None   |
| D6720 | Retainer crown – resin with high noble metal         | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.<br><br>Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.<br><br>D6751( ONLY): One per tooth per 60 months for members all ages. | Tooth identification  | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended  |
| D6721 | Retainer crown – resin with predominantly base metal | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.  | Tooth identification  | Tooth identification<br><br>Current mounted and dated pre-   |

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|       |  | <p>Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p>  |                      | <p>operative periapical radiographs</p> <p>Pre-treatment recommended</p>   |
| D6722 | Retainer crown – resin with noble metal        | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p> <p>Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6740 | Retainer crown – porcelain/ceramic             | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p> <p>Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6750 | Retainer crown – porcelain fused to high noble | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative</p>   |

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|       |  | <p>Individual consideration required for double abutting of teeth.<br/>Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p>  |                      | <p>periapical radiographs</p> <p>Pre-treatment recommended</p>   |
| D6751 | Retainer crown – porcelain fused to predominantly base metal     | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p> <p>Individual consideration required for double abutting of teeth.<br/>Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6752 | Retainer crown – porcelain fused to noble metal                  | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p> <p>Individual consideration required for double abutting of teeth.<br/>Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative</p>   |

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|       |  | <p>Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p>  |                      | <p>periapical radiographs</p> <p>Pre-treatment recommended</p>   |
| D6780 | Retainer crown – $\frac{3}{4}$ cast high noble metal         | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p> <p>Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6781 | Retainer crown – $\frac{3}{4}$ cast predominately base metal | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p> <p>Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6782 | Retainer crown – $\frac{3}{4}$ cast noble metal              | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative</p>   |

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|       |   | <p>Individual consideration required for double abutting of teeth.<br/>Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p>  |                      | <p>periapical radiographs</p> <p>Pre-treatment recommended</p>   |
| D6783 | Retainer crown – ¾ porcelain/ ceramic         | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p> <p>Individual consideration required for double abutting of teeth.<br/>Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6784 | Retainer crown ¾ titanium and titanium alloys | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.</p> <p>Individual consideration required for double abutting of teeth.<br/>Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.</p> <p>D6751( ONLY): One per tooth per 60 months for members all ages.</p> | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative periapical radiographs</p> <p>Pre-treatment recommended</p> |
| D6790 | Retainer crown – full cast high noble metal   | <p>One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed.<br/>Individual consideration required for double abutting of teeth.</p>  | Tooth identification | <p>Tooth identification</p> <p>Current mounted and dated pre-operative</p>   |

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|       |   | Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting.   |                      | periapical radiographs<br><br>Pre-treatment recommended   |
| D6791 | Retainer crown – full cast predominantly base metal                             | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting. | Tooth identification | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6792 | Retainer crown – full cast noble metal  | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting. | Tooth identification | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6794 | Retainer crown – titanium and titanium alloys                                   | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting. | Tooth identification | Tooth identification<br><br>Current mounted and dated pre-operative periapical radiographs<br><br>Pre-treatment recommended |
| D6793 | Interim retainer crown – further treatment or completion of diagnosis necessary | Not a covered benefit.   | None                 | None  |

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|       | prior to final impression  |  |  |  |
| D6920 | Connector bar  | Not a covered benefit.   | None   | None   |
| D6930 | Recement or rebond fixed partial denture                                     | One re-cementation per 12 months.<br><br>Up to age 19: Not payable within 6 months of the placement of the fixed partial denture.<br><br>Ages 19+: One re-cementation per 12 months* | Tooth identification                                 | Tooth identification                                 |
| D6940 | Stress breaker   | Not a covered benefit.   | None   | None   |
| D6950 | Precision attachment   | Not a covered benefit.   | None   | None   |
| D6980 | Fixed partial denture repair necessitated by restorative material failure    | One repair per 12 months.<br><br>Up to age 19: No limits<br><br>Ages 19+: One repair per 12 months*  | Tooth identification<br><br>Quadrant identification* | Tooth identification<br><br>Quadrant identification* |
| D6985 | Pediatric partial denture, fixed   | One per arch per lifetime for members through the age 18 (up to the 19th birthday).  | Arch identification                                  | Arch identification                                  |
| D6999 | Unspecified fixed prosthodontic procedure, by report                         | Individual consideration.  | Detailed narrative                                   | Detailed narrative                                   |
| D7111 | Extraction – coronal remnants, deciduous tooth                               | One per tooth per lifetime.<br><br>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                                 | Tooth identification                                 |
| D7140 | Extraction – erupted tooth or exposed root (elevation and/or forcep removal) | One per tooth per lifetime.<br><br>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                                 | Tooth identification                                 |
| D7210 | Surgical removal of an erupted tooth requiring removal of bone and/or        | One per tooth per lifetime.<br><br>If D7140, D7210 or D7250 is performed within 90 days after a  | Tooth identification                                 | Tooth identification                                 |

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|       | sectioning of tooth and including elevation of mucoperiosteal flap if indicated  | D3921, payment for the extraction will be reduced by the payment of D3921.   |                      |                      |
| D7220 | Removal of impacted tooth – soft tissue  | One per tooth per lifetime.<br>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 | Tooth identification |
| D7230 | Removal of impacted tooth – partially bony                                       | One per tooth per lifetime.<br>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 | Tooth identification |
| D7240 | Removal of impacted tooth – completely bony                                      | One per tooth per lifetime.<br>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 | Tooth identification |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | One per tooth per lifetime.<br>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 | Tooth identification |
| D7250 | Surgical removal of residual tooth roots (cutting procedure)                     | One per tooth per lifetime.<br>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 | Tooth identification |
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only             | One per tooth per lifetime.<br>If D7140, D7210 or D7250 is performed within 90 days after a D3921, payment for the extraction  | Tooth identification | Tooth identification |

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|       |   | will be reduced by the payment of D3921.   |  |  |
| D7260 | Oroantral fistula closure   | Individual consideration.  | Periapical or panoramic radiograph<br><br>Operative note | Periapical or panoramic radiograph<br><br>Operative note |
| D7261 | Primary closure of a sinus perforation  | Individual consideration.  | Periapical or panoramic radiograph<br><br>Operative note | Periapical or panoramic radiograph<br><br>Operative note |
| D7270 | Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth                        | One per tooth per lifetime.<br><br>Up to age 19: No limit<br><br>Ages 19+: One tooth per lifetime*                       | Tooth identification                                     | Tooth identification                                     |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | Not a covered benefit.   | None   | None   |
| D7280 | Surgical access of unerupted tooth  | One per tooth per lifetime.  | Tooth identification                                     | Tooth identification                                     |
| D7282 | Mobilization of erupted or mal-positioned tooth to aid eruption   | One per tooth per lifetime.  | Tooth identification                                     | Tooth identification                                     |
| D7283 | Placement of a device to facilitate eruption of impacted tooth  | Only covered in conjunction with D7280. One per tooth per lifetime. Report the surgical exposure separately using D7280. | Tooth identification                                     | Tooth identification                                     |
| D7285 | Incisional biopsy of oral tissue – hard (bone, tooth)   | Individual consideration.  | Pathology report   | Pathology report   |
| D7286 | Incisional biopsy of oral tissue – soft   | Individual consideration.  | Pathology report   | Pathology report   |

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| D7287 | Cytology exfoliative sample collection  | Individual consideration. | Detailed narrative  | Detailed narrative  |
| D7288 | Brush biopsy – transepithelial sample collection                              | Individual consideration. | Detailed narrative  | Detailed narrative  |
| D7290 | Surgical repositioning of teeth – grafting procedures are additional          | Individual consideration. | Tooth identification<br><br>Detailed narrative                          | Tooth identification<br><br>Detailed narrative                          |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report                    | Individual consideration. | Tooth identification<br><br>Detailed narrative incl orthodontic history | Tooth identification<br><br>Detailed narrative incl orthodontic history |
| D7292 | Placement of temporary anchorage device [screw retained plate] requiring flap | Not a covered benefit.    | None  | None  |
| D7293 | Placement of temporary anchorage device requiring flap                        | Not a covered benefit.    | None  | None  |
| D7294 | Placement of temporary anchorage device without flap                          | Not a covered benefit.    | None  | None  |
| D7295 | Harvest of bone for use in autogenous grafting procedures                     | Not a covered benefit.    | None  | None  |
| D7296 | Corticotomy one to three teeth  | Not a covered benefit.    | None  | None  |
| D7297 | Corticotomy four or more teeth  | Not a covered benefit.    | None  | None  |
| D7298 | Removal of temporary anchorage device [screw retained                         | Not a covered benefit.    | None  | None  |

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|       | plate], requiring flap   |  |  |  |
| D7299 | Removal of temporary anchorage device, requiring flap  | Not a covered benefit.   | None   | None   |
| D7300 | Removal of temporary anchorage device without flap   | Not a covered benefit.   | None   | None   |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | One per quadrant per lifetime. Inclusive when used in conjunction with surgical extractions. | <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> | <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> |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | One per quadrant per lifetime. Inclusive when used in conjunction with surgical extractions. | <p>Quadrant identification</p> <p>Include tooth spaces identification for D7311, D7321.</p> <p>Detailed narrative</p>  | <p>Quadrant identification</p> <p>Include tooth spaces identification for D7311, D7321.</p> <p>Detailed narrative or progress notes</p>                                  |

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|       |   |  | <p>or progress notes</p> <p>Pre-operative radiographs</p>  | Pre-operative radiographs  |
| D7320 | Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant   | One per quadrant per lifetime. Inclusive when used in conjunction with surgical extractions. | <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> | <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 teeth or tooth spaces, per quadrant | One per quadrant per lifetime. Inclusive when used in conjunction with surgical extractions. | <p>Quadrant identification</p> <p>Include tooth spaces identification for D7311, D7321.</p> <p>Detailed narrative or progress notes</p>                                  | <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> |

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|       |  |   | progress notes<br><br>Pre-operative radiographs |  |
| D7340 | Vestibuloplasty – ridge extension (secondary epithelialization)  | Individual consideration. Not covered in conjunction with implants. | Arch identification<br><br>Operative reports    | Arch identification<br><br>Operative reports |
| D7350 | Vestibuloplasty – ridge extension (incl. soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | Individual consideration. Not covered in conjunction with implants. | Arch identification<br><br>Operative reports    | Arch identification<br><br>Operative reports |
| D7410 | Excision of benign lesion, up to 1.25 cm   | Individual consideration.   | Pathology report                                | Pathology report                             |
| D7411 | Excision of benign lesion greater than 1.25 cm   | Individual consideration.   | Pathology report                                | Pathology report                             |
| D7412 | Excision of benign lesion, complicated   | Individual consideration.   | Pathology report                                | Pathology report                             |
| D7413 | Excision of malignant lesion up to 1.25 cm   | Individual consideration.   | Pathology report                                | Pathology report                             |
| D7414 | Excision of malignant lesion greater than 1.25 cm  | Individual consideration.   | Pathology report                                | Pathology report                             |
| D7415 | Excision of malignant lesion, complicated  | Individual consideration.   | Pathology report                                | Pathology report                             |
| D7465 | Destruction of lesion(s) by physical or chemical methods, by report  | Individual consideration.   | Pathology report                                | Pathology report                             |

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| D7440 | Excision of malignant tumor – lesion diameter up to 1.25 cm                           | Individual consideration.                                 | Pathology report        | Pathology report        |
| D7441 | Excision of malignant tumor – lesion diameter greater than 1.25 cm                    | Individual consideration.                                 | Pathology report        | Pathology report        |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm           | Individual consideration.                                 | Pathology report        | Pathology report        |
| D7451 | Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm    | Individual consideration.                                 | Pathology report        | Pathology report        |
| D7460 | Removal of benign non-odontogenic cyst or tumor – lesion diameter up to 1.25 cm       | Individual consideration.                                 | Pathology report        | Pathology report        |
| D7461 | Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm | Individual consideration.                                 | Pathology report        | Pathology report        |
| D7471 | Removal of lateral exostosis (maxilla or mandible)                                    | One per arch per lifetime.                                | Arch identification     | Arch identification     |
| D7472 | Removal of torus palatinus  | One per lifetime.   | Arch identification     | Arch identification     |
| D7473 | Removal of torus mandibularis   | One per quadrant per lifetime.                            | Quadrant identification | Quadrant identification |
| D7485 | Surgical reduction of osseous tuberosity  | One per upper quadrant(s) per lifetime.                   | Quadrant identification | Quadrant identification |
| D7490 | Radical resection of maxilla or mandible  | Not a covered benefit under BCBSMA dental plans. Refer to | None                    | None                    |

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|       |   | patient's medical plan for possible benefit coverage. |  |  |
| D7509 | Marsupialization of odontogenic cyst  | Individual consideration.                             | Tooth identification<br><br>Detailed narrative or Operative report | Tooth identification<br><br>Detailed narrative or Operative report |
| D7510 | Incision and drainage of abscess – intraoral soft tissue  | Individual consideration.                             | Tooth identification<br><br>Detailed narrative                     | Tooth identification<br><br>Detailed narrative                     |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | Individual consideration.                             | Tooth identification<br><br>Detailed narrative                     | Tooth identification<br><br>Detailed narrative                     |
| D7520 | Incision and drainage of abscess – extraoral soft tissue  | Individual consideration.                             | Detailed narrative   | Detailed narrative   |
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | Individual consideration.                             | Detailed narrative   | Detailed narrative   |
| D7530 | Removal of foreign body, mucosa, skin, or subcutaneous alveolar tissue  | Individual consideration.                             | Pathology report<br><br>Operative report                           | Pathology report<br><br>Operative report                           |
| D7540 | Removal of reaction-producing foreign bodies, musculoskeletal system  | Individual consideration.                             | Pathology report<br><br>Operative report                           | Pathology report<br><br>Operative report                           |

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| D7550 | Partial osteotomy/sequestrectomy for removal of non-vital bone     | Individual consideration. | Pathology report<br><br>Operative report  | Pathology report<br><br>Operative report  |
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | Individual consideration. | Pathology report<br><br>Operative report  | Pathology report<br><br>Operative report  |
| D7610 | Maxilla – open reduction (teeth immobilized, if present)           | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |
| D7620 | Maxilla – closed reduction (teeth immobilized, if present)         | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |
| D7630 | Mandible – open reduction (teeth immobilized, if present)          | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |

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| D7640 | Mandible – closed reduction (teeth immobilized, if present)     | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |
| D7650 | Malar and/or zygomatic arch – open reduction                    | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |
| D7660 | Malar and/or zygomatic arch – closed reduction                  | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |
| D7670 | Alveolus – closed reduction, may include stabilization of teeth | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for                 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |

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|       |   |                           | D7670 and D7671   |   |
| D7671 | Alveolus – open reduction, may include stabilization of teeth                       | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |
| D7680 | Facial bones – complicated reduction with fixation and multiple surgical approaches | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7670 and D7671 |
| D7710 | Maxilla – open reduction, stabilization of teeth                                    | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification for D7770 and D7771 | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification                     |
| D7720 | Maxilla – closed reduction  | Individual consideration. | Panoramic radiograph<br><br>Operative report<br><br>Include arch                                    | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification                     |

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|       |   |                           | identificati<br>on  |  |
| D7730 | Mandible – open<br>reduction                              | Individual consideration. | Panoramic<br>radiograph<br><br>Operative<br>report<br><br>Include<br>arch<br>identificati<br>on | Panoramic<br>radiograph<br><br>Operative<br>report<br><br>Include arch<br>identification |
| D7740 | Mandible – closed<br>reduction                            | Individual consideration. | Panoramic<br>radiograph<br><br>Operative<br>report<br><br>Include<br>arch<br>identificati<br>on | Panoramic<br>radiograph<br><br>Operative<br>report<br><br>Include arch<br>identification |
| D7750 | Malar and/or<br>zygomatic arch –<br>open reduction        | Individual consideration. | Panoramic<br>radiograph<br><br>Operative<br>report<br><br>Include<br>arch<br>identificati<br>on | Panoramic<br>radiograph<br><br>Operative<br>report<br><br>Include arch<br>identification |
| D7760 | Malar and/or<br>zygomatic arch –<br>closed reduction      | Individual consideration. | Panoramic<br>radiograph<br><br>Operative<br>report<br><br>Include<br>arch<br>identificati<br>on | Panoramic<br>radiograph<br><br>Operative<br>report<br><br>Include arch<br>identification |
| D7770 | Alveolus – open<br>reduction<br>stabilization of<br>teeth | Individual consideration. | Panoramic<br>radiograph   | Panoramic<br>radiograph  |

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|       |   |   | Operative report<br><br>Include arch identification                             | Operative report<br><br>Include arch identification                             |
| D7771 | Alveolus – closed reduction, stabilization of teeth                                 | Individual consideration.   | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification |
| D7780 | Facial bones – complicated reduction with fixation and multiple surgical approaches | Individual consideration.   | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification | Panoramic radiograph<br><br>Operative report<br><br>Include arch identification |
| D7810 | Open reduction of dislocation   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None  | None  |
| D7820 | Closed reduction of dislocation   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None  | None  |
| D7830 | Manipulation under anesthesia   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None  | None  |
| D7840 | Condylectomy  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None  | None  |
| D7850 | Surgical disectomy; with or without implant   | Not covered under BCBSMA dental plans. Please refer to your patient's   | None  | None  |

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|       |   | medical plan for possible benefit coverage.   |      |      |
| D7852 | Disc repair   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7854 | Synovectomy   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7856 | Myotomy   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7858 | Joint reconstruction                                  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7860 | Arthrotomy  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7865 | Arthroplasty  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7870 | Arthrocentesis  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7871 | Non-arthroscopic lysis and lavage                     | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7872 | Arthroscopy – diagnosis, with or without biopsy       | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7873 | Arthroscopy – surgical, lavage and lysis of adhesions | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None | None |
| D7874 | Arthroscopy – surgical, disc                          | Not covered under BCBSMA dental plans. Please refer to your patient's   | None | None |

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|       | repositioning and stabilization                     | medical plan for possible benefit coverage.  |                      |  |
| D7875 | Arthroscopy – surgical, synovectomy                 | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage.  | None                 | None   |
| D7876 | Arthroscopy – surgical, disectomy                   | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage.  | None                 | None   |
| D7877 | Arthroscopy – surgical, debridement                 | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage.  | None                 | None   |
| D7880 | Occlusal orthotic device, by report                 | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage.  | None                 | None   |
| D7881 | Occlusal orthotic device adjustment                 | Not a covered benefit.   | None                 | None   |
| D7899 | Unspecified TMD therapy, by report                  | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage.  | None                 | None   |
| D6790 | Retainer crown – full cast high noble metal         | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting. | Tooth identification | Tooth identification   |
| D6791 | Retainer crown – full cast predominantly base metal | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting. | Tooth identification | Current mounted and dated pre-operative periapical radiographs |

|       |   |  |                      |                           |
|-------|---|--|----------------------|---------------------------|
| D6792 | Retainer crown – full cast noble metal  | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting. | Tooth identification | Pre-treatment recommended |
| D6794 | Retainer crown – titanium and titanium alloys   | One per tooth per 60 months for members age 16 and over. Cast restorations are covered only once within 60 months regardless of the type of restoration placed. Individual consideration required for double abutting of teeth. Appropriate only for prosthetic considerations in specific circumstances, not for periodontal splinting. | Tooth identification | Pre-treatment recommended |
| D6793 | Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression | Not a covered benefit.   | None                 | None                      |
| D6920 | Connector bar   | Not a covered benefit.   | None                 | None                      |
| D6930 | Recement or rebond fixed partial denture  | One re-cementation per 12 months.<br><br>Up to age 19: Not payable within 6 months of the placement of the fixed partial denture.<br><br>Ages 19+: One re-cementation per 12 months*   | Tooth identification | Tooth identification      |
| D6940 | Stress breaker  | Not a covered benefit.   | None                 | None                      |
| D6950 | Precision attachment  | Not a covered benefit.   | None                 | None                      |
| D6980 | Fixed partial denture repair necessitated by restorative material failure                                 | One repair per 12 months.<br><br>Up to age 19: No limits<br>Ages 19+: One repair per 12 months*  | Tooth identification | Tooth identification      |

|       |  |   |                     |                     |
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| D6985 | Pediatric partial denture, fixed   | One per arch per lifetime for members through the age 18 (up to the 19 <sup>th</sup> birthday).                   | Arch identification | Arch identification |
| D6999 | Unspecified fixed prosthodontic procedure, by report   | Individual consideration.   | Detailed narrative  | Detailed narrative  |
| D7910 | Suture of recent small wounds up to 5 cm   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |
| D7911 | Complicated suture – up to 5 cm  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |
| D7912 | Complicated suture – greater than 5 cm   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |
| D7920 | Skin grafts (identify defect covered, location, and type of graft)                                 | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |
| D7921 | Collection and application of autologous blood concentrate product                                 | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |
| D7922 | Placement on intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |
| D7940 | Osteoplasty – for orthognathic deformities   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |
| D7941 | Osteotomy – mandibular rami  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |
| D7943 | Osteotomy – mandibular rami with bone graft;   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None                | None                |

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|       | includes obtaining the graft   |   |      |      |
| D7944 | Osteotomy – segmented or sub-apical, per sextant or quadrant   | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |
| D7945 | Osteotomy – body of mandible   | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |
| D7946 | LeFort I (maxilla – total)   | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |
| D7947 | LeFort I (maxilla – segmented)   | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft       | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |
| D7949 | LeFort II or LeFort II – with bone graft   | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones, autogenous or nonautogenous, by report | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach   | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |
| D7952 | Sinus augmentation via a vertical approach   | Not covered under BCBSMA dental plans. Please refer to your patient’s medical plan for possible benefit coverage. | None | None |

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| D7953 | Bone replacement graft for ridge preservation – per site | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.   | None  | None  |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.   | Pretreatment recommended<br><br>Operative report<br><br>Appropriate radiographs | Pretreatment recommended<br><br>Operative report<br><br>Appropriate radiographs |
| D7961 | Buccal / labial frenectomy (frenulectomy)                | D7961, D7962, or D7963 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.<br><br>Up to age 19: 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.* | Tooth identification<br><br>Detailed narrative                                  | Tooth identification<br><br>Detailed narrative                                  |
| D7962 | Lingual frenectomy (frenulectomy)                        | D7961, D7962, or D7963 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.<br><br>Up to age 19: 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.* | Tooth identification<br><br>Detailed narrative                                  | Tooth identification<br><br>Detailed narrative                                  |
| D7963 | Frenuloplasty  | D7961, D7962, or D7963 covered once per site per lifetime. Covered for members 6 years and older. Not allowed when performed in   | Tooth identification  | Tooth identification  |

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|       |   | <p>conjunction with soft tissue graft; same site and same date of service.</p> <p>Up to age 19: 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.*</p> | Detailed narrative                           | Detailed narrative                           |
| D7970 | Excision of hyperplastic tissue – per arch                                    | Individual consideration.  | Arch identification<br><br>Operative report  | Arch identification<br><br>Operative report  |
| D7971 | Excision of pericoronal gingiva   | Individual consideration.  | Tooth identification<br><br>Operative report | Tooth identification<br><br>Operative report |
| D7972 | Surgical reduction of fibrous tuberosity                                      | One per upper quadrant(s) per lifetime.  | Quadrant identification                      | Quadrant identification                      |
| D7979 | Non-surgical sialolithotomy   | Not a covered benefit.   | None   | None   |
| D7980 | Sialolithotomy  | Individual consideration.  | Operative report                             | Operative report                             |
| D7981 | Excision of salivary gland, by report   | Individual consideration.  | Operative report                             | Operative report                             |
| D7982 | Sialodochoplasty  | Individual consideration.  | Operative report                             | Operative report                             |
| D7983 | Closure of salivary fistula   | Individual consideration.  | Operative report                             | Operative report                             |
| D7990 | Emergency tracheotomy   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.  | None   | None   |
| D7991 | Coronoidectomy  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.  | None   | None   |
| D7993 | Surgical placement of craniofacial implant – extra oral<br>Surgical placement | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage.  | None   | None   |

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|       | of a craniofacial implant to aid in retention of an auricular, nasal, or orbital prosthesis.   |   |  |  |
| D7994 | Surgical placement: zygomatic implant. An implant placed in the zygomatic bone and exiting through the maxillary mucosal tissue providing support and attachment of a maxillary dental prosthesis. | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None   | None   |
| D7995 | Synthetic graft - mandible or facial bones, by report  | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None   | None   |
| D7996 | Implant – mandible for augmentation purposes (excluding alveolar ridge), by report   | Not covered under BCBSMA dental plans. Please refer to your patient's medical plan for possible benefit coverage. | None   | None   |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar   | Individual consideration.<br><br>Not covered*   | Detailed narrative   | Detailed narrative   |
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture  | Not a covered benefit.  | None   | None   |
| D7999 | Unspecified oral surgery procedure, by report  | Individual consideration.   | Tooth identification<br><br>Detailed narrative<br><br>Operative report | Tooth identification<br><br>Detailed narrative<br><br>Operative report |

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| D8010 | Limited orthodontic treatment of the primary dentition            | Available as rider and subject to lifetime maximum and copayment.<br><br>May be covered with traditional orthodontics plan with a rider*   | None   | None   |
| D8020 | Limited orthodontic treatment of the transitional dentition       | Available as rider and subject to lifetime maximum and copayment.<br><br>May be covered with traditional orthodontics plan with a rider*   | None   | None   |
| D8030 | Limited orthodontic treatment of the adolescent dentition         | Available as rider and subject to lifetime maximum and copayment.<br><br>Not covered under the Essential Health Benefit, but may be covered with traditional orthodontics rider* | None   | None   |
| D8040 | Limited orthodontic treatment of the adult dentition              | Available as rider and subject to lifetime maximum and copayment.<br><br>Not covered under the Essential Health Benefit, but may be covered with traditional orthodontics rider* | None   | None   |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | Available as rider and subject to lifetime maximum and copayment.<br><br>Not covered*  | First date in treatment series<br><br>Total treatment charge | First date in treatment series<br><br>Total treatment charge |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition   | Available as rider and subject to lifetime maximum and copayment.<br><br>May be covered under traditional orthodontics plan with a rider*  | First date in treatment series<br><br>Total treatment charge | First date in treatment series<br><br>Total treatment charge |
| D8090 | Comprehensive orthodontic treatment of the adult dentition        | Available as rider and subject to lifetime maximum and copayment.<br><br>Not covered*  | First date in treatment series<br><br>Total treatment charge | First date in treatment series<br><br>Total treatment charge |

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| D8210 | Removable appliance therapy  | Available as rider and subject to lifetime maximum and copayment.<br><br>Not covered*   | None   | None   |
| D8220 | Fixed appliance therapy  | Available as rider and subject to lifetime maximum and copayment.<br><br>Not covered*   | None   | None   |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development                  | Not a covered benefit.<br><br>Once per six months. Payable only to a dental provider who is a specialist in orthodontics*   | None   | None   |
| D8670 | Periodic orthodontic treatment visit   | Use for payment of monthly benefit when a dentist started a case prior to insurance coverage and is now providing services to patient who has become covered. Also used for payment of monthly benefit for services provided by dentist other than original treating dentist. A method of payment between the provider and responsible party for services that reflect an open-ended fee arrangement. | Submit monthly charge; not fee for whole case. | Submit monthly charge; not fee for whole case. |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | Part of the global fee for the orthodontic outcome.   | None   | None   |
| D8681 | Occlusal orthotic device adjustment  | Not a covered benefit.  | None   | None   |
| D8695 | Removal of fixed orthodontic appliances for reasons other than completion of treatment   | Not a covered benefit.  | None   | None   |
| D8696 | Repair of orthodontic appliance – maxillary  | Not a covered benefit.  | None   | None   |
| D8697 | Repair of orthodontic  | Not a covered benefit.  | None   | None   |

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|       | appliance – mandibular   |  |                    |                    |
| D8698 | Re-cement or re-bond fixed retainer – maxillary  | Not a covered benefit.   | None               | None               |
| D8699 | Re-cement or re-bond retainer – mandibular   | Not a covered benefit.   | None               | None               |
| D8701 | Repair of fixed retainer, includes reattachment - maxillary  | Not a covered benefit.   | None               | None               |
| D8702 | Repair of fixed retainer, includes reattachment – mandibular   | Not a covered benefit.   | None               | None               |
| D8703 | Replacement of lost or broken retainer – maxillary   | Not a covered benefit.   | None               | None               |
| D8704 | Replacement of lost or broken retainer – mandibular  | Not a covered benefit.   | None               | None               |
| D8999 | Unspecified orthodontic procedure, by report. Used for procedures not adequately described by a code | Individual consideration. May be covered under traditional ortho with rider.   | Detailed narrative | Detailed narrative |
| D9110 | Palliative treatment of dental pain – per visit  | Not covered when reported with other definitive services on same treatment date.<br><br>Up to age 19: Other non emergency medically necessary treatment may be provided during the same visit.<br><br>Ages 19+: Not covered when reported on same day as definitive services.* | None               | None               |
| D9120 | Fixed partial denture sectioning   | Not a covered benefit.   | None               | None               |
| D9130 | Temporomandibular joint dysfunction – non-invasive physical therapies                                | Not a covered benefit.   | None               | None               |

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| D9210 | Local anesthesia not in conjunction with operative or surgical procedures      | Not a covered benefit.   | None | None |
| D9211 | Regional block anesthesia  | Not a covered benefit.   | None | None |
| D9212 | Trigeminal division block anesthesia   | Not a covered benefit.   | None | None |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures          | Included in the total fee for non-surgical or surgical services.                       | None | None |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia          | Not a covered benefit.   | None | None |
| D9222 | Deep sedation / general anesthesia first 15 minutes                            | Covered when provided with covered surgical procedures.<br><br>Up to age 19: no limit* | None | None |
| D9223 | Deep sedation/general anesthesia – each 15 minute increment                    | Covered when provided with covered surgical procedures.<br><br>Up to age 19: no limit* | None | None |
| D9230 | Administration of nitrous oxide/analgesia, anxiolysis                          | Not a covered benefit.   | None | None |
| D9239 | Intravenous moderate (conscious) sedation/analgesia – first 15 minutes         | Covered when provided with covered surgical procedures.<br><br>Up to age 19: no limit* | None | None |
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment | Covered when provided with covered surgical procedures.<br><br>Up to age 19: no limit* | None | None |
| D9248 | Non-intravenous (conscious) sedation   | Not a covered benefit.<br><br>Up to age 19: No limit*                                  | None | None |

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| D9310 | Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | Covered benefit only when documented as used as a second opinion.   | Detailed narrative including the referring dentist's name<br><br>Submit with both codes: D9310 at the charge amount and D9999 at no charge on the same claim. | Detailed narrative including the referring dentist's name<br><br>Submit with both codes: D9310 at the charge amount and D9999 at no charge on the same claim. |
| D9311 | Consultation with a medical health care professional  | Not a covered benefit.  | None  | None  |
| D9410 | House call/extended care facility call  | Not a covered benefit.<br><br>D9410: Up to age 19: One per facility per date of service. Claim must include place of service codes 03,04,12,13,14,31,32,33,34 or 99 * | None  | None  |
| D9420 | Hospital or ambulatory surgical center call   | Not a covered benefit.<br><br>D9410: Up to age 19: One per facility per date of service. Claim must include place of service codes 03,04,12,13,14,31,32,33,34 or 99 * | None  | None  |
| D9430 | Office visit for observation during regular office hours – no other services performed                        | Not a covered benefit.<br><br>D9410: Up to age 19: One per facility per date of service. Claim must include place of service codes 03,04,12,13,14,31,32,33,34 or 99 * | None  | None  |
| D9440 | Office visit-after regular office hours   | Not a covered benefit.<br><br>D9410: Up to age 19: One per facility per date of service. Claim must include place of service codes 03,04,12,13,14,31,32,33,34 or 99 * | None  | None  |

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| D9450 | Case presentation, subsequent to detailed and extensive treatment planning     | Not a covered benefit.<br><br>D9410: Up to age 19: One per facility per date of service. Claim must include place of service codes 03,04,12,13,14,31,32,33,34 or 99 * | None                 | None                 |
| D9610 | Therapeutic parenteral drug, single administration                             | Not a covered benefit.  | None                 | None                 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different meds      | Not a covered benefit.  | None                 | None                 |
| D9613 | Infiltration of sustained-release therapeutic drug, per quadrant               | Not a covered benefit.  | None                 | None                 |
| D9630 | Other drugs/medicaments, by report   | Not a covered benefit.  | None                 | None                 |
| D9910 | Application of desensitizing medicament  | Once within a 12-month period.  | None                 | None                 |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | Once per tooth per 48 months. Limited to age 16 and older.  | Tooth identification | Tooth identification |
| D9912 | Pre-visit patient screening  | Not a covered benefit (Included in the primary service that is being rendered).   | None                 | None                 |
| D9920 | Behavior management, by report   | Not a covered benefit.<br><br>Up to age 19: One per day per provider or location*   | None                 | None                 |
| D9930 | Treatment of complications (post-surgical) – unusual circumstances, by report  | Individual consideration.   | Detailed narrative   | Detailed narrative   |
| D9932 | Cleaning and inspection of removable   | Not a covered benefit.  | None                 | None                 |

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|       | complete denture, maxillary                                       |   |      |      |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | Not a covered benefit.  | None | None |
| D9934 | Cleaning and inspection of removable partial denture, maxillary   | Not a covered benefit.  | None | None |
| D9935 | Cleaning and inspection of removable partial denture, mandibular  | Not a covered benefit.  | None | None |
| D9941 | Fabrication of athletic mouthguard                                | Not a covered benefit.<br>Up to age 19: Covered with no limit*  | None | None |
| D9942 | Repair and/ or reline of occlusal guard                           | Covered by rider only.  | None | None |
| D9943 | Occlusal guard adjustment   | Covered by rider only.  | None | None |
| D9944 | Occlusal guard hard appliance, full arch                          | Covered by rider only.<br>Up to age 19: One D9944, D9945 or D9946 covered once per calendar year.                   | None | None |
| D9945 | Occlusal guard – soft appliance, full arch                        | Covered by rider only.<br>Up to age 19: One D9944, D9945 or D9946 covered once per calendar year.                   | None | None |
| D9946 | Occlusal guard – hard appliance, partial arch                     | Covered by rider only.<br>Up to age 19: One D9944, D9945 or D9946 covered once per calendar year.                   | None | 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. | None | None |
| D9948 | Adjustment of custom sleep apnea appliance                        | Not a covered benefit under BCBSMA dental plans. Please   | None | None |

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|       |   | check with patient's medical insurer for possible coverage.   |                         |                         |
| D9949 | Repair of custom sleep apnea appliance  | Not a covered benefit under BCBSMA dental plans. Please check with patient's medical insurer for possible coverage. | None                    | None                    |
| D9950 | Occlusion analysis-mounted case   | Not a covered benefit (inclusive of rehabilitative services being performed).                                       | None                    | None                    |
| D9951 | Occlusal adjustment-limited   | One per quadrant per 24 months.   | Quadrant identification | Quadrant identification |
| D9952 | Occlusal adjustment-complete  | Once per arch per 24 months.  | Arch identification     | Arch identification     |
| D9953 | Reline custom sleep apnea appliance (indirect)  | Not a covered benefit.  | None                    | None                    |
| D9961 | Duplicate/copy patient's records  | Not a covered benefit.  | None                    | None                    |
| D9970 | Enamel microabrasion  | Not a covered benefit.  | None                    | None                    |
| D9971 | Odontoplasty - per tooth  | Not a covered benefit.  | None                    | None                    |
| D9972 | External bleaching – per arch – in office   | Not a covered benefit.  | None                    | None                    |
| D9973 | External bleaching – per tooth  | Not a covered benefit.  | None                    | None                    |
| D9974 | Internal bleaching – per tooth  | Not a covered benefit.  | None                    | None                    |
| D9975 | External bleaching – in home – per arch; includes materials & fabrication of custom trays | Not a covered benefit.  | None                    | None                    |
| D9985 | Sales tax   | Not a covered benefit.  | None                    | None                    |
| D9986 | Missed appointment  | Not a covered benefit.  | None                    | None                    |
| D9987 | Cancelled appointment   | Not a covered benefit.  | None                    | None                    |
| D9990 | Certified translation or sign – language services, per visit                              | Not a covered benefit.  | None                    | None                    |

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| D9991 | Dental case management – addressing appointment compliance barriers | Not a covered benefit.    | None               | None               |
| D9992 | Dental case management – care coordination                          | Not a covered benefit.    | None               | None               |
| D9993 | Dental case management – motivational interviewing                  | Not a covered benefit.    | None               | None               |
| D9994 | Dental case management – patient education                          | Not a covered benefit.    | None               | None               |
| D9995 | Teledentistry synchronous   | Not a covered benefit.    | None               | None               |
| D9996 | Teledentistry nonsynchronous  | Not a covered benefit.    | None               | None               |
| D9997 | Dental case management – patients with special health care needs    | Not a covered benefit.    | None               | None               |
| D9999 | Unspecified adjunctive procedure by report                          | Individual consideration. | Detailed narrative | Detailed narrative |