



# **2026 PPO ACA CDT Guide**

Dental Procedure Codes and Nomenclature  
Hawaii Procedure Guidelines

## Table of Contents

<b>ABOUT THIS GUIDEBOOK .....</b>	<b>2</b>
<b>UTILIZATION MANAGEMENT .....</b>	<b>3</b>
What is “Necessary and Appropriate Treatment?” .....	3
How Do We Determine Necessity and Appropriateness of Treatment? .....	3
Services That Are Non-Covered Due to Contractual Limitations .....	3
Information We Need to Review a Procedure .....	3
When Documentation Is Requested .....	4
<b>I. D0100-D0999 Diagnostic.....</b>	<b>5</b>
<b>II. D1000-D0999 Preventive.....</b>	<b>22</b>
<b>III. D2000-D2999 Restorative .....</b>	<b>28</b>
<b>IV. D3000-D3999 Endodontics .....</b>	<b>49</b>
<b>V. D4000-D4999 Periodontics .....</b>	<b>59</b>
<b>VI. D5000-D5899 Prosthodontics, Removable.....</b>	<b>70</b>
<b>VII. D5900-D5999 Maxillofacial Prosthetics .....</b>	<b>81</b>
<b>VIII. D6000-D6199 Implant Services .....</b>	<b>89</b>
<b>IX. D6200-D6999 Prosthodontics, Fixed.....</b>	<b>101</b>
<b>X. D7000-D7999 Oral &amp; Maxillofacial Surgery.....</b>	<b>119</b>
<b>XI. D8000-D8999 Orthodontics .....</b>	<b>139</b>
<b>XII. D9000-D9999 Adjunctive General Services.....</b>	<b>144</b>

## ABOUT THIS GUIDEBOOK

**This guide is organized according to the latest and most current edition of the American Dental Association (ADA) Current Dental Terminology (CDT) procedure codes. We accept only coding that is consistent with the verbal descriptors of CDT. However, the presence of a code in CDT does not mean that a subscriber has coverage available. We determine member benefits based on our administrative policies and the terms of the subscriber's certificate. As always, we remind you to check benefits and eligibility before performing services.**

Some of the categories of service have introductory sections to explain what information you need to provide to facilitate our claim processing. For a more complete description of procedures, please refer to the *American Dental Association, Current Dental Terminology – 2026*.

We've designed these administrative guidelines and policies to promote our members' long-term oral health. We review our policies on an ongoing basis to determine clinical appropriateness and to reflect significant technical advances.

For each code, we have provided specific guidelines and recommendations with respect to time, age, or other contractual limitations or exclusions. We have also noted when procedures are not covered benefits. We also indicate procedure codes that require radiographic (X-ray) imaging documentation and other supplementary documentation. Please use this guide to determine the correct code to describe the service you provided to your patient. We hope that making our policies and guidelines clear and easily available will enable your office to receive the appropriate compensation for the services provided to our members, your patients.

### **If you need additional information on how to submit a dental claim, you can:**

- ✓ Refer to the Dental Administrative Manual
- ✓ Go to [hmsadental.com/providers](https://hmsadental.com/providers) to access administrative information
- ✓ Call the Dental Call Center at 808-948-6440 on Oahu or 1-800-792-4672 toll-free on the Neighbor Islands.

### **If you need additional information on how to submit a medical claim, you can:**

- ✓ Refer to the Dental Administrative Manual/How to submit a medical claim
- ✓ Go to [hmsadental.com/providers](https://hmsadental.com/providers) to access administrative information
- ✓ Call the Dental Call Center at 808-948-6440 on Oahu or 1-800-792-4672 toll-free on the Neighbor Islands.
- ✓ HMSA Dental does not auto-enroll providers for HMSA medical participation. Dentists must apply directly with HMSA for medical par status.

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

## UTILIZATION MANAGEMENT

**While we continue to conduct utilization review on submitted claims, we will no longer routinely require submission of radiographs or periodontal charting from participating HMSA PPO and HMO providers. Please refer to the *Submission Requirements* column for any specific requirements needed when submitting claims for treatment.**

### **What is “Necessary and Appropriate Treatment?”**

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

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

### **How Do We Determine Necessity and Appropriateness of Treatment?**

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

### **Services That Are Non-Covered Due to Contractual Limitations**

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

### **Information We Need to Review a Procedure**

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

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## When Documentation Is Requested

**While we continue to conduct utilization review on submitted claims, we will no longer routinely require submission of radiographs or periodontal charting from participating HMSA PPO and HMO providers.** Please refer to the *Submission Requirements* column for any specific requirements needed when submitting claims for treatment.

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

- ✓ Preoperative radiographic images that are current and dated
- ✓ Labeled “left” or “right” side if they are duplicates
- ✓ Mounted if they are a full series
- ✓ Of diagnostic quality

**Please remember to include:**

- ✓ The Member’s name and ID
- ✓ The dentist’s name and address

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

## I. D0100-D0999 Diagnostic

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D0120	periodic oral evaluation - established patient	Preventive	Two (2) per calendar year.	None	Preventive	Only two (2) evaluation codes in any combination are allowed per member per calendar year.  Note: If member is enrolled in Oral Health for Total Health, D0120 may be covered four (4) per calendar year.	None	This includes an oral cancer evaluation and periodontal screening where indicated and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.
D0140	limited oral evaluation - problem focused	Preventive	One (1) per day.	None	Preventive	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	None	These may require interpretation of information acquired through additional diagnostic procedures. Definitive procedures may be required on the same date as the evaluation.
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	Preventive	Two (2) per calendar year.	None	Preventive	Not a covered benefit.	None	None
D0150	comprehensive oral evaluation - new or established patient	Preventive	Two (2) per calendar year.	None	Preventive	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	None	The exam is a thorough evaluation and recording of the extra oral hard and soft tissues. This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment.

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D0160	detailed and extensive oral evaluation - problem focused, by report	Preventive	Not a covered benefit.	None	Preventive	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	None	A detailed and extensive problem focused evaluation entails extensive diagnosis and cognitive modalities based on the findings of a comprehensive oral evaluations. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, sleep related breathing disorders, conditions requiring multi-disciplinary consultation, etc.
D0170	re-evaluation-limited, problem focused (established patient; not post-operative visit)	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0171	re-evaluation- post-operative office visit	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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D0180	comprehensive periodontal evaluation - new or established patient	Preventive	Not a covered benefit.	None	Preventive	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	None	A comprehensive evaluation of periodontal conditions, including full mouth probing and periodontal charting. Indicated for patients exhibiting signs or symptoms of periodontal disease, systemic medical conditions, or patients with social risk factors. It includes an evaluation for oral cancer, an evaluation of the patient's medical history, a general wellness assessment, and includes an evaluation of current dental conditions.
D0190	screening of a patient	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0191	assessment of a patient	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0210	intraoral – comprehensive series of radiographic images	Preventive	One (1) in a two (2) year period; cannot be taken in conjunction with a panoramic x-ray.	None	Preventive	One (1) in a two (2) year period; cannot be taken in conjunction with a panoramic x-ray.	None	Covered based on the last service date once every two (2) years, except for the Federal plan, which is covered once every five (5) years, based on the last service date.
D0220	intraoral - periapical first radiographic image	Basic	One (1) per day (no waiting period).	None	Basic	One (1) per day (no waiting period).	None	Periapical films, for diagnostic purposes, are covered as needed. Intra-operative "working" radiographs are included with complete root canal therapy.
D0230	intraoral - periapical each additional radiographic image	Basic	Not to exceed five (5) films per date of service. (No waiting period).	None	Basic	Not to exceed five (5) films per date of service. (No waiting period).	None	Periapical films, for diagnostic purposes, are covered as needed. Intra-operative "working" radiographs are included with complete root canal therapy.

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D0240	intraoral - occlusal radiographic image	Basic	One (1) per day.	None	Basic	By report.	Arch identification	Not payable as a substitute for children's complete series of intraoral radiographs.
D0250	extra-oral- 2D projection radiographic image created using a stationary radiation source, and detector	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0251	extra-oral posterior dental radiographic image	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0270	bitewing - single radiographic image	Preventive	Two (2) sets per calendar year.	None	Preventive	One (1) set per calendar year.	None	Any of these codes constitute a set of bitewings. When bitewings are taken within twelve (12) months of a FMX, these guidelines apply. <ul style="list-style-type: none"> <li>If bitewings have been taken prior to an FMX, no limitation applies and both procedures will be paid.</li> </ul> If bitewings are submitted within twelve (12) months after a FMX has been paid, then the bitewings are denied due to the one (1) in twelve (12) month limitation for bitewings. The member will be responsible for the cost of the bitewings.
D0272	bitewings - two radiographic images	Preventive	Two (2) sets per calendar year.	None	Preventive	One (1) set per calendar year.	None	Refer to details listed for Code D0270

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D0273	bitewings - three radiographic images	Basic	Not a covered benefit.	None	Preventive	One (1) set per calendar year.	None	Refer to details listed for Code D0270
D0274	bitewings - four radiographic images	Preventive	Two (2) sets per calendar year.	None	Preventive	One (1) set per calendar year.	None	Refer to details listed for Code D0270
D0277	vertical bitewings - 7 to 8 radiographic images	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0310	sialography	Basic	One (1) per day.	None	Basic	Not a covered benefit.	None	None
D0320	temporomandibular joint arthrogram, including injection	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0321	other temporomandibular joint radiographic images, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0322	tomographic survey	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0330	panoramic radiographic image	Basic	One set in a two (2) year period, cannot be taken in conjunction with a full mouth x-ray.	None	Basic	One set in a two (2) year period, cannot be taken in conjunction with a full mouth x-ray.	None	No waiting periods. Additional panoramic film may be allowed for oral surgeons, provided any previous panoramic film or full mouth x-ray is more than twelve (12) months old.

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D0340	2D cephalometric radiographic image - acquisition, measurement, and analysis	Basic	One (1) per day.	None	Basic	Not a covered benefit.	None	None
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	Basic	One (1) per day if rendered by an Oral Surgeon.	None	Preventive	Not a covered benefit.	None	None
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Basic	One (1) per day if rendered by an Oral Surgeon.	None	Preventive	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	Basic	One (1) per day if rendered by an Oral Surgeon.	None	Preventive	Not a covered benefit.	None	None
D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	Basic	One (1) per day if rendered by an Oral Surgeon.	None	Preventive	Not a covered benefit.	None	None

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D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0369	maxillofacial MRI capture and interpretation	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0370	maxillofacial ultrasound capture and interpretation	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0371	sialoendoscopy capture and interpretation	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0372	intraoral tomosynthesis -comprehensive series of radiographic images	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0373	intraoral tomosynthesis – bitewing radiographic image	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0374	intraoral tomosynthesis – periapical radiographic image	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0380	cone beam CT capture with limited field of view - less than whole jaw	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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D0381	cone beam CT image capture with field of view of one full dental arch - mandible	Preventive	Not a covered benefit.	None	Preventive	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	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0383	cone beam CT image capture with field of view of both jaws; with or without cranium	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0384	cone beam CT image capture for TMJ series including two or more exposures	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0385	maxillofacial MRI image capture	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0386	maxillofacial ultrasound image capture	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0387	intraoral tomosynthesis – comprehensive series of radiographic images – image capture	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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D0388	intraoral tomosynthesis – bitewing radiographic image – image capture only	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0389	intraoral tomosynthesis – bitewing radiographic image – image capture only	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0391	intraoral - complete series of radiographic images - image capture only	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0393	virtual treatment simulation using 3D image volume or surface scan	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0394	digital subtraction of two or more images or image volumes of the same modality	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0395	fusion of two or more 3D image volumes of one or more modalities	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0396	3D printing of a 3D dental surface scan to obtain a physical model	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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D0411	HbA1c in-office point of service testing	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0412	blood glucose level test - in- office using a glucose meter	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0414	laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report.	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0415	collection of microorganisms for culture and sensitivity	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0416	viral culture	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0417	collection and preparation of saliva sample for laboratory	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0418	analysis of saliva sample – laboratory	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0419	assessment of salivary flow by measurement	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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D0422	collection and preparation of genetic sample material for laboratory analysis and report	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0423	genetic test for susceptibility to diseases - specimen analysis	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0425	caries susceptibility tests	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0426	collection, preparation, and analysis of saliva sample – point-of-care	Diagnostic	Not a covered benefit.	None	Diagnostic	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	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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D0460	pulp vitality tests	Preventive	Not a covered benefit.	None	Preventive	One (1) per member per calendar year	None	May be billed in conjunction with evaluation codes or root canal therapy (D3310, D3320, and D3330). If more than one (1) tooth has pulp vitality testing on the same date of service only one (1) will be paid.
D0461	Testing for cracked tooth	Diagnostic	Integral	None	Diagnostic	Integral	None	None
D0470	diagnostic casts	Basic	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0472	accession of tissue, gross examination, preparation, and transmission of written report	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0473	accession of tissue, gross and microscopic examination, preparation, and transmission of written report	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0475	decalcification procedure	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0476	special stains for microorganisms	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0477	special stains, not for microorganisms	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0478	immunohistochemical stains	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0479	tissue in-situ hybridization, including interpretation	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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D0480	accession of exfoliative cytologic smears, microscopic examination, preparation, and transmission of written report	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0481	electron microscopy	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0482	direct immunofluorescence	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0483	indirect immunofluorescence	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0484	consultation on slides prepared elsewhere	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0485	consultation, including preparation of slides from biopsy material supplied by referring source	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D0502	other oral pathology procedures, by report	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0600	non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0601	caries risk assessment and documentation, with a finding of low risk	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0602	caries risk assessment and documentation, with a finding of moderate risk	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0603	caries risk assessment and documentation, with a finding of high risk	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0604	antigen testing for a public health related pathogen including coronavirus	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D0605	antibody testing for a public health related pathogen, including coronavirus	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D0701	panoramic radiographic image - image capture only	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0702	2-D cephalometric radiographic image - image capture only	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally image capture only	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0705	extra-oral posterior dental radiographic image - image capture only	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0706	intraoral – occlusal radiographic image – image capture only	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0707	intraoral – periapical radiographic image – image capture only	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0708	intraoral – bitewing radiographic image – image capture only	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D0709	intraoral – comprehensive series of radiographic images – image capture only	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0801	3D intraoral surface scan – direct	Basic	Integral	None	Basic	Integral	None	None
D0802	3D dental surface scan – indirect	Basic	Integral	None	Basic	Integral	None	None
D0803	3D facial surface scan – direct	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0804	3D facial surface scan – indirect	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D0999	unspecified diagnostic procedure, by report	Preventive	Not a covered benefit.	None	Preventive	By report	Detailed narrative	Individual Consideration. Detailed narrative required.

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## II. D1000-D0999 Preventive

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D1110	prophylaxis – adult	Preventive	Two (2) per calendar year limited to ages fifteen (15) through eighteen (18).	None	Preventive	Twice per calendar year.	None	Covered according to the terms of dental plan. Code D1110 may be used for member's aged fifteen (15) and older. Code D1120 should be used for children aged fourteen (14) and younger.  Note: If member is enrolled in Oral Health for Total Health, D1110/D1120 or D4346 or D4910 may be covered once every three (3) months.
D1120	prophylaxis – child	Preventive	Two (2) per calendar year limited to ages 0 through age fourteen (14).	None	NA	Not a covered benefit.	None	Refer to details listed for code D1110
D1206	topical application of fluoride varnish	Preventive	Two (2) per calendar year covered through age eighteen (18).	None	N/A	Not a covered benefit.	None	Can be used in combination with D1208 up to a total of two (2), topical or varnish fluoride applications per calendar year. Note: If member has oral cancer or Sjögren's syndrome and is enrolled in Oral Health for Total Health, D1206 or D1208 may be covered once every three (3) months.

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D1208	topical application of fluoride— excluding varnish	Preventive	Two (2) per calendar year covered through age eighteen (18).	None	N/A	Not a covered benefit.	None	Can be used in combination with D1206 up to a total of two (2), topical or varnish fluoride applications per calendar year. Note: If member has oral cancer or Sjögren's syndrome and is enrolled in Oral Health for Total Health, D1206 or D1208 may be covered once every three (3) months
D1301	immunization counseling	Preventive	None	None	Preventive	None	None	Integral, Non-billable code. This service is considered part of exams D0120-D0180
D1310	nutritional counseling for control of dental disease	Preventive	Integral	None	Preventive	Integral	None	None
D1320	tobacco counseling for the control and prevention of oral disease	Preventive	Integral	None	Preventive	Integral	None	None
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high - risk substance use	Preventive	Integral	None	Preventive	Integral	None	None
D1330	oral hygiene instructions	Preventive	Integral	None	Preventive	Integral	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D1351	sealant - per tooth	Preventive	One (1) per tooth every five (5) years for permanent 1 <sup>st</sup> and 2 <sup>nd</sup> molars.	Tooth Identification	Preventive	One (1) per tooth every five (5) years for permanent 1 <sup>st</sup> and 2 <sup>nd</sup> molars.	None	None
D1353	sealant repair - per tooth	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D1354	application of caries arresting medicament - per tooth	Preventive	Two (2) per tooth per calendar year. Excludes 3 <sup>rd</sup> molars.	Tooth Identification	Preventive	Two (2) per tooth per calendar year. Excludes 3 <sup>rd</sup> molars.	Tooth Identification	None
D1355	caries preventive medicament application - per tooth	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D1510	space maintainer - fixed, unilateral - per quadrant	Basic	Two (2) per arch per twenty-four (24) months	Arch identification	Basic	Not a covered benefit.	None	The procedure codes listed are not to be used to claim for the temporary replacement of teeth for adults.
D1516	space maintainer - fixed - bilateral, maxillary	Basic	Two (2) per arch per twenty-four (24) months	Arch identification	Basic	Not a covered benefit.	None	The procedure codes listed are not to be used to claim for the temporary replacement of teeth for adults.
D1517	space maintainer - fixed - bilateral, mandibular	Basic	Two (2) per arch per twenty-four (24) months	Arch identification	Basic	Not a covered benefit.	None	The procedure codes listed are not to be used to claim for the temporary replacement of teeth for adults.

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D1520	space maintainer - removable, unilateral - per quadrant	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D1526	space maintainer - removable - bilateral, maxillary	Basic	Not a covered benefit	None	Basic	Not a covered benefit.	None	None
D1527	space maintainer - removable - bilateral, mandibular	Basic	Not a covered benefit	None	Basic	Not a covered benefit.	None	None
D1551	re-cement or re-bond bilateral space maintainer - maxillary	Basic	One (1) in a calendar year	Arch identification	Basic	Not a covered benefit.	None	Recementation is allowed if more than six (6) months have passed since insertion.
D1552	re-cement or re-bond bilateral space maintainer - mandibular	Basic	One (1) in a calendar year	Arch identification	Basic	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D1553	re-cement or re-bond unilateral space maintainer - per quadrant maintainer - per quadrant	Basic	One (1) in a calendar year	Arch identification	Basic	Not a covered benefit.	None	None
D1556	removal of fixed unilateral space maintainer - per quadrant	Basic	One (1) in a calendar year	Arch identification	Basic	Not a covered benefit.	None	None
D1557	removal of fixed bilateral space maintainer - maxillary	Basic	One (1) in a calendar year	Arch identification	Basic	Not a covered benefit.	None	None
D1558	removal of fixed bilateral space maintainer - mandibular	Basic	One (1) in a calendar year	Arch identification	Basic	Not a covered benefit.	None	None
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	Basic	Two (2) per arch per twenty-four (24) months	Arch identification	Basic	Not a covered benefit.	None	None
D1720	influenza vaccine administration	Preventative	One (1) in a calendar year	None	Preventative	One (1) in a calendar year	None	None

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D1781	vaccine administration – human papillomavirus – Dose 1	Preventative	Not a covered benefit.	None	Preventative	Not a covered benefit.	None	None
D1782	vaccine administration – human papillomavirus – Dose 2	Preventative	Not a covered benefit.	None	Preventative	Not a covered benefit.	None	None
D1783	vaccine administration – human papillomavirus – Dose 3	Preventative	Not a covered benefit.	None	Preventative	Not a covered benefit.	None	None
D1999	unspecified preventive procedure, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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### III. D2000-D2999 Restorative

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D2140	amalgam - one surface, primary or permanent	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Limited to one (1) surface (O, M, D, B, and L) per twelve (12) month period regardless of materials used and how many separate restorations share the same surface. Example: Two separate restorations, MO and DO will be paid as a D2160 MOD. There is a twelve (12) -month waiting period between services
D2150	amalgam - two surfaces, primary or permanent	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Refer to details listed for Code D2140.
D2160	amalgam - three surfaces, primary or permanent	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Refer to details listed for Code D2140.
D2161	amalgam - four or more surfaces, primary or permanent	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Refer to details listed for Code D2140.

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D2330	resin-based composite - one surface, anterior	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Limited to one (1) surface (I, M, D, B, and L) per twelve (12) month period regardless of materials used and how many separate restorations share the same surface. Example: Two (2) separate restorations, ML and DL will be paid as D2332 MLD, or MFD.
D2331	resin-based composite - two surfaces, anterior	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Refer to details listed for Code D2330
D2332	resin-based composite - three surfaces, anterior	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Refer to details listed for Code D2330
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Refer to details listed for Code D2330

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D2390	resin-based composite crown, anterior	NA	Not a covered benefit.	None	Basic	One (1) per tooth per five (5) years. Most plans cover as an alternate benefit; D2930 or D2931.	Tooth identification	If the member elects to have a resin-based composite crown the member will be responsible for the difference between the stainless-steel crown allowance and the dentist's billed charge. There is a three-year waiting period between services.
D2391	resin-based composite - one surface, posterior	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) months. Alternate benefit D2140.	Tooth identification, Surface identification	None
D2392	resin-based composite - two surfaces, posterior	Basic	One (1) restoration per surface per tooth per twelve (12) month period.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) months. Alternate benefit D2150.	Tooth identification, Surface identification	None
D2393	resin-based composite - three surfaces, posterior	Basic	One (1) restoration per surface per tooth per twelve (12) month period. Primary teeth A, B, I, J, K, L, S, T. Permanent teeth 1-5,12-21, 28-32.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) months. Alternate benefit D2160.	Tooth identification, Surface identification	None
D2394	resin-based composite - four or more surfaces, posterior	Basic	One (1) restoration per surface per tooth per twelve (12) month period. Primary teeth A, B, I, J, K, L, S, T. Permanent teeth 1-5,12-21, 28-32.	Tooth identification, Surface identification	Basic	One (1) restoration per surface per tooth per twelve (12) months. Alternate benefit D2161.	Tooth identification, Surface identification	None
D2410	gold foil - one surface	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D2420	gold foil - two surfaces	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D2430	gold foil - three surfaces	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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## **INLAY/ONLAY RESTORATIONS**

- Inlay: An intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips.
- Onlay: A dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface

### **When services are covered:**

- To restore fractured or severely diseased teeth that cannot properly be restored by direct amalgam or resin restorations.
- Teeth must be endodontically and periodontally sound.
- Metallic inlays may be covered when clinical conditions such as extensive caries or fractures do not permit a direct restoration.

Resin-based composite inlays and Porcelain/ceramic inlays are considered cosmetic and are not a benefit of The Plan. However, an alternate benefit of an equivalent metallic inlay will be considered for payment when clinical conditions of extensive caries or fracture do not permit a direct restoration.

### **When services are not covered:**

- Cosmetic purposes or to restore or treat complications of non-covered procedures.
- To treat TMJ dysfunction.
- Increase vertical dimension.
- Restore occlusion lost through erosion, abrasion, or attrition.
- Correction of congenital or developmental abnormalities.

### **Benefit criteria and limitations:**

- Restoration is covered only once every five (5) years.
- Members nineteen (19) years or older.
- Permanent teeth only.
- Service or completion date is the cementation date.
- Service includes preparation of teeth, indirect pulp caps, bases, liners, laboratory costs, temporary crowns/bridges, cementation, and local anesthesia.
- If an alternate benefit is paid, the member is responsible for any copayments and for the difference between The Plan allowance and provider's billed charge.

Gingivectomy performed in conjunction with an inlay/onlay is considered a part of the procedure and cannot be billed separately.

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D2510	inlay - metallic - one surface	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2140.	Tooth identification, Surface identification	None
D2520	inlay - metallic - two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2150.	Tooth identification, Surface identification	None
D2530	inlay - metallic - three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2160.	Tooth identification, Surface identification	None
D2542	onlay - metallic - two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2150.	Tooth identification, Surface identification	None
D2543	onlay - metallic - three surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2160.	Tooth identification, Surface identification	None
D2544	onlay - metallic - four or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2161.	Tooth identification, Surface identification	None
D2610	inlay - porcelain/ceramic - one surface	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit; D2140	Tooth identification, Surface identification	None

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D2620	inlay - porcelain/ceramic - two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2150.	Tooth identification	None
D2630	inlay - porcelain/ceramic - three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2160.	Surface identification	None
D2642	onlay - porcelain/ceramic - two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit; D2150.	Tooth identification Surface identification	None
D2643	onlay - porcelain/ceramic - three surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2160.	Tooth identification Surface identification	None
D2644	onlay - porcelain/ceramic - four or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2161.	Tooth identification	None
D2650	inlay -resin-based composite - one surface	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2140.	Surface identification	None
D2651	inlay -resin-based composite - two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2150.	Surface identification	None

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D2652	inlay -resin-based composite - three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2160.	Surface identification	None
D2662	onlay - resin based composite - two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit; D2150.	Surface identification	None
D2663	onlay - resin based composite - three surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2160.	Surface identification	None
D2664	onlay - resin - based composite - four or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit D2161.	Tooth identification, Surface identification	None

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## **CROWNS, SINGLE RESTORATIONS ONLY**

### **When services are covered:**

- Crowns are covered when as a result of extensive caries or fracture; the tooth cannot be restored by direct amalgam or resin restorations. Teeth must be endodontically and periodontally sound.

### **When services are not covered:**

- Cosmetic purposes or to restore or treat complications of non-covered procedures.
- To treat TMJ dysfunction.
- Increase vertical dimension.
- Restore occlusion lost through erosion, abrasion, or attrition.
- Correction of congenital or developmental abnormalities

### **Benefit criteria and limitations:**

- Restoration is covered only once every five (5) years.
- Members nineteen (19) years or older.
- Permanent teeth only.
- Service or completion date is the cementation date.
- Service includes preparation of teeth, indirect pulp cap, bases, liners, laboratory costs, temporary crowns/bridges, cementation, and local anesthesia.
- Gingivectomy performed in conjunction with a crown is considered a part of the procedure and cannot be billed separately.
- Porcelain/ceramic, porcelain fused to metal, resin, and resin with metal and metal crowns are covered for anterior and bicuspid teeth meeting policy guidelines.
- Resin/porcelain crowns or resin/porcelain on metal crowns placed fused to molars are covered as an alternate benefit at the full metal crown rate.
- Indirect crowns placed on primary teeth are paid at the stainless-steel rate, except where the permanent tooth is congenitally missing. If an alternate benefit is paid, the member is responsible for the difference between The Plan allowance and provider's billed charge.

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D2710	crown - resin - based composite (indirect)	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2712	crown - 3/4 resin - based composite (indirect)	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2720	crown - resin with high noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2721	crown - resin with predominantly base metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2722	crown - resin with noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2740	crown - porcelain/ceramic	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2790 for molar teeth. Covered for anterior teeth.	<b>Prior Authorization Required</b>	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2790 for molar teeth. Covered for anterior teeth.	Tooth identification	None

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D2750	crown - porcelain fused to high noble metal	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2790 for molars.	<b>Prior Authorization Required</b>	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2790 for molar teeth. Covered for anterior teeth.	Tooth identification	None
D2751	crown - porcelain fused to predominantly base metal	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2791 for molars.	<b>Prior Authorization Required</b>	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2791 for molar teeth. Covered for anterior teeth.	Tooth identification	None
D2752	crown - porcelain fused to noble metal	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2792 for molars.	<b>Prior Authorization Required</b>	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2792 for molar teeth. Covered for anterior teeth.	Tooth identification	None
D2753	crown - porcelain fused to titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	Tooth identification	None
D2780	crown - 3/4 high noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2781	crown - 3/4 cast predominantly base metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None

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D2782	crown - 3/4 cast noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2783	crown - 3/4 porcelain/ceramic (not facial veneers)	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit; D2780.	Tooth identification	None
D2790	crown - full cast high noble metal	Major	One (1) per tooth per five (5) years for permanent teeth only.	<b>Prior Authorization Required</b>	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2791	crown - full cast predominantly base metal	Major	One (1) per tooth per five (5) years for permanent teeth only.	<b>Prior Authorization Required</b>	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2792	crown - full cast noble metal	Major	One (1) per tooth per five (5) years for permanent teeth only.	<b>Prior Authorization Required</b>	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None
D2794	crown - titanium and titanium alloys	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years for permanent teeth only.	Tooth identification	None

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D2799	interim crown - further treatment or completion of diagnosis necessary prior to final impression	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Basic	One (1) per tooth per day. Covered primary teeth A-T. Covered permanent teeth 1-32.	Tooth identification	Major	Maximum two (2) in a five (5) year period. Age nineteen (19) or older	Tooth identification	None
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	Major	Not a covered benefit.	None	Basic	Maximum two (2) in a five (5) year period. Age nineteen (19) or older	Tooth identification	None
D2920	re-cement or re-bond crown	Basic	One (1) per tooth per day. Covered primary teeth A-T. Covered permanent teeth 1-32.	Tooth identification	Basic	Maximum two (2) in a five (5) year period.	Tooth identification	Refer to details listed for Code D2915
D2921	reattachment of tooth fragment, incisal edge, or cusp	Major	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D2928	prefabricated porcelain/ceramic crown - permanent tooth	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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D2929	prefabricated porcelain/ceramic crown - primary tooth	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D2930	prefabricated stainless steel crown - primary tooth	Basic	One (1) per tooth per two (2) years.	Tooth identification	Basic	One (1) per tooth per three (3) years.	Tooth identification	Coverage includes indirect pulp caps, bases, liners, and local anesthesia. Prefabricated stainless steel or resin crowns are not covered if used as temporary crowns. There is a three (3) year waiting period between services. Service or completion date is the cementation date.
D2931	prefabricated stainless steel crown - permanent tooth	Basic	One (1) per tooth per two (2) years.	Tooth identification	Basic	One (1) per tooth per three (3) years.	Tooth identification	Refer to details listed for Code D2930
D2932	prefabricated resin crown	Basic	One (1) per tooth per two (2) years.  Alternate benefit: D2931 for Permanent teeth.	Tooth identification	Basic	One (1) per tooth per three (3) years.  Alternate benefit: D2931 for Permanent teeth.	Tooth identification	Coverage includes indirect pulp caps, bases, liners, and local anesthesia. Prefabricated stainless steel or resin crowns are not covered if used as temporary crowns. There is a three (3) year waiting period between services. Service or completion date is the cementation date.

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D2933	prefabricated stainless steel crown with resin window	Basic	One (1) per tooth per two (2) years.  Alternate benefit: D2930.	Tooth identification	Major	Not a covered benefit.	None	None
D2934	prefabricated esthetic coated stainless-steel crown - primary tooth	Basic	One (1) per tooth per two (2) years.  Alternate benefit: D2930.	Tooth identification	Basic	One (1) per tooth per three (3) years.  Alternate benefit: D2930 for Permanent teeth.	Tooth identification	Refer to details listed for Code D2932.
D2940	placement of interim direct restoration	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D2949	restorative foundation for an indirect restoration	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	Integral to Restorative Procedure.

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D2950	core buildup, including any pins when required	Basic	One (1) per tooth every five (5) years for permanent teeth, excluding 3 <sup>rd</sup> molar.	<b>Prior Authorization Required</b> , Tooth identification	Basic	One (1) per tooth per five (5) years for permanent teeth only. Age nineteen (19) or older	Tooth identification	Core buildup is allowed for endodontically treated teeth. Core buildup is covered for vital teeth when more than 50 percent of the coronal tooth structure is missing. Core build up should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation. Age limitations: When combined in a claim with a cast or prefabricated post and core (D2952, D2954), core buildup (D2950) is not paid separately.
D2951	pin retention - per tooth, in addition to restoration	Basic	One (1) per tooth every five (5) years for permanent teeth, excluding 3 <sup>rd</sup> molar.	<b>Prior Authorization Required</b> , Tooth identification	Basic	Up to two (2) pins per lifetime.	Tooth identification	Pins are covered for permanent teeth only.  Pin retention is not covered separately when claimed with cast-post and core, prefabricated-post and core, and core buildup (D2952, D2954, and D2950).  To be eligible for payment, services must occur twelve (12) months apart.

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D2952	post and core in addition to crown, indirectly fabricated	Basic	One (1) per tooth every five (5) years for permanent teeth, excluding 3 <sup>rd</sup> molar.	<b>Prior Authorization Required</b> , Tooth identification	Basic	One (1) per tooth per five (5) years. Permanent teeth 2 through 15, 18 through 31. Alternate benefit of D2954.	Tooth identification	Post and core are not included as part of a crown and are eligible for separate payment. Post and core are covered for permanent teeth that have received root canal therapy. Core build-up (D2950) and pin retention (D2951) are not covered separately if claimed with D2952, D2954, D6970 or D6972 on same tooth.
D2953	each additional indirectly fabricated post - same tooth	Major	Not a covered benefit	None	Major	Not a covered benefit.	None	None
D2954	prefabricated post and core in addition to crown	Basic	One (1) per tooth per five (5) years for permanent teeth, excluding 3 <sup>rd</sup> molars.	<b>Prior Authorization Required</b>	Basic	One (1) per tooth per five (5) years for permanent teeth only. Permanent teeth 2 through 15, 18 through 31.	Tooth identification	Prefabricated post and core are not included as part of a crown and are eligible for separate payment. Prefabricated post and core are covered for permanent teeth that have received root canal therapy. Core build-up (D2950) and pin retention (D2951) are not covered separately if claimed with D2952, D2954, D6970 or D6972 on same tooth.

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D2955	post removal	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D2956	removal of an indirect restoration on a natural tooth	Major	Integral	None	Major	Integral	None	Integral
D2957	each additional prefabricated post - same tooth	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D2960	labial veneer (resin laminate) - direct	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D2961	labial veneer (resin laminate) - indirect	Major	Not a covered benefit.	None	Major	By report. One (1) per tooth per five (5) years for permanent teeth only. Teeth 6-11, 22-27. Age nineteen (19) or older.	Tooth identification	Only veneers on anterior teeth (#6 through #11, #22 through #27) are covered. Labial veneers are not a benefit if used on bicuspid or molars.  Labial veneers are not a benefit if performed for cosmetic purposes or when normal dental attrition occurs.

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D2962	labial veneer (porcelain laminate) - indirect	Major	Not a covered benefit.	None	Major	By report. One (1) per tooth per five (5) years for permanent teeth only. Teeth 6-11, 22-27. Age nineteen (19) or older.	Tooth identification	Only veneers on anterior teeth (#6 through #11, #22 through #27) are covered. Labial veneers are not a benefit if used on bicuspid or molars.  Labial veneers are not a benefit if performed for cosmetic purposes or when normal dental attrition occurs.
D2971	additional procedures to customize a crown to fit under an existing partial denture framework	Major	Not a covered benefit.	None	Basic	One (1) per tooth per five (5) years for permanent teeth. Age nineteen (19) or older.	Tooth identification	Must be reported with individual crown.
D2975	coping	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D2976	band stabilization – per tooth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D2980	crown repair necessitates by restorative material failure	Basic	Not a covered benefit.	None	Basic	One (1) in five (5) years. Eligible six (6) months after delivery.	Tooth identification	Age nineteen (19) or older. Eligible six (6) months after delivery.
D2981	inlay repair necessitated by restorative material failure	Basic	Not a covered benefit.	None	Basic	One (1) in five (5) years. Eligible six (6) months after delivery.	Tooth identification	Age nineteen (19) or older. Eligible six (6) months after delivery.
D2982	onlay repair necessitated by restorative material failure	Basic	Not a covered benefit.	None	Basic	One (1) in five (5) years. Eligible six (6) months after delivery.	Tooth identification	Age nineteen (19) or older. Eligible six (6) months after delivery.
D2983	veneer repair necessitated by restorative material failure	Basic	Not a covered benefit.	None	Basic	One (1) in five (5) years. Eligible six (6) months after delivery.	Tooth identification	Age nineteen (19) or older. Eligible six (6) months after delivery.
D2989	excavation of a tooth resulting in the determination of non-restorability	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D2990	resin infiltration of incipient smooth surface lesions	Major	Not a covered benefit.	None	Basic	One (1) per tooth surface per twelve (12) months. Permanent teeth only. B or L surfaces (smooth surfaces only).	Tooth identification	Allowed on the smooth surface (buccal or lingual) of permanent teeth only.
D2991	application of hydroxyapatite regeneration medicament – per tooth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D2999	unspecified restorative procedure, by report	Basic	Not a covered benefit.	None	Basic	By report.	Tooth identification, Detailed narrative	Individual Consideration. Detailed narrative required.

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## IV. D3000-D3999 Endodontics

**Please note the following:**

- Endodontic procedures include exams, pulp tests, pulpotomy, pulpectomy, extirpation of pulp, and pre-operative, operative, and post-operative radiographs/diagnostic images, filling of canals, bacteriologic cultures, and local anesthesia.
- Endodontic therapy performed specifically for coping or overdenture is not covered.
- Please bill claims for multiple-stage procedures only on the date of completion/insertion.

Payment for endodontic services does not mean that benefits will be available for subsequent restorative services. Coverage for those services is still subject to exclusions listed under major restorative guidelines.

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D3110	pulp cap - direct (excluding final restoration)	Basic	Not a covered benefit.	None	Basic	One (1) per tooth per lifetime.	Tooth identification	Allowance for direct pulp cap may be made for exposure of a vital pulp. The service is limited to one (1) pulp cap per tooth, and the member is responsible for payment of charges for any repeat procedures. May be billed in conjunction with restorative codes.
D3120	pulp cap - indirect (excluding final restoration)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	Basic	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	To be performed on primary and permanent teeth. Not to be construed as the first stage of root canal therapy. Or emergency procedure to relieve pain or "open and broach." If root canal therapy is performed on the same tooth, there is no separate coverage for the therapeutic pulpotomy.
D3221	pulpal debridement, primary and permanent teeth	Basic	Not a covered benefit.	None	Basic	One (1) per tooth per lifetime.	Tooth identification	The patient must not have been previously appointed for the problem and has been "added-in" to render emergent care only. Coverage includes local anesthetic. Pulpal debridement will not be paid if root canal therapy is completed the same day.

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D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Basic	One (1) per tooth per lifetime.	None	Basic	Not a covered benefit.	None	None
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	Basic	One (1) per tooth per lifetime. Only anterior primary teeth (C-H, M-R).	Tooth identification	Basic	Not a covered benefit.	None	None
D3240	pulpal therapy (resorbable filling)- posterior, primary tooth (excluding final restoration)	Basic	One (1) per tooth per lifetime. Only posterior primary teeth (A, B, I-L, S, T).	Tooth identification	Basic	Not a covered benefit.	None	None
D3310	endodontic therapy, anterior tooth (excluding final restoration)	Basic	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D3320	endodontic therapy, premolar tooth (excluding final restoration)	Basic	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None

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D3330	endodontic therapy, molar tooth (excluding final restoration)	Basic	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D3331	treatment of root canal obstruction; non-surgical access	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3332	incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3333	internal root repair of perforation defects	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3346	retreatment of previous root canal therapy - anterior	Basic	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime. Not payable with code D3410, D3421, D3425, D3430, D3426, D2955 for permanent teeth.	Tooth identification	None
D3347	retreatment of previous root canal therapy - premolar	Basic	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime. Not payable with code D3410, D3421, D3425, D3430, D3426, D2955 for permanent teeth.	Tooth identification	None

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D3348	retreatment of previous root canal therapy - molar	Basic	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime. Not payable with code D3410, D3421, D3425, D3430, D3426, D2955 for permanent teeth.	Tooth identification	None
D3351	apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Basic	One (1) per tooth per lifetime, Permanent teeth 2 through 15 and 18 through 31.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D3352	apexification/recalcification - interim medication replacement	Basic	One (1) per tooth per lifetime, Permanent teeth 2 through 15 and 18 through 31.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	Basic	One (1) per tooth per lifetime, Permanent teeth 2 through 15 and 18 through 31.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D3355	pulpal regeneration - initial visit	Basic	Not a covered benefit.	None	Basic	One (1) per tooth per lifetime.	Tooth identification	Once per tooth per lifetime. Not paid if claimed same day or if history of D3310, D3320, D3330 D3410, D3426 or D3430 on file.
D3356	pulpal regeneration - interim medication replacement	Basic	Not a covered benefit.	None	Major	One (1) per tooth per lifetime.	Tooth identification	Refer to details listed for Code D3355.

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D3357	pulpal regeneration - completion of treatment	Basic	Not a covered benefit.	None	Major	One (1) per tooth per lifetime.	Tooth identification	Refer to details listed for Code D3355.
D3410	apicoectomy - anterior	Basic	One (1) per permanent tooth root per lifetime. (6 through 11, 22 through 27).	Tooth identification	Major	One (1) per permanent tooth root per lifetime.	Tooth identification	None
D3421	apicoectomy - premolar (first root)	Basic	One (1) per permanent tooth root per lifetime. (4,5,12,13,20,21,28,29).	Tooth identification	Major	One (1) per permanent tooth root per lifetime.	Tooth identification	None
D3425	apicoectomy - molar (first root)	Basic	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D3426	apicoectomy (each additional root)	Basic	Not a covered benefit.	None	Major	One (1) per tooth per lifetime.	Tooth identification	None
D3428	bone graft in conjunction with periradicular surgery - per tooth, single site	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D3429	bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3430	retrograde filling - per root	Basic	Not a covered benefit.	None	Major	One (1) per permanent tooth root per lifetime.	Tooth and root identification	None
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3450	root amputation - per root	Basic	Not a covered benefit.	None	Major	One (1) per permanent tooth root per lifetime.	Tooth identification	None
D3460	endodontic endosseous implant	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D3470	intentional re-implantation (including necessary splinting)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3471	surgical repair of root resorption - anterior	Basic	Not a covered benefit.	None	Major	One (1) per tooth root per lifetime.	Tooth identification	Denied as integral if reported with an apicoectomy by the same dentist on the same date or any time after.
D3472	surgical repair of root resorption - premolar	Basic	Not a covered benefit.	None	Major	One (1) per tooth root per lifetime.	Tooth identification	Denied as integral if reported with an apicoectomy by the same dentist on the same date or any time after.
D3473	surgical repair of root resorption - molar	Basic	Not a covered benefit.	None	Major	One (1) per tooth root per lifetime.	Tooth identification	Denied as integral if reported with an apicoectomy by the same dentist on the same date or any time after
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Basic	Not a covered benefit.	None	Major	One (1) per tooth root per lifetime.	Tooth identification	Denied as integral if reported with an apicoectomy by the same dentist on the same date or any time after
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Basic	Not a covered benefit.	None	Major	One (1) per tooth root per lifetime.	Tooth identification	Denied as integral if reported with an apicoectomy by the same dentist on the same date or any time after

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D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Basic	Not a covered benefit.	None	Major	One (1) per tooth root per lifetime.	Tooth identification	Denied as integral if reported with an apicoectomy by the same dentist on the same date or any time after
D3910	surgical procedure for isolation of tooth with rubber dam	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3911	intraorifice barrier	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3920	hemisection (including any root removal), not including root canal therapy	Basic	Not a covered benefit.	None	Major	One (1) per tooth per lifetime.	Tooth identification	Allowance is for permanent teeth only. Root canal therapy for the remaining root is covered separately. May be performed once per tooth. Root canal therapy may be completed before hemisection services are claimed. A crown/retainer may be allowed for the remaining crown segment, but a pontic for the resected portion of the tooth and root will not be allowed.

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D3921	decoronation or submergence of an erupted tooth	Basic	Not a covered benefit.	None	Basic	One (1) per tooth per lifetime.	Tooth identification	None
D3950	canal preparation and fitting of preformed dowel or post	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D3999	unspecified endodontic procedure, by report	Basic	Not a covered benefit.	None	Major	By report.	Tooth identification, Detailed narrative	Individual Consideration. Detailed narrative required.

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## V. D4000-D4999 Periodontics

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### Procedure Billing Guidelines

- A quadrant is defined as four (4) or more contiguous teeth in a quadrant. A partial quadrant is defined as one (1) to three (3) teeth in a quadrant.
  - For billing purposes, a sextant is not a recognized designation by the American Dental Association.
  - Periodontal services are benefits when performed for the treatment of periodontal disease around natural teeth. There are no benefits for these procedures when billed in conjunction with or in preparation for implants, ridge augmentation, extractions sites and endodontic surgeries.
  - Payment for definitive periodontal service includes follow-up evaluation for both surgical and non-surgical procedures.
  - To be covered, alveolar crestal bone loss and subgingival calculus must be evident radiographically for scaling and root planing.
  - When more than one (1) periodontal service is completed within the same site or quadrant on the same date of service, the Plan will pay for the more extensive treatment as payment for the total service.
  - If scaling and root planing are performed on the same date and in the same quadrant as periodontal surgery, no payment will be made for scaling and root planing. The liability will fall on the provider.
  - Codes D4266 and D4267 are adjunctive services for individual teeth and will not be included in the surgical quadrant code count above. The codes will be considered for benefits when submitted in addition to periodontal surgery codes (D4240, D4241, D4260, and D4261), and only when placed around natural teeth (not a covered benefit around implants, extraction sites, endodontic surgery, or edentulous areas). If denied, the liability will be the member's responsibility.
  - Services are not covered if it is performed on the same day and in the same area as codes D4277 or 4278 and become the member's responsibility.
  - We provide payment only for one (1) surgical procedure per quadrant per thirty-six (36) months.
  - Any type of restorative prosthetic service (including crown, inlay, onlay, restoration or extraction) done on same date of service and in the same area as periodontal surgery (4240, 4241, 4260, 4261, 4212) are covered as integral to the restorative service.
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D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Quadrant identification	Gingivectomy (D4210, D4211, D4212) reported for the same date of service, same provider, same area as any crown, inlay, onlay, restoration or extraction will deny as integral. Coverage is allowed when four (4) or more teeth in a quadrant have periodontal pockets measuring five (5) mm.
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Tooth identification	Gingivectomy (D4210, D4211, D4212) reported for the same date of service, same provider, same area as any crown, inlay, onlay, restoration or extraction will deny as integral. Coverage is allowed when 1-3 teeth in a quadrant have periodontal pockets measuring five (5) mm.
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Tooth identification	Gingivectomy (D4210, D4211, D4212) reported for the same date of service, same provider, same area as any crown, inlay, onlay, restoration or extraction will deny as integral.

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D4230	anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Quadrant identification	Coverage of D4240 is allowed when four (4) or more teeth in a quadrant have periodontal pockets measuring five (5) mm or greater. If less than four (4) teeth are involved, use CDT code D4241. Other procedures may be required concurrent to D4240 and should be reported separately using their own unique codes
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Tooth identification	Coverage of D4241 is allowed when one (1) to three (3) in a quadrant have periodontal pockets measuring five (5) mm or greater. Other procedures may be required concurrent to D4241 and should be reported separately using their own unique codes.

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D4245	apically positioned flap	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4249	clinical crown lengthening - hard tissue	Basic	Not a covered benefit.	None	Major	One (1) per tooth per lifetime.	Tooth identification	Coverage is provided for crown lengthening when as a result of a crown fracture or extensive caries, there is insufficient tooth volume to support a restoration without impinging upon the biologic width of the periodontal attachment of the tooth. The summary measurement of the sulcus depth and biologic width should be a minimum of three (3) mm. If performed on the same day of any restorative procedure, the service will deny as integral and be provider liability.
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Quadrant identification	Osseous surgery is a benefit when four (4) or more teeth in a quadrant have periodontal pockets measuring five (5)mm or greater. Other procedures may be required concurrent to D4260 or D4261 and should be reported using their own unique codes.

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D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Tooth identification	Osseous surgery is a benefit when one (1) to three (3) contiguous teeth in a quadrant have periodontal pockets measuring five (5) mm or greater. Other procedures may be required concurrent to D4260 or D4261 and should be reported using their own unique codes.
D4263	bone replacement graft - retained natural tooth - first site in quadrant	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4264	bone replacement graft - retained natural tooth - each additional site in quadrant	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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D4266	guided tissue regeneration, natural teeth - resorbable barrier, per site	Basic	Not a covered benefit.	None	Major	One (1) per 36 months. Dental Advisor Review is required.	Tooth identification	Services covered in conjunction with natural teeth and only in when submitted in addition to periodontal surgery codes (D4240, D4241, D4260, and D4261). If performed on same day and in the same area as codes D4277 or D4278, it will be member liability.
D4267	guided tissue regeneration, natural teeth- non-resorbable barrier, per site (includes membrane removal)	Basic	Not a covered benefit.	None	Major	One (1) per 36 months. Dental Advisor Review is required.	Tooth identification	Services covered in conjunction with natural teeth and only in when submitted in addition to periodontal surgery codes (D4240, D4241, D4260, and D4261). If performed on same day and in the same area as codes D4277 or D4278, it will be member liability.
D4268	surgical revision procedure, per tooth	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4270	pedicle soft tissue graft procedure	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4275	non-autogenous connective tissue graft (including recipient and donor material) first tooth, implant, or edentulous tooth position in graft	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4276	combined connective tissue and double pedicle graft, per tooth	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Tooth identification	Narrative/remarks describing the procedure and tooth numbers are required with the claim. The patient must be age nineteen (19) or older.
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Basic	Not a covered benefit.	None	Major	One (1) per quadrant for 36 months.	Tooth identification	Narrative/remarks describing the procedure and tooth numbers are required with the claim. The patient must be age nineteen (19) or older.
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	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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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	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4286	removal of non-resorbable barrier	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D4322	splint - intra -coronal; natural teeth or prosthetic crowns	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D4323	splint - extra -coronal; natural teeth or prosthetic crowns	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D4341	periodontal scaling and root planing - four (4) or more teeth per quadrant	Basic	One (1) per quadrant in a two (2) year period.	Prior Authorization Required, Quadrant identification	Major	One (1) per quadrant in a two (2) year period, age nineteen (19) and older.	Quadrant identification	Note: If member has diabetes, CAD, stroke or is pregnant and is enrolled in Oral Health for Total Health, D4341 or D4342 is covered once per quadrant every twenty-four (24) months

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D4342	periodontal scaling and root planing - one (1) to three (3) teeth per quadrant	Basic	One (1) per quadrant in a two (2) year period.	<b>Prior Authorization Required</b> , Tooth identification	Major	One (1) per quadrant in a two (2) year period, age nineteen (19) and older.	Tooth identification	Refer to details for Code D4341
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	Preventive	Two (2) per calendar year age thirteen (13) and older.	None	Preventive	Two (2) per calendar year/in addition to D4910/D1110, age thirteen (13) and older.	None	This code will be interchangeable with code D1110. The code will be covered as a Preventive service and will share the same frequency limitations, processing guidelines, relationship to other codes, provider / member liability as code D1110.
D4355	full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	Basic	One (1) per twenty-four (24) months.	None	Major	Not a covered benefit.  <i>Note: If member is enrolled in Oral Health for Total Health, D4355 may be covered one (1) every twenty-four (24) months.</i>	None	Service denied if performed on the same day as D1110, D1120, D4341, D4342
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D4910	periodontal maintenance	Basic	Two (2) per calendar year in addition to regular prophyl.	None	Major	Two (2) per calendar year in addition to regular prophyl.  <i>Note: If member is enrolled in Oral Health for Total Health, D1110/D1120 or D4346 or D4910 may be covered once every three (3) months.</i>	None	Periodontal maintenance is covered two (2) times per calendar year following surgical and definitive non-surgical therapy. Periodontal maintenance should not be performed on same day as periodontal surgery.
D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D4921	gingival irrigation with a medicinal agent - per quadrant	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D4999	unspecified periodontal procedure, by report	Basic	Not a covered benefit.	None	Major	By report, Individual consideration.	Detailed narrative	None

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## VI. D5000-D5899 Prosthodontics, Removable

Please bill claims for multiple-stage procedures on the date of completion/insertion. Services may be non-covered for the following conditions:

- Untreated bone loss: An abutment tooth has poor-to-hopeless prognosis from either a restorative or periodontal perspective
- Periapical pathology or unresolved, incomplete, or failed endodontic therapy

Treatment of TMJ to increase vertical dimension or restore occlusion

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D5110	complete denture - maxillary	Major	One (1) per arch per five (5) year period.	None	Major	One (1) per arch per five (5) year period.	None	None
D5120	complete denture - mandibular	Major	One (1) per arch per five (5) year period.	None	Major	One (1) per arch per five (5) year period.	None	None
D5130	immediate denture - maxillary	Major	One (1) per arch per five (5) year period.	None	Major	One (1) per arch per five (5) year period.	None	Immediate dentures are not considered temporary dentures
D5140	immediate denture - mandibular	Major	One (1) per arch per five (5) year period.	None	Major	One (1) per arch per five (5) year period.	None	Immediate dentures are not considered temporary dentures

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5211	maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Major	One (1) per arch per five (5) year period.	None	Major	One (1) per arch per five (5) year period.	Tooth identification	None
D5212	mandibular partial denture - resin base (including retentive /clasping materials, rests, and teeth)	Major	One (1) per arch per five (5) year period.	None	Major	One (1) per arch per five (5) year period.	Tooth identification	None
D5213	maxillary and partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Major	One (1) per arch per five (5) year period.	None	Major	One (1) per arch per five (5) year period.	Tooth identification	None
D5214	mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Major	One (1) per arch per five (5) year period.	None	Major	One (1) per arch per five (5) year period.	Tooth identification	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5221	immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5222	immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5225	maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Major	Not a covered benefit.	None	Major	One (1) per arch per five (5) year period.	None	None
D5226	mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Major	Not a covered benefit.	None	Major	One (1) per arch per five (5) year period.	Tooth identification	None
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5282	removable unilateral partial denture - one piece cast metal (including retentive clasping materials, rests, and teeth), maxillary	Major	Not a covered benefit.	None	Major	One (1) per arch per five (5) year period.	Tooth identification	None
D5283	removable unilateral partial denture - one piece cast metal (including retentive clasping materials, rests, and teeth), mandibular	Major	Not a covered benefit.	None	Major	One (1) per arch per five (5) year period.	Tooth identification	None
D5284	removable unilateral partial denture - one-piece flexible base (including retentive clasping materials rests and teeth) per quadrant	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5286	removable unilateral partial denture - one-piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5410	adjust complete denture - maxillary	Basic	One (1) per day.	None	Basic	Two (2) per calendar year, age nineteen (19) and older.	None	Coverage is available six (6) months after the date of insertion of the complete or partial denture.

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5411	adjust complete denture - mandibular	Basic	One (1) per day.	None	Basic	Two (2) per calendar year, age nineteen (19) and older.	None	Coverage is available six (6) months after the date of insertion of the complete or partial denture.
D5421	adjust partial denture - maxillary	Basic	One (1) per day.	None	Basic	Two (2) per calendar year, age nineteen (19) and older.	None	Coverage is available six (6) months after the date of insertion of the complete or partial denture.
D5422	adjust partial denture - mandibular	Basic	One (1) per day.	None	Basic	Two (2) per calendar year, age nineteen (19) and older.	None	Coverage is available six (6) months after the date of insertion of the complete or partial denture.
D5511	repair broken complete denture base, mandibular	Basic	One (1) per day.	None	Basic	One (1) per calendar year. Age nineteen (19) and older.	None	None
D5512	repair broken complete denture base, maxillary	Basic	One (1) per day.	None	Basic	One (1) per calendar year. Age nineteen (19) and older.	None	None
D5520	replace missing or broken teeth - complete denture per tooth	Basic	Three (3) per day.	Tooth identification	Basic	One (1) per calendar year. Age nineteen (19) and older.	Tooth identification	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5611	repair resin partial denture base, mandibular	Basic	One (1) per day.	None	Basic	One (1) per calendar year.	None	None
D5612	repair resin partial denture base, maxillary	Basic	One (1) per day.	None	Basic	One (1) per calendar year.	None	None
D5621	repair cast partial framework, mandibular	Basic	One (1) per day.	None	Basic	One (1) per calendar year.	None	None
D5622	repair cast partial framework, maxillary	Basic	One (1) per day.	None	Basic	One (1) per calendar year.	None	None
D5630	repair or replace broken retentive/clasping materials - per tooth	Basic	One (1) per day.	None	Basic	One (1) per calendar year.	None	None
D5640	replace missing or broken teeth – partial denture – per tooth	Basic	Three (3) per day.	Tooth identification	Basic	One (1) per calendar year.	Tooth identification	None
D5650	add tooth to existing partial denture – per tooth	Basic	One (1) per day.	Tooth Identification	Basic	One (1) per calendar year.	Tooth identification	None
D5660	add clasp to existing partial denture - per tooth	Basic	Two (2) per day.	Tooth Identification	Basic	One (1) per calendar year.	Tooth Identification	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D5710	rebase complete maxillary denture	Basic	One (1) every two (2) years following insertion of initial denture.	<b>Prior Authorization Required</b>	Basic	One (1) in a three (3) year period.	None	None
D5711	rebase complete mandibular denture	Basic	One (1) every two (2) years following insertion of initial denture.	<b>Prior Authorization Required</b>	Basic	One (1) in a three (3) year period.	None	None
D5720	rebase maxillary partial denture	Basic	One (1) every two (2) years following insertion of initial denture.	<b>Prior Authorization Required</b>	Basic	One (1) in a three (3) year period.	None	None
D5721	rebase mandibular partial denture	Basic	One (1) every two (2) years following insertion of initial denture.	<b>Prior Authorization Required</b>	Basic	One (1) in a three (3) year period.	None	None
D5725	rebase hybrid prosthesis	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D5730	reline complete maxillary denture (direct)	Basic	One (1) every two (2) years following insertion of initial denture.	<b>Prior Authorization Required</b>	Basic	One (1) in a three (3) year period.	None	None

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D5731	reline complete mandibular denture (direct)	Basic	One (1) every two (2) years following insertion of initial denture.	Prior Authorization Required	Basic	One (1) in a three (3) year period.	None	None
D5740	reline maxillary partial denture (direct)	Basic	One (1) every two (2) years following insertion of initial denture.	Prior Authorization Required	Basic	One (1) in a three (3) year period.	None	None
D5741	reline mandibular partial denture (direct)	Basic	One (1) every two (2) years following insertion of initial denture.	Prior Authorization Required	Basic	One (1) in a three (3) year period.	None	None
D5750	reline complete maxillary denture (indirect)	Basic	One (1) every two (2) years following insertion of initial denture.	Prior Authorization Required	Basic	One (1) in a three (3) year period.	None	None
D5751	reline complete mandibular denture (indirect)	Basic	One (1) every two (2) years following insertion of initial denture.	Prior Authorization Required	Basic	One (1) in a three (3) year period.	None	None
D5760	reline maxillary partial denture (indirect)	Basic	One (1) every two (2) years following insertion of initial denture.	Prior Authorization Required	Basic	One (1) in a three (3) year period.	None	None
D5761	reline mandibular partial denture (indirect)	Basic	One (1) every two (2) years following insertion of initial denture.	Prior Authorization Required	Basic	One (1) in a three (3) year period.	None	None
D5765	soft liner for complete or partial removable denture - indirect	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5810	interim complete denture (maxillary)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5811	interim complete denture (mandibular)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5820	interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	Major	Not a covered benefit.	None	Major	Not a covered benefit	None	None
D5821	interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	Major	Not a covered benefit.	None	Major	Not a covered benefit	None	None
D5850	tissue conditioning, maxillary	Major	Not a covered benefit.	None	Basic	Two (2) per arch per calendar year. Covered prior to impressions for relines or dentures.	None	A maximum of two (2) tissue conditioning treatments per arch is covered prior to impressions for relines or denture prostheses. The patient is responsible for the charges related to additional treatments, if any. The patient must be age fifteen (15) or older.
D5851	tissue conditioning, mandibular	Major	Not a covered benefit.	None	Basic	Two (2) per arch per calendar year. Covered prior to impressions for relines or dentures.	None	Refer to details listed for code D5850
D5862	precision attachment, by report	Major	Not a covered benefit.	None	Major	Not a covered benefit	None	None

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D5863	overdenture - complete maxillary – natural tooth borne	Major	Not a covered benefit.	None	Major	One (1) in five (5) years. Alternate benefit D5110.	None	None
D5864	overdenture - partial maxillary – natural tooth borne	Major	Not a covered benefit.	None	Major	Not a covered benefit	None	None
D5865	overdenture - complete mandibular – natural tooth borne	Major	Not a covered benefit.	None	Major	One (1) in five (5) years. Alternate benefit D5120.	None	None
D5866	overdenture - partial mandibular - natural tooth borne	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5867	replacement of replaceable part of semi-precision or precision attachment of natural tooth borne prosthesis, per attachment	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5875	modification of removable prosthesis following implant surgery	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5876	add metal substructure to acrylic complete denture - per arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5877	Duplication of a complete denture – maxillary	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5878	Duplication of a complete denture – mandibular	Major	Not a covered benefit.	None	Basic	By report, Individual consideration.	Tooth identification Arch identification	None
D5899	unspecified removable prosthodontic procedure, by report	Major	Not a covered benefit.	None	Basic	By report, Individual consideration.	Tooth identification Arch identification	None

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## VII. D5900-D5999 Maxillofacial Prosthetics

The Maxillofacial Prosthetics Codes D5925 through D5999 require special handling. The services require an approved Prior Authorization before treatment. The Prior Authorization along with documentation outlining medical necessity should be submitted with the claim to determine dental benefits. Claims denied for dental benefits can be submitted directly to the Member's Medical carrier on a current medical claim form (CMS1500) with the appropriate Medical CPT codes and required details. All follow-up questions should be addressed to the member's medical plan.

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18	HCR Pediatric Plan Ages 0 through 18	Adult Service Type	HCR Adult Plan Ages 19 and older	HCR Adult Plan Ages 19 and older	Integral Considerations and Exclusions
			Procedure Guidelines or Frequency Limitation	Submission Requirements		Procedure Guidelines or Frequency Limitation	Submission Requirements	
D5909	maxillary guidance prosthesis with guide flange	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5911	facial moulage (sectional)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5912	facial moulage (complete)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5913	nasal prosthesis	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5914	auricular prosthesis	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5915	orbital prosthesis	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5916	ocular prosthesis	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5919	facial prosthesis	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5922	nasal septal prosthesis	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5923	ocular prosthesis, interim	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5924	cranial prosthesis	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5925	facial augmentation implant prosthesis	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5926	nasal prosthesis, replacement	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5927	auricular prosthesis, replacement	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None

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D5928	orbital prosthesis, replacement	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5929	facial prosthesis, replacement	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5930	maxillary guidance prosthesis without guide flange	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5931	obturator prosthesis, surgical	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None

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D5932	obturator prosthesis, definitive	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5933	obturator prosthesis, modification	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5934	mandibular guidance prosthesis with guide flange	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5935	mandibular guidance prosthesis without guide flange	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5936	obturator prosthesis, interim	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None

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D5937	trismus appliance (not for TMD treatment)	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5938	resection prosthesis, maxillary complete removable	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5939	resection prosthesis, mandibular complete removable	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5940	resection prosthesis, maxillary partial removable	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5941	resection prosthesis, mandibular partial removable	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5942	resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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D5943	resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5944	resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5945	resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5946	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5947	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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D5948	resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5949	resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D5951	feeding aid	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5952	speech aid prosthesis, pediatric	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5953	speech aid prosthesis, adult	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5954	palatal augmentation prosthesis	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5955	palatal lift prosthesis, definitive	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5958	palatal lift prosthesis, interim	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5959	palatal lift prosthesis, modification	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5960	speech aid prosthesis, modification	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5982	surgical stent for soft tissue healing	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5983	radiation carrier	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5984	radiation shield	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5985	radiation cone locator	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5986	fluoride gel carrier	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5987	commissure splint	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5988	surgical splint	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5991	vesiculobullous disease medicament carrier	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5992	adjust maxillofacial prosthetic appliance, by report	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D5993	maintenance and cleaning of a maxillofacial prosthesis (extra-or intra-oral) other than required adjustments, by report	Major	Claim to be submitted to medical carrier.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5995	periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	Major	Not a covered benefit.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5996	periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	Major	Not a covered benefit.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None
D5999	unspecified maxillofacial prosthesis, by report	Major	By Report.	<b>Prior Authorization and Medical Necessity Documentation required</b>	Major	Not a covered benefit.	None	None

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

## VIII. D6000-D6199 Implant Services

### General Information

- Implant services, for Ages 0 through 18, are not a covered benefit on Healthcare Reform Plans.
- Implant services, for Ages 19 and older, may be covered on some of Healthcare Reform Plans.
- Not all plans cover this benefit, and coverage may be provided as an alternate Benefit. Please check with the Plan for member's eligibility or refer to the Guide to Benefits for the member's plan, to determine whether they have Implant coverage for this age group.
- All new members subject to twelve (12) month waiting period.
- **All plans exclude coverage for third (3rd) molar implants.**

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6010	surgical placement of implant body; endosteal implant	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6011	surgical access to an implant body (second stage implant surgery)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6013	surgical placement of mini implant	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6040	surgical placement; eposteal implant	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6049	scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D6050	surgical placement: transosteal implant	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6051	placement of interim implant abutment	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6055	connecting bar - implant supported or abutment supported	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6056	prefabricated abutment - includes modification and placement	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6057	custom fabricated abutment - includes placement	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6058	abutment supported porcelain/ceramic crown	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6059	abutment supported porcelain fused to metal crown (high noble metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6061	abutment supported porcelain fused to metal crown (noble metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6062	abutment supported cast metal crown (high noble metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6063	abutment supported cast metal crown (predominantly base metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6064	abutment supported cast metal crown (noble metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6065	implant supported porcelain/ceramic crown	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6066	implant supported crown - porcelain fused to high noble alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6067	implant supported crown - high noble alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6068	abutment supported retainer for porcelain/ceramic FPD	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6072	abutment supported retainer for cast metal FPD (high noble metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6074	abutment supported retainer for cast metal FPD (noble metal)	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6075	implant supported retainer for ceramic FPD	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6076	implant supported retainer for FPD - porcelain fused to high noble alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6077	implant supported retainer for metal FPD - high noble alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6080	implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	Major	Not a covered benefit.	None	Major	Covered for PPO and plans with the implant rider. D6080, D6081, D6180 Frequency limitations – Two (2) services per calendar year.	None	None

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6081	scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths cleaning of the implant surfaces, without flap entry and closure	Major	Not a covered benefit.	None	Major	Covered for PPO and plans with the implant rider. D6080, D6081, D6180 Frequency limitations – Two (2) services per calendar year.	None	None
D6082	implant supported crown - porcelain fused to predominantly base alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6083	implant supported crown - porcelain fused to noble alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6084	implant supported crown - porcelain fused to titanium or titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6085	interim implant crown	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6086	implant supported crown - predominantly base alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6087	implant supported crown - noble alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6088	implant supported crown - titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6089	accessing and retorquing loose implant screw – per screw	Major	Not a covered benefit.	None	Major	If plan covers implants: Once per tooth/bridge per twelve (12) months	Tooth Identification	None
D6090	repair of implant/abutment supported prosthesis	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6091	replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6092	re-cement or re-bond implant/abutment supported crown	Major	Not a covered benefit.	None	Major	If plan covers implants: Once per tooth/bridge per twelve (12) months	Tooth Identification	None
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6094	abutment supported crown - titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6096	remove broken implant retaining screw	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6097	abutment supported crown - porcelain fused to titanium or titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6098	implant supported retainer - porcelain fused to predominantly base alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6099	implant supported retainer for FPD - porcelain fused to noble alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6100	surgical removal of implant body	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6101	debridement of peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6102	debridement and osseous contouring of peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6103	bone graft for repair of peri-implant defect - does not include flap entry and closure	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D6104	bone graft at time of implant placement	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6105	removal of implant body not requiring bone removal nor flap elevation	Basic	Not a covered benefit.	None	Major	Covered if Implant Rider Covered Treat like D6100- MIN AGE 15 / ONCE PER TOOTH PER LIFETIME	Tooth Identification	None
D6106	guided tissue regeneration – resorbable barrier, per implant	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6107	guided tissue regeneration – non-resorbable barrier, per implant	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6110	implant/abutment supported removable denture for edentulous arch - maxillary	Major	Not a covered benefit.	None	Major	Not a covered benefit. Alternate benefit D5110.	None	None
D6111	implant/abutment supported removable denture for edentulous arch - mandibular	Major	Not a covered benefit.	None	Major	Not a covered benefit. Alternate benefit D5120.	None	None
D6112	implant/abutment supported removable denture for partially edentulous arch - maxillary	Major	Not a covered benefit.	None	Major	Not a covered benefit. Alternate benefit D5213.	None	None
D6113	implant/abutment supported removable denture for partially edentulous arch - mandibular	Major	Not a covered benefit.	None	Major	Not a covered benefit. Alternate benefit D5214.	None	None
D6114	implant/abutment supported fixed denture for edentulous arch - maxillary	Major	Not a covered benefit.	None	Major	Not a covered benefit. Alternate benefit D5110.	None	None
D6115	implant/abutment supported fixed denture for edentulous arch – mandibular	Major	Not a covered benefit.	None	Major	Not a covered benefit. Alternate benefit D5120.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6116	implant/abutment supported fixed denture for partially edentulous arch - maxillary	Major	Not a covered benefit.	None	Major	Not a covered benefit. Alternate benefit D523.	None	None
D6117	implant/abutment supported fixed denture for partially edentulous arch - mandibular	Major	Not a covered benefit.	None	Major	Not a covered benefit. Alternate benefit D5214.	None	None
D6118	implant/abutment supported interim fixed denture for edentulous arch - mandibular	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6119	implant/abutment supported interim fixed denture for edentulous arch - maxillary	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6120	implant supported retainer - porcelain fused to titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6121	implant supported retainer for metal FPD - predominantly base alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6122	implant support retainer for metal FPD - noble alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6123	implant supported retainer for metal FPD - titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6180	implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed including cleansing of prosthesis and abutments	Major	Not a covered benefit.	None	Major	Covered for PPO and plans with the implant rider. D6080, D6081, D6180 Frequency limitations – Two (2) services per calendar year.	None	Not covered if same date of service and by the same Provider as a Prophylaxis (D1110), Periodontal maintenance (D4910), or Scaling in the presence of inflammation (4346).
D6190	radiographic/surgical implant index, by report	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6191	semi - precision abutment - placement	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6192	semi - precision attachment - placement	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6193	replacement of an implant screw	Major	Not a covered benefit.	None	Major	Covered for PPO and plans with the implant rider. Once (1) per tooth per 3- year period. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	Tooth identification	Denied as INTEGRAL when reported on the same tooth, by the same Dentist within 12 months of cementation of an abutment, abutment or implant supported crown or retainer or implant/abutment supported fixed denture (D6055 -D6077, D6082-D6084, D6086, D6088, D6094, D6097, D6098, D6099, D6114-D6117, D6194, D6195) or previous recementation (D6092, D6093).
D6194	abutment supported retainer crown for FPD - titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6196	removal of an indirect restoration on an implant retained abutment	Major	Integral	None	Major	Integral	None	Integral
D6197	replacement of restorative material used to close an access opening of a screw-retained - implant supported prosthesis, per implant	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6198	remove interim implant component	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6199	unspecified implant procedure, by report	Major	Not a covered benefit.	None	Major	By Report.	None	None

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

## IX. D6200-D6999 Prosthodontics, Fixed

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### When services are covered:

- Coverage to restore the normal compliment of teeth.
- Edentulous space must have adequate mesial-distal and vertical dimension to accommodate a functional pontic.
- Abutment teeth must be endodontically and periodontally sound.

### When services are not covered:

- Cosmetic purposes or to restore or treat complications of non-covered procedures.
- To treat TMJ dysfunction.
- Increase vertical dimension.
- Restore occlusion lost through erosion, abrasion, or attrition.
- Correction of congenital or developmental abnormalities.

### Benefit criteria and limitations:

- Restoration is covered only once every five (5) years.
  - Members nineteen (19) years or older.
  - Permanent teeth only.
  - Service or completion date is the cementation date.
  - Service includes preparation of teeth, indirect pulp cap, bases, liners, laboratory costs, temporary crowns/bridges, cementation, and local anesthesia.
  - If an alternate benefit is paid, the member is responsible for the difference between The Plan allowance and provider's billed charge.
  - Gingivectomy performed in conjunction with an inlay/onlay is considered a part of the procedure and cannot be billed separately.
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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D6205	pontic - indirect resin-based composite	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years, age nineteen (19) and older.	Tooth identification	None
D6210	pontic - cast high noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years, age nineteen (19) and older.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6211	pontic - cast predominantly base metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years, age nineteen (19) and older.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6212	pontic - cast noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years, age nineteen (19) and older.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6214	pontic - titanium and titanium alloys	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years, age nineteen (19) and older.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6240	pontic - porcelain fused to high noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years, age nineteen (19) and older. Alternate benefit: D6210 for molars, Covered for anterior teeth.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.

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D6241	pontic - porcelain fused to predominantly base metal	Major	Not a covered benefit. Alternate benefit D6211 for molars only.	None	Major	One (1) per tooth, in a five (5) year period. Alternate benefit: D6211 for molars, Covered for anterior teeth.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6242	pontic - porcelain fused to noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth, in a five (5) year period. Alternate benefit: D6212 for molars, Covered for anterior teeth.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6243	pontic - porcelain fused to titanium and titanium alloys	Major	Not a covered benefit.	None	NA	Not a covered benefit.	None	None
D6245	pontic - porcelain/ceramic	Major	Not a covered benefit.	None	Major	One (1) per tooth, in a five (5) year period. Alternate benefit: D6210 for molars, D6240 for anterior and bicuspids.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6250	pontic - resin with high noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth, in a five (5) year period.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6251	pontic - resin with predominantly base metal	Major	Not a covered benefit.	None	Major	One (1) per tooth, in a five (5) year period.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.
D6252	pontic - resin with noble metal	Major	Not a covered benefit.	None	Major	One (1) per tooth, in a five (5)-year period.	Tooth identification	Cantilever fixed partial dentures with one (1) pontic are covered. Service or completion date is the cementation date.

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D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6280	implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments-per arch	Basic	Two (2) per yr per arch procedure is similar to a prophylaxis Basic regardless of implant coverage. Limited to two (2) of Implant maintenance (D6080, D6180, D6081, 2 NEW CODES) per calendar year.	Implant rider	Basic	Two (2) per yr per arch procedure is similar to a prophylaxis Basic regardless of implant coverage. Limited to two (2) of Implant maintenance (D6080, D6180, D6081, 2 NEW CODES) per calendar year.	Implant rider	Arch Identification
D6545	retainer - cast metal for resin bonded fixed prosthesis	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period. Alternate benefit: D6545.	Tooth identification	None
D6549	resin retainer - for resin bonded fixed prosthesis	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period. Alternate benefit: D6545.	Tooth identification	None
D6600	retainer inlay - porcelain/ceramic, two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit: D6602.	Tooth identification, Surface identification	None

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D6601	retainer inlay - porcelain/ceramic, three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years. Alternate benefit: D6603.	Tooth identification, Surface identification	None
D6602	retainer inlay - cast high noble metal, two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years.	Tooth identification, Surface identification	None
D6603	retainer inlay - cast high noble metal, three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years.	Tooth identification, Surface identification	None
D6604	retainer inlay - cast predominantly base metal, two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years.	Tooth identification, Surface identification	None
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years.	Tooth identification, Surface identification	None
D6606	retainer inlay - cast noble metal, two surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years.	Tooth identification, Surface identification	None
D6607	retainer inlay - cast noble metal, three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) per tooth per five (5) years.	Tooth identification, Surface identification	None

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D6608	retainer only - porcelain/ceramic, two surfaces	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period. Alternate benefit: D6610.	Tooth identification Surface identification, must include B or L surface	None
D6609	retainer only - porcelain/ceramic, three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period. Alternate benefit: D6611.	Tooth identification Surface identification, must include B or L surface	None
D6610	retainer only - cast high noble metal, two surfaces	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None
D6611	retainer only - cast high noble metal, three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None
D6612	retainer only - cast predominantly base metal, two surfaces	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None
D6613	retainer only - cast predominantly base metal, three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None

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D6614	retainer onlay - cast noble metal, two surfaces	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None
D6615	retainer onlay - cast noble metal, three or more surfaces	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None
D6624	retainer inlay - titanium	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None

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## FIXED PARTIAL DENTURE RETAINERS – CROWNS

- Crowns are covered when as a result of extensive caries or fracture the tooth cannot be restored with a direct restoration.
- Porcelain/ceramic, porcelain fused to metal, resin, and resin with metal and metal crowns are covered for anterior and bicuspid teeth meeting policy guidelines.
- Resin/porcelain crowns or resin/porcelain on metal crowns placed on molars are covered as an alternate benefit at the full metal crown rate.
- For Permanent teeth only.
- Service or completion date is the cementation date

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D6634	retainer onlay - titanium	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None
D6710	retainer crown - indirect resin-based composite	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None
D6720	retainer crown - resin with high noble metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None
D6721	retainer crown - resin with predominantly base metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification Surface identification, must include B or L surface	None

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D6722	retainer crown - resin with noble metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6740	retainer crown - porcelain/crown	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period Alternate benefit: D6790 for molars. D6750 for anterior and bicuspids.	Tooth identification	None
D6750	retainer crown - porcelain fused to high noble metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period. Alternate benefit: D6790 for molars. Covered for anterior teeth.	Tooth identification	None
D6751	retainer crown - porcelain fused to predominantly base metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period. Alternate benefit: D6791 for molars. Covered for anterior teeth.	Tooth identification	None
D6752	retainer crown - porcelain fused to noble metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period. Alternate benefit: D6792 for molars. Covered for anterior teeth.	Tooth identification	None
D6753	retainer crown - porcelain fused to titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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D6780	retainer crown - 3/4 cast high noble metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6781	retainer crown - 3/4 cast predominantly base metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6782	retainer crown - 3/4 cast noble metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6783	retainer crown - 3/4 porcelain/ceramic	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period. Alternate benefit: D6780.	Tooth identification	None
D6784	retainer crown 3/4 - titanium and titanium alloys	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6790	retainer crown - full cast high noble metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6791	retainer crown - full cast predominantly base metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6792	retainer crown - full cast noble metal	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	Major	Not a covered benefit.	None	NA	Not a covered benefit.	None	None

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D6794	retainer crown - titanium and titanium alloys	Major	Not a covered benefit.	None	Major	One (1) in a five (5) year period.	Tooth identification	None
D6920	connector bar	Major	Not a covered benefit.	None	NA	Not a covered benefit.	None	None
D6930	re-cement or re-bond fixed partial denture	Major	Not a covered benefit.	None	Major	Two (2) per fixed partial denture every five (5) years.	Tooth identification	Plan covers two (2) recementations per fixed partial denture in five (5) years and Recementation of a fixed partial denture if more than six (6) months have passed from the date of cementation. There is a twelve (12) month waiting period between recementations. Patient must be age nineteen (19) or older. For permanent teeth only.
D6940	stress breaker	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6950	precision attachment	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6980	fixed partial denture repair necessitated by restorative material failure	Major	Not a covered benefit.	None	Basic	By Report.	Tooth identification	Coverage is for permanent teeth only. There is a five (5) year waiting period between services

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D6985	pediatric partial denture, fixed	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D6999	unspecified fixed prosthodontic procedure, by report	Major	Not a covered benefit.	None	Major	By Report.	Detailed narrative	Individual Consideration. Detailed narrative required.

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## X. D7000-D7999 Oral & Maxillofacial Surgery

**EXTRACTIONS:** Includes local anesthesia, suturing if needed, and routine post-operative care.

- Surgical Extractions (for all ages) are Major benefits.
- Simple surgical extractions (D7111, D7140) are Basic benefits for ACA plans 206, 207, 218, 220 and 202. Please refer to Member's Guide to Benefit for coverage details.
- Bone grafts (D4264, D4265) and GTR membranes (D4266, D4267) are not covered in conjunction with oral surgery codes (D7000-D7999).
- Palliative (emergency treatment of dental pain – minor procedures (D9110) are a covered procedure and paid separately unless submitted in conjunction with a definitive procedure on the same date of service.

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D7111	extraction, coronal remnants - primary tooth	Basic	One (1) per lifetime. Covered teeth (A-T).	None	Basic	One (1) per lifetime. Covered teeth (A-T).	Tooth identification	The Plan coverage includes local anesthetic, suturing, if needed, and routine postoperative care.
D7140	extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	Basic	One (1) per tooth per lifetime.	Tooth identification	Basic	One (1) per tooth per lifetime.	Tooth identification	The Plan coverage includes local anesthetic, suturing, if needed, and routine postoperative care.
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Major	One (1) per tooth per lifetime, covers all primary and permanent teeth.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None

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D7220	removal of impacted tooth - soft tissue	Major	One (1) per tooth per lifetime, covers all primary and permanent teeth.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D7230	removal of impacted tooth - partially bony	Major	One (1) per tooth per lifetime, covers all primary and permanent teeth.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D7240	removal of impacted tooth - completely bony	Major	One (1) per tooth per lifetime, covers all primary and permanent teeth.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	Major	One (1) per tooth per lifetime.	Tooth identification	Major	By Report.	Tooth identification	None
D7250	removal of residual tooth roots (cutting procedure)	Major	One (1) per tooth per lifetime.	Tooth identification	Major	One (1) per tooth per lifetime.	Tooth identification	None
D7251	coronectomy - intentional partial tooth removal, impacted teeth only	Basic	Not a covered benefit.	None	Major	One (1) per tooth per lifetime.	Tooth identification	Radiographs and narrative documentation required with submission.
D7252	partial extraction for immediate implant placement	Basic	Not a covered benefit.	None	Basic	Covered for PPO and plans with the implant rider. For immediate implant placement per permanent maxillary anterior tooth (#6, 7, 8, 9, 10, 11) per lifetime.	Tooth identification	Denied as INTEGRAL when reported on the same tooth, on the same date, and by the same Dentist as a Removal of impacted tooth - completely bony, with unusual surgical complications (D7241).

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D7259	nerve dissection	Major	Not a covered benefit.	None	Major	Limited to one (1) Nerve dissection (D7259) per permanent tooth per lifetime.	Tooth identification	Denied as INTEGRAL when reported on the same tooth, on the same date, and by the same Dentist as a Removal of impacted tooth - completely bony, with unusual surgical complications (D7241).
D7260	oroantral fistula closure	Basic	By Report.	Detailed narrative	Basic	Not a covered benefit.	None	None
D7261	primary closure of a sinus perforation	Basic	Not a covered benefit.	None	Major	By Report.	Detailed narrative	Once per maxillofacial posterior tooth.
D7270	tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Basic	One (1) tooth per lifetime, covers teeth 1 through 32.	Tooth identification	Major	One (1) tooth per lifetime, covers teeth 1 through 32.	Tooth identification	Reimplantation is limited to permanent teeth. The procedure code is not used for intentional reimplantation (D3470) and surgical repositioning of teeth (D7290).
D7272	tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7280	exposure of an unerupted tooth	Basic	Limited to cases approved for Ortho and teeth 2 through 15 and 18 through 31.	None	Major	One (1) per tooth per lifetime.	Tooth identification and detailed narrative	A narrative and tooth numbers must accompany the claim.

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D7282	mobilization of erupted or malpositioned tooth to aid eruption	Basic	Limited to cases approved for Ortho and teeth 2 through 15 and 18 through 31.	None	Basic	Not a covered benefit.	None	None
D7283	placement of device to facilitate eruption of impacted tooth	Basic	Limited to cases approved for Ortho and teeth 2 through 15 and 18 through 31.	None	Basic	Not a covered benefit.	None	None
D7284	excisional biopsy of minor salivary glands	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	Basic	Submit to medical carrier.	None	Basic	Not a covered benefit.	None	None
D7286	incisional biopsy of oral tissue - soft	Basic	Submit to medical carrier	None	Basic	Not a covered benefit.	None	None
D7287	exfoliative cytological sample collection	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7288	brush biopsy - transepithelial sample collection	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7290	surgical repositioning of teeth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7292	placement of temporary anchorage device [screw retained plate] requiring flap	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7293	placement of temporary anchorage device requiring flap	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7294	placement of temporary anchorage device without flap	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7295	harvest of bone for use in autogenous grafting procedure	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7296	corticotomy - one to three teeth or tooth spaces, per quadrant	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7297	corticotomy - four or more teeth or tooth spaces per quadrant	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7298	removal of temporary anchorage device [screw retained plate], requiring flap	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7299	removal of temporary anchorage device, requiring flap	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7300	removal of temporary anchorage devise without flap	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7310	alveoplasty in conjunction with extractions – four (4) or more teeth or tooth spaces, per quadrant	Basic	Four (4) per day.	None	Major	No limitations.	Tooth identification Quadrant identification	None
D7311	alveoplasty in conjunction with extractions - one (1) to three (3) teeth or tooth spaces, per quadrant	Basic	Five (5) per day.	None	Basic	Four (4) per day.	Tooth identification	None
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per	Basic	Six (6) per day.	None	Basic	Four (4) per day.	Tooth identification Quadrant identification	None

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D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Basic	Four (4) per day.	None	Major	No limitations.	Tooth identification	None
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7410	excision of benign lesion up to 1.25 cm	Basic	Submit to medical carrier.	None	Basic	Not a covered benefit.	None	None
D7411	excision of benign lesion greater than 1.25 cm	Basic	By Report.	None	Basic	Submit to medical carrier.	None	None

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D7412	excision of benign lesions, complicated	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None
D7413	excision of malignant lesion up to 1.25 cm	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None
D7414	excision of malignant lesion greater than 1.25 cm	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None
D7415	excision of malignant lesion, complicated	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None
D7440	excision of malignant tumor - lesion diameter up to 1.25 cm	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None
D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Basic	Submit to medical carrier.	None	Basic	Not a covered benefit.	None	None

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D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Basic	Submit to medical carrier.	None	Basic	Not a covered benefit.	None	None
D7460	removal of benign nonodontogenic cysts or tumor - lesion diameter up to 1.25 cm	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7461	removal of benign nonodontogenic cysts or tumor - lesion diameter greater 1.25 cm	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7465	destruction of lesion(s) by physical or chemical method, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7471	removal of lateral exostosis (maxilla or mandible)	Basic	Not a covered benefit.	None	Major	One (1) per site per lifetime.	Detailed narrative	None
D7472	removal of torus palatinus	Basic	Not a covered benefit.	None	Major	By Report.	Detailed narrative	None
D7473	removal of torus mandibularis	Basic	Not a covered benefit.	None	Major	One per site per lifetime.	Detailed narrative	None

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D7485	reduction of osseous tuberosity	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7490	radical resection of maxilla or mandible	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7509	marsupialization of odontogenic cyst	Basic	Not a covered benefit.	Submit to Medical for benefit determination	Major	Not a covered benefit.	None	None
D7510	incision and drainage of abscess - intraoral soft tissue	Basic	Teeth A through T and 1 through 32.	Tooth and Arch identification; A brief narrative describing treatment, location and/or tooth number must accompany claim.	Major	Covered when reported in conjunction with extractions.	Tooth and Arch identification; A brief narrative describing treatment, location and/or tooth number must accompany claim.	Procedure is not to be used for endodontic access and drainage through a tooth or for open and broach.
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Basic	Not a covered benefit.	None	Major	By Report.	A brief narrative describing treatment, location and/or tooth number must accompany claim.	Procedure is not to be used for endodontic access and drainage through a tooth or for open and broach.
D7520	incision and drainage of abscess - extraoral soft tissue	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None

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D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7540	removal of reaction producing foreign bodies, musculoskeletal system	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7610	maxilla - open reduction (teeth immobilized if present)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7620	maxilla - closed reduction (teeth immobilized if present)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7630	mandible - open reduction (teeth immobilized if present)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7640	mandible - closed reduction (teeth immobilized if present)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7650	malar and/or zygomatic arch - open reduction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7660	malar and/or zygomatic arch - closed reduction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7670	alveolus - closed reduction, may include stabilization of teeth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7671	alveolus - open reduction, may include stabilization of teeth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7680	facial bones-complicated reduction with fixation and multiple surgical approaches	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7710	maxilla - open reduction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7720	maxilla - closed reduction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7730	mandible - open reduction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7740	mandible - closed reduction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7750	malar and/or zygomatic arch - open reduction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7760	malar and/or zygomatic arch - closed reduction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7770	alveolus - open reduction stabilization of teeth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7771	alveolus, closed reduction stabilization of teeth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7780	facial bones-complicated reduction with fixation and multiple approaches	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7810	open reduction of dislocation	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7820	closed reduction of dislocation	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7830	manipulation under anesthesia	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7840	condylectomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7850	surgical discectomy, with/without implant	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7852	disc repair	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7854	synovectomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7856	myotomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7858	joint reconstruction	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7860	anthrotomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7865	arthroplasty	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7870	arthrocentesis	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7871	non-arthroscopic lysis and lavage	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7872	arthroscopy - diagnosis, with or without biopsy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7873	arthroscopy: lavage and lysis of adhesions	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7874	arthroscopy: disc repositioning and stabilization	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7875	arthroscopy: synovectomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7876	arthroscopy: discectomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7877	arthroscopy: debridement	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7880	occlusal orthotic device, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7881	occlusal orthotic device adjustment	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7899	unspecified TMD therapy, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7910	suture of recent small wounds up to 5 cm	Basic	Submit to medical carrier.	None	Basic	Submit to medical carrier.	None	None
D7911	complicated suture - up to 5 cm	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7912	complicated suture - greater than 5 cm	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7920	skin graft (identify defect covered, location and type of graft)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7921	collection and application of autologous blood concentrate product	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Basic	Not a covered benefit.	None	Basic	Always integral.	None	None
D7939	indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7940	osteoplasty - for orthognathic deformities	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7941	osteotomy - mandibular rami	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7944	osteotomy - segmented or subapical	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7945	osteotomy - body of mandible	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7946	Leefolt I (maxilla – total)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7947	LeFort I (maxilla – segmented)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7949	LeFort II or LeFort III – with bone graft	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7951	sinus augmentation with bone or bone substitutes via a lateral open approach	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7952	sinus augmentation via a vertical approach	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7953	bone replacement graft for ridge preservation - per site	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7955	repair of maxillofacial soft and/or hard tissue defect	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7956	guided tissue regeneration, edentulous area – resorbable barrier, per site	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D7957	guided tissue regeneration, edentulous area – non-resorbable barrier, per site	Basic	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D7961	buccal/labial frenectomy (frenulectomy)	Major	One (1) per lifetime.	Arch identification; Detailed narrative	Major	One (1) per lifetime.	None	None
D7962	lingual frenectomy (frenulectomy)	Major	One (1) per lifetime.	Arch identification; Detailed narrative	Major	One (1) per lifetime.	None	None
D7963	frenuloplasty	Basic	Not a covered benefit	None	Major	One (1) per lifetime.	None	None
D7970	excision of hyperplastic tissue - per arch	Basic	One (1) per five (5) year period.	Arch identification; Operative report	Major	One (1) per five (5) year period.	None	None

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D7971	excision of pericoronal gingiva	Basic	One (1) per five (5) year period. This procedure applies to the excision of tissue distal to the 2 <sup>nd</sup> and 3 <sup>rd</sup> molars.	Detailed narrative	Major	One (1) per five (5) year period.	None	None
D7972	surgical reduction of fibrous tuberosity	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7979	non - surgical sialolithotomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7980	surgical sialolithotomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7981	excision of salivary gland, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7982	sialodochoplasty	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7983	closure of salivary fistula	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7990	emergency tracheotomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7991	coronoidectomy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7993	surgical placement of craniofacial implant - extra oral	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7994	surgical placement: zygomatic implant	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D7995	synthetic graft-mandible or facial bones, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7996	implant- mandible for augmentation purposes (excluding alveolar ridge), by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7998	intraoral placement of a fixation device not in conjunction with a fracture	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D7999	unspecified oral surgery procedure, by report	Basic	Not a covered benefit Not a covered benefit.	None	Basic	By Report.	Tooth identification, Detailed narrative	Individual Consideration. Detailed narrative required.

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## XI. D8000-D8999 Orthodontics

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### **Orthodontic Benefit Administration**

- Orthodontic benefits are covered for age 0 through 18, and limited to the repair of cleft lip and palate or other severe facial birth defects or injury for which the function of speech, swallowing, or chewing shall be restored.
- Prior Authorization is required for medically necessary orthodontic care.
- Approved Medically- necessary orthodontic care must be performed by an HMSA participating orthodontist, to qualify for plan benefits.
- A limited number of HCR plans cover cosmetic orthodontic procedures. Prior authorization is not required for cosmetic orthodontic care. Refer to member's plan for orthodontic eligibility requirements or refer to the member's plan Guide to Benefits for specific orthodontic benefits.

### **Limited Orthodontic Treatment**

Orthodontic treatment with a limited objective, not necessarily involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

### **Interceptive Orthodontic Treatment**

Interceptive orthodontics is an extension of preventive orthodontics that may include localized tooth movement. Such treatment may occur in the primary or transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of dental crossbite or recovery of space loss where overall space is inadequate. When initiated during the incipient stages of a developing problem, interceptive orthodontics may reduce the severity of the malformation and mitigate its cause. Complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions may require subsequent comprehensive therapy.

### **Comprehensive Orthodontic Treatment**

Comprehensive orthodontic care includes a coordinated diagnosis and treatment leading to the improvement of a patient's craniofacial dysfunction and/or dentofacial deformity which may include anatomical, functional, and/or esthetic relationships. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or to facilitate care may be required. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development.

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D8010	limited orthodontic treatment of the primary dentition	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8020	limited orthodontic treatment of the transitional dentition	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8030	limited orthodontic treatment of the adolescent dentition	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8040	limited orthodontic treatment of the adult dentition	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8070	comprehensive orthodontic treatment of the transitional dentition	Ortho	Prior Authorization Required for Medically Necessary Orthodontic treatment.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8080	comprehensive orthodontic treatment of the adolescent dentition	Ortho	Prior Authorization Required for Medically Necessary Orthodontic treatment.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.

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D8090	comprehensive orthodontic treatment of the adult dentition	Ortho	Prior Authorization Required for Medically Necessary Orthodontic treatment.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8091	comprehensive orthodontic treatment associated with orthognathic surgery when additional surgical intervention is planned	Ortho	Medical Necessary only, Limited to Members age 19 and under.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	Not a covered benefit	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8210	removable appliance therapy	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit, when performed by an HMSA participating orthodontist.
D8220	fixed appliance therapy	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	A limited number of dental plans have cosmetic orthodontic benefits.	None	Approved Medically necessary orthodontic care is only a benefit, when performed by an HMSA participating orthodontist.
D8660	pre-orthodontic treatment examination to monitor growth and development	Ortho	A limited number of dental plans have cosmetic orthodontic benefits	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	Not a covered benefit.	None	Approved Medically necessary orthodontic care is only a benefit, when performed by an HMSA participating orthodontist.
D8670	periodic orthodontic treatment visit	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None

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D8671	periodic orthodontic treatment visit for comprehensive treatment associated with orthognathic surgery	Ortho	Integral to D8091	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	Not a covered benefit	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8680	orthodontic retention (removal of appliances, construction, and placement of retainer(s))	Ortho	A limited number of dental plans have cosmetic orthodontic benefits	<b>Prior Authorization Required for Medically Necessary Orthodontic treatment.</b>	Ortho	Not a covered benefit.	None	Approved Medically necessary orthodontic care is only a benefit when performed by an HMSA participating orthodontist.
D8681	removable orthodontic retainer adjustment	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8695	removal of fixed orthodontic appliances for reasons other than completion of treatment	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8696	repair of orthodontic appliance - maxillary	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8697	repair of orthodontic appliance - mandibular	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8698	re-cement or re-bond fixed retainer - maxillary	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None

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D8699	re-cement or re-bond fixed retainer - mandibular	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8701	repair of fixed retainer, includes reattachment - maxillary	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8702	repair of fixed retainer, includes reattachment - mandibular	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8703	replacement of lost or broken retainer - maxillary	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8704	replacement of lost or broken retainer - mandibular	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None
D8999	unspecified orthodontic procedure, by report	Ortho	Not a covered benefit.	None	Ortho	Not a covered benefit.	None	None

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## XII. D9000-D9999 Adjunctive General Services

CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D9110	palliative treatment of dental pain – per visit	Basic	Four (4) visits per year.	Tooth Quadrant or Arch identification. A narrative description of procedure must accompany the claim	Basic	Four (4) visits per year.	Tooth Quadrant or Arch identification A narrative description of procedure must accompany the claim	To be considered palliative, the procedure should alleviate but not curative; services provided do not have distinct procedure codes. Coverage is for the palliative treatment (per visit) providing no other eligible services, except diagnostic radiographs, are performed. One (1) palliative service per visit. If submitted in conjunction with definitive procedures palliative treatment will be denied.
D9120	fixed partial denture sectioning	Major	Not a covered benefit.	None	Basic	By report.	None	None
D9128	photobiomodulation therapy – first 15-minute increment, or any portion thereof	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9129	photobiomodulation therapy – each subsequent 15-minute increment, or any portion thereof	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9130	temporomandibular joint dysfunction - non-invasive physical therapies	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None

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CDT Code	Description of Service	Pediatric Service Type	HCR Pediatric Plan Ages 0 through 18 Procedure Guidelines or Frequency Limitation	HCR Pediatric Plan Ages 0 through 18 Submission Requirements	Adult Service Type	HCR Adult Plan Ages 19 and older Procedure Guidelines or Frequency Limitation	HCR Adult Plan Ages 19 and older Submission Requirements	Integral Considerations and Exclusions
D9210	local anesthesia not in conjunction with operative or surgical procedures	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	Considered part of total fee for non-surgical or surgical services.
D9211	regional block anesthesia	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	Considered part of total fee for non-surgical or surgical services.
D9212	trigeminal division block anesthesia	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9215	local anesthesia in conjunction with operative or surgical procedures	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9219	evaluation for moderate sedation, deep sedation, or general anesthesia	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9222	administration of deep sedation/general anesthesia – first 15 minutes increment, or any portion thereof With or without co-administration of nitrous oxide	Basic	One (1) unit per session.  Covered for deep sedation/general anesthesia but limited to the following: <ul style="list-style-type: none"> <li>• Covered when performed in conjunction with a covered oral surgical procedure</li> <li>• Administered in a hospital setting</li> <li>• Services cannot be safely performed in an office setting due to underlying medical conditions</li> </ul> Services cannot be safely performed in a dental office due to an uncooperative patient, or extensive oral treatment is necessary to prevent dental or medical complications.	None	Basic	One (1) unit per session.  Deep sedation, general anesthesia is a covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code.	None	General anesthesia will be paid only when performed in conjunction with a covered oral surgical procedure code.

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D9223	administration of deep sedation/ general anesthesia – each subsequent 15 minute increment, or any portion thereof	Basic	Two (2) units per session.  Covered for deep sedation/general anesthesia but limited to the following: <ul style="list-style-type: none"> <li>• Covered when performed in conjunction with a covered oral surgical procedure</li> <li>• Administered in a hospital setting</li> <li>• Services cannot be safely performed in an office setting due to underlying medical conditions</li> </ul> Services cannot be safely performed in a dental office due to an uncooperative patient, or extensive oral treatment is necessary to prevent dental or medical complications.	None	Basic	Two (2) units per session  Deep sedation/ general anesthesia is a covered benefit when medically and claimed in conjunction with a covered oral surgical procedure code.	None	General anesthesia will be paid only when performed in conjunction with a covered oral surgical procedure code.
D9224	Administration of general anesthesia with advanced airway – first 15-minute increment, or any portion thereof	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9225	general anesthesia with advanced airway – each subsequent 15-minute increment, or any portion thereof	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9230	administration of nitrous oxide when nitrous oxide is administered as a single agent	Basic	Limited to under thirteen (13) years old and only in conjunction with a treatment service. Limited to providers with formal post-graduate training.	None	Basic	Not a covered benefit.	None	None

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D9239	administration of moderate sedation – intravenous - first 15 minute increment, or any portion thereof When moderate sedation is achieved by administration and titration of drug(s) intravenously. With or without co-administration of nitrous oxide	Basic	One (1) unit per session.  Covered for Intravenous moderate (conscious) sedation/analgesia, but limited to the following: <ul style="list-style-type: none"> <li>• Covered when performed in conjunction with a covered oral surgical procedure</li> <li>• Administered in a hospital setting</li> <li>• Services cannot be safely performed in an office setting due to underlying medical conditions</li> </ul> Services cannot be safely performed in a dental office due to an uncooperative patient, or extensive oral treatment is necessary to prevent dental or medical complications.	None	Basic	One (1) unit per session.  Intravenous moderate (conscious) sedation/analgesia is a covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code.	None	General anesthesia will be paid only when performed in conjunction with a covered oral surgical procedure code.

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D9243	administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	Basic	Two (2) units per session  Covered for Intravenous moderate (conscious) sedation/analgesia, but limited to the following: <ul style="list-style-type: none"> <li>Covered when performed in conjunction with a covered oral surgical procedure</li> <li>Administered in a hospital setting</li> <li>Services cannot be safely performed in an office setting due to underlying medical conditions</li> </ul> Services cannot be safely performed in a dental office due to an uncooperative patient, or extensive oral treatment is necessary to prevent dental or medical complications.	None	Basic	Two (2) units per session  Intravenous moderate (conscious) sedation/analgesia is a covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code.	None	General anesthesia will be paid only when performed in conjunction with a covered oral surgical procedure code.
D9244	in-office administration of minimal sedation – single drug – enteral	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9245	administration of moderate sedation – enteral	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9246	administration of moderate sedation – non-intravenous parenteral – first 15-minute increment, or any portion thereof	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9247	administration of moderate sedation – non-intravenous parenteral – each subsequent 15-minute increment, or any portion thereof	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Basic	One (1) per day, limited to Pedo, Oral Surgery and Endo specialties.	None	Preventive	Not a covered benefit.	None	None
D9311	consultation with a medical health care professional	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D9410	house/extended care facility call	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D9420	hospital or ambulatory surgical center call	Basic	One (1) per day.	None	Preventive	Not a covered benefit.	None	None

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D9430	office visit for observation (during regularly scheduled hours) - no other services performed	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D9440	office visit - after regularly scheduled hours	Basic	Only billable in conjunction with an emergency service.	None	Basic	By report, no frequency limitations.	Detailed narrative	This procedure may be paid in addition to other dental procedures
D9450	case presentation, subsequent to detailed and extensive treatment planning	Preventive	Not a covered benefit.	None	Preventive	Not a covered benefit.	None	None
D9610	therapeutic parenteral drug, single administration	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9612	therapeutic parenteral drug, two or more administrations, different medications	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9613	infiltration of sustained release therapeutic drug, per quadrant	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9630	drugs or medicaments dispensed in the office for home use	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9910	application of desensitizing medicament	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9911	application of desensitizing resin for cervical and/or root surface, per tooth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9912	pre-visit patient screening	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9913	administration of neuromodulators	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9914	administration of dermal fillers	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9920	behavior management, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9930	treatment of complications (post-surgical) - unusual circumstances, by report	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9932	cleaning and inspection of removable complete denture, maxillary	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9933	cleaning and inspection of removable complete denture, mandibular	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9934	cleaning and inspection of removable partial denture, maxillary	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9935	cleaning and inspection of removable partial denture, mandibular	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9936	cleaning and inspection of occlusal guard – per appliance	Basic	Integral	None	Basic	Integral	None	None
D9938	fabrication of a custom removable clear plastic temporary aesthetic appliance	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9939	placement of a custom removable clear plastic temporary aesthetic appliance	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9941	fabrication of athletic mouthguard	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D9942	repair and/or reline of occlusal guard	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9943	occlusal guard adjustment	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9944	occlusal guard - hard appliance, full arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D9945	occlusal guard - soft appliance, full arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D9946	occlusal guard – hard appliance, partial arch	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D9947	custom sleep apnea appliance fabrication and placement	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D9948	adjustment of custom sleep apnea appliance	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D9949	repair of custom sleep apnea appliance	Major	Not a covered benefit.	None	Major	Not a covered benefit.	None	None
D9950	occlusion analysis - mounted case	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9951	occlusal adjustment - limited	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9952	occlusal adjustment - complete	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9953	reline custom sleep apnea appliance (indirect)	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9955	oral appliance therapy (OAT) titration visit	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9956	administration of home sleep apnea test	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9957	screening for sleep related breathing disorders	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9959	unspecified sleep apnea services procedure, by report	Basic	Not a covered benefit.	Tooth Quadrant or Arch identification and a detailed narrative.	Basic	Not a covered benefit.	Tooth Quadrant or Arch identification and a detailed narrative.	None
D9961	duplicate /copy patient's records	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9970	enamel microabrasion	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9971	odontoplasty - per tooth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9972	external bleaching - per arch - performed in office	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9973	external bleaching - per tooth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9974	internal bleaching - per tooth	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9985	sales tax	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9986	missed appointment	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9987	cancelled appointment	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9990	certified translation or sign-language services - per visit	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9991	dental case management - addressing appointment compliance barriers	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9992	dental case management - care coordination	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None

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D9993	dental case management - motivational interviewing	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9994	dental case management - patient education to improve health literacy	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9995	teledentistry - synchronous; real-time encounter	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9996	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9997	dental case management - patients with special health care needs	Basic	Not a covered benefit.	None	Basic	Not a covered benefit.	None	None
D9999	unspecified adjunctive procedure, by report	Basic	Not a covered benefit.	None	Basic	By report	Tooth Quadrant or Arch identification and a detailed narrative.	Individual Consideration. Detailed narrative required.

**NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.