2025 PPO Standard CDT Guide

Dental Procedure Codes and Nomenclature

Hawaii Procedure Guidelines

hmsa

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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 – 2025*.

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 claim, you can:

- ✓ Refer to the Dental Administrative Manual
- ✓ Go to **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** 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.

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.**

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

CLINICAL ORAL EVALUATIONS: The codes in this section recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, which includes diagnosis and treatment planning, is the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic or definitive procedures separately.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0120	**periodic oral evaluation - established patient**	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	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. Note: If member is enrolled in Oral Health for Total Health, D0120 may be covered four (4) per calendar year.	None
D0140	**limited oral evaluation - problem focused**	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	These may require interpretation of information acquired through additional diagnostic procedures. Definitive procedures may be required on the same date as the evaluation.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0145	**oral evaluation for a patient under three years of age and counseling with primary caregiver**	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	Preferably within the first six (6) months of the eruption of the first primary tooth, including recording the oral and physical health history, especially of caries susceptibility, development of an appropriate preventive oral health regime and communication with and counseling of the child's parent, legal guardian, and/or primary caregiver.	None
D0150	**comprehensive oral evaluation - new or established patient**	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	The exam is a thorough evaluation and recording of the extraoral hard and soft tissues. This includes an evaluation for oral cancer where indicted, the evaluation and recording of the patient's dental and medical history and a general health assessment. In addition, the exam would include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. It may also require interpretation of information acquired through additional diagnostic procedures. This procedure applies to new patients or established patients who have been absent from active treatment three (3) or more years. The procedure also applies to established patients who have had a significant change in health conditions or other unusual circumstances.	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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0160	**detailed and extensive oral evaluation - problem focused, by report**	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	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.	None
D0170	**re-evaluation-limited, problem focused (established patient; not post-operative visit)**	Not a covered benefit	None	None
D0171	**re-evaluation- post-operative office visit**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0180	**comprehensive periodontal evaluation - new or established patient**	Only two (2) evaluation codes in any combination are allowed per member per calendar year.	Indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient's dental and medical history and general health assessment. It may also include the evaluation and recording or dental caries, missing or unerupted teeth, restorations, occlusal relationships, and oral cancer evaluation.	None
D0190	**screening of a patient**	Not a covered benefit	A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.	None
D0191	**assessment of a patient**	Not a covered benefit	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.	None
D0210	**intraoral - comprehensive series of radiographic images**	One (1) in a three (3) year period D0210 or D0330. Frequency limits for certain plans may vary from this standard, please refer to your plan policy for details and confirmation.	Covered based on the last service date once every three (3) years, except for the Federal plan which is covered once every five (5) years, based on the last service date.	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0220	**intraoral - periapical first radiographic image**	One (1) per day (no waiting period)	Periapical films, for diagnostic purposes, are covered as needed. Intra-operative "working" radiographs are included with complete root canal therapy. Periapical film taken with Panoramic film on the same day will deny and will be non-billable to the patient.	None
D0230	**intraoral - periapical each additional radiographic image**	Not to exceed five (5) films per date of service. (No waiting period)	Periapical films, for diagnostic purposes, are covered as needed. Intra-operative "working" radiographs are included with complete root canal therapy. Periapical film taken with Panoramic film on the same day will deny and will be non-billable to the patient.	None
D0240	**intraoral - occlusal radiographic image**	By report	Not payable as a substitute for children's complete series of intraoral radiographs.	Arch identification
D0250	**extra-oral- 2D projection radiographic image created using a stationary radiation source, and detector**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0251	**extra-oral posterior dental radiographic image**	Not a covered benefit	None	None
D0270	**bitewing – single (1) radiographic image**	One (1) set per calendar year	**Any of these codes constitute a set of bitewings.** When bitewings are taken within twelve (12) months of a FMX, these guidelines apply. • If bitewings have been taken prior to an FMX, no limitation applies and both procedures will be paid. • 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.	None
D0272	**bitewings – two (2) radiographic images**	One (1) set per calendar year	Refer to details listed for Code D0270.	None
D0273	**bitewings – three (3) radiographic images**	One (1) set per calendar year	Refer to details listed for Code D0270.	None
D0274	**bitewings - four (4) radiographic images**	One (1) set per calendar year	Refer to details listed for Code D0270.	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0277	**vertical bitewings - 7 to 8 radiographic images**	One (1) set per calendar year, for patients fifteen (15) years and older.	Vertical bitewings constitute a set of bitewings. When bitewings are taken within 12 months of a FMX, these guidelines apply. • If bitewings have been taken prior to an FMX, no limitation applies and both procedures will be paid. 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.	None
D0310	**sialography**	Not a covered benefit	None	None
D0320	**temporomandibular joint arthrogram, including injection**	Not a covered benefit	None	None
D0321	**other temporomandibular joint radiographic images, by report**	Not a covered benefit	None	None
D0322	**tomographic survey**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0330	**panoramic radiographic image**	One (1) in a three (3) year period D0210 or D0330. Frequency limits for certain plans may vary from this standard, please refer to your plan policy for details and confirmation.	Panoramic film is allowable in place of a complete series (D0210) based on the last service date, with the frequency depending upon the terms of the dental plan. Allowance for a complete series varies among dental plans and ranges from one (1) per calendar year to one (1) every five (5) years. Additional panoramic film may be allowed for oral surgeons, provided any previous panoramic film is more than twelve (12) months old.	None
D0340	**2D cephalometric radiographic image - acquisition, measurement, and analysis**	Not a covered benefit	None	None
D0350	**2D oral/facial photographic image obtained intra-orally or extra-orally**	Not a covered benefit	None	None
D0364	**cone beam CT capture and interpretation with limited field of view - less than one whole jaw**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0365	**cone beam CT capture and interpretation with field of view of one full dental arch - mandible**	Not a covered benefit	None	None
D0366	**cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium**	Not a covered benefit	None	None
D0367	**cone beam CT capture and interpretation with field of view of both jaws; with or without cranium**	Not a covered benefit	None	None
D0368	**cone beam CT capture and interpretation for TMJ series including two or more exposures**	Not a covered benefit	None	None
D0369	**maxillofacial MRI capture and interpretation**	Not a covered benefit	None	None
D0370	**maxillofacial ultrasound capture and interpretation**	Not a covered benefit	None	None
D0371	**sialoendoscopy capture and interpretation**	Not a covered benefit	None	None
D0372	**intraoral tomosynthesis - comprehensive series of radiographic images**	Alternate Benefit (L.E.A.T.) D0210	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0373	**intraoral tomosynthesis – bitewing radiographic image**	Cover as L.E.A.T. benefit for D0270 BWXR	None	None
D0374	**intraoral tomosynthesis – periapical radiographic image**	Cover as L.E.A.T. benefit for D0220 PAXR	None	None
D0380	**cone beam CT capture with limited field of view - less than whole jaw**	Not a covered benefit	None	None
D0381	**cone beam CT image capture with field of view of one full dental arch - mandible**	Not a covered benefit	None	None
D0382	**cone beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium**	Not a covered benefit	None	None
D0383	**cone beam CT image capture with field of view of both jaws; with or without cranium**	Not a covered benefit	None	None
D0384	**cone beam CT image capture for TMJ series including two or more exposures**	Not a covered benefit	None	None
D0385	**maxillofacial MRI image capture**	Not a covered benefit	None	None
D0386	**maxillofacial ultrasound image capture**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0387	**intraoral tomosynthesis – comprehensive series of radiographic images – image capture**	Not a covered benefit	None	None
D0388	**intraoral tomosynthesis – bitewing radiographic image – image capture only**	Not a covered benefit	None	None
D0389	**intraoral tomosynthesis – periapical radiographic image – image capture only**	Not a covered benefit	None	None
D0391	**intraoral - complete series of radiographic images - image capture only**	Not a covered benefit	None	None
D0393	**virtual treatment simulation using 3D image volume or surface scan**	Not a covered benefit	None	None
D0394	**digital subtraction of two or more images or image volumes of the same modality**	Not a covered benefit	None	None
D0395	**fusion of two or more 3D image volumes of one or more modalities**	Not a covered benefit	None	None
D0396	**3D printing of a 3D dental surface scan**	Not a covered benefit	Not a covered benefit	None
D0411	**HbA1c in-office point of service testing**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0412	**blood glucose level test - in- office using a glucose meter**	Not a covered benefit	None	None
D0414	**laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report.**	Not a covered benefit	None	None
D0415	**collection of microorganisms for culture and sensitivity**	Not a covered benefit	None	None
D0416	**viral culture**	Not a covered benefit	None	None
D0417	**collection and preparation of saliva sample for laboratory diagnostic testing**	Not a covered benefit	None	None
D0418	**analysis of saliva sample**	Not a covered benefit	None	None
D0419	**assessment of salivary flow by measurement**	Not a covered benefit	None	None
D0422	**collection and preparation of genetic sample material for laboratory analysis and report**	Not a covered benefit	None	None
D0423	**genetic test for susceptibility to diseases - specimen analysis**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0425	**caries susceptibility tests**	Not a covered benefit	None	None
D0431	**adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures**	Not a covered benefit	None	None
D0460	**pulp vitality tests**	One (1) per member calendar year	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.	None
D0470	**diagnostic casts**	Not a covered benefit	Not a covered benefit	None
D0472	**accession of tissue, gross and microscopic examination, preparation, and transmission of written report**	Not a covered benefit	Not a covered benefit	None
D0473	**accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report**	Not a covered benefit	Not a covered benefit	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0474	**accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report**	Not a covered benefit	None	None
D0475	**decalcification procedure**	Not a covered benefit	None	None
D0476	**special stains for microorganisms**	Not a covered benefit	None	None
D0477	**special stains, not for microorganisms**	Not a covered benefit	None	None
D0478	**immunohistochemical stains**	Not a covered benefit	None	None
D0479	**tissue in-situ hybridization, including interpretation**	Not a covered benefit	None	None
D0480	**accession of exfoliative cytologic smears, microscopic examination, preparation, and transmission of written report**	Not a covered benefit	None	None
D0481	**electron microscopy**	Not a covered benefit	None	None
D0482	**direct immunofluorescence**	Not a covered benefit	None	None
D0483	**indirect immunofluorescence**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0484	**consultation on slides prepared elsewhere**	Not a covered benefit	None	None
D0485	**consultation, including preparation of slides from biopsy material supplied by referring source**	Not a covered benefit	None	None
D0486	**laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report**	Not a covered benefit	None	None
D0502	**other oral pathology procedures, by report**	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**	Not a covered benefit	None	None
D0601	**caries risk assessment and documentation, with a finding of low risk**	Not a covered benefit	None	None
D0602	**caries risk assessment and documentation, with a finding of moderate risk**	Not a covered benefit	None	None
D0603	**caries risk assessment and documentation, with a finding of high risk**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0604	**antigen testing for a public health related pathogen including coronavirus**	Not a covered benefit	None	None
D0605	**antibody testing for a public health related pathogen, including coronavirus**	Not a covered benefit	None	None
D0701	**panoramic radiographic image - image capture only**	Not a covered benefit	None	None
D0702	**2-D cephalometric radiographic image - image capture only**	Not a covered benefit	None	None
D0703	**2-D oral/facial photographic image obtained intra-orally or extra-orally image capture only**	Not a covered benefit	None	None
D0705	**extra-oral posterior dental radiographic image - image capture only**	Not a covered benefit	None	None
D0706	**intraoral - occlusal radiographic image - image capture only**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D0707	**intraoral - periapical radiographic image - image capture only**	Not a covered benefit	None	None
D0708	**intraoral - bitewing radiographic image - image capture only**	Not a covered benefit	None	None
D0709	**intraoral - comprehensive series of radiographic images - image capture only**	Not a covered benefit	None	None
D0801	**3D intraoral surface scan – direct**	Integral	• Denied as INTEGRAL when provided by the same dentist as Diagnostic casts (D0470). • Denied as INTEGRAL when provided on the same date or within 30 days by the same dentist as a Space Maintainer (D1510, D1516, D1517, D1520, D1526, D1527, D1575), Inlay/Onlay restorations (D2510-D2664), Crown (D2710-D2799), Prefabricated crown (D2928-D2934), Indirectly fabricated post and core (D2952), veneer (D2960-D2962), Additional procedures to customize a crown to fit under an existing partial (D2971), Coping (D2975), Crown/Inlay/Onlay/Veneer Repair (D2980-D2983), Dentures (D5110-D5140), Partial dentures (D5211-	None

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			D5286), Denture rebase and reline (D5710-D5765), Implant services (D6010-D6199), Fixed partial denture (D6205-D6794), and Orthodontic services (D8010-D8090, D8210-D8220, D8660, D8680).	
D0802	**3D dental surface scan – indirect**	Integral	Integral details listed for D0801 apply to D0802.	None
D0803	**3D facial surface scan – direct**	Not a covered benefit	None	None
D0804	**3D facial surface scan – indirect**	Not a covered benefit	None	None
D0999	**unspecified diagnostic procedure, by report**	By report	Individual Consideration. Detailed narrative required.	Detailed narrative

II. D1000-D1999 Preventive

DENTAL PROPHYLAXIS: When one (1) periodontal service and cleaning are completed on the same date of service, the plan will pay for the more extensive treatment (periodontal service).

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D1110	**prophylaxis - adult**	Two (2) per calendar year age thirteen (13) and older	Covered according to the terms of dental plan. Code D1110 may be used for member's aged thirteen (13) and older. Code D1120 should be used for children aged twelve (12) and younger. Note: If member is enrolled in Oral Health for Total Health, D1110/D1120 or D4346 or D4910 is covered once every three months.	None
D1120	**prophylaxis - child**	Two (2) per calendar year age twelve (12) and younger	Covered according to the terms of dental plan. Code D1110 may be used for member's aged thirteen (13) and older. Code D1120 should be used for children aged twelve (12) and younger.	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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D1206	**topical application of fluoride varnish**	Two (2) per calendar year through age eighteen (18).	Coverage is twice per calendar year for FFS/PPO Dental Plans. Fluoride varnish, code D1206, can be used in combination with D1208 up to a total of two (2), topical or varnish fluoride applications per calendar year. The patient must be age eighteen (18) or younger. 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.	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D1208	**topical application of fluoride - excluding varnish**	Two (2) per calendar year through age eighteen (18).	Coverage is two (2) per calendar year for FFS/PPO Dental Plans. Topical application of fluoride, code D1208, can be used in combination with D1206 up to a total of two (2), topical or varnish fluoride applications per calendar year. The patient must be age eighteen (18) or younger. 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.	None
D1301	**immunization counseling**	Not a covered benefit.	Integral to exams D0120-D0180	None
D1310	**nutritional counseling for control of dental disease**	Integral	None	None
D1320	**tobacco counseling for the control and prevention of oral disease**	Integral	None	None
D1321	**counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high - risk substance use**	Integral	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D1330	**oral hygiene instructions**	Integral	None	None
D1351	**sealant - per tooth**	One (1) per tooth per lifetime up to age sixteen (16).	Sealants are a benefit of most dental plans, with a few exceptions. When covered, sealants are allowed for permanent molars only.	Tooth Identification
D1352	**preventive resin restoration in a moderate to high caries-risk patient; permanent tooth**	One (1) per tooth per lifetime up to age sixteen (16).	Sealants are a benefit of most dental plans, with a few exceptions. When covered, sealants are allowed for permanent molars only.	Tooth Identification
D1353	**sealant repair – per tooth**	Integral within twelve (12) months of placement of sealant by the same dentist. Otherwise, not a covered benefit	None	None
D1354	**interim caries arresting medicament application – per tooth**	Two (2) applications per tooth per year for members – No age limit.	None	None
D1355	**caries preventive medicament application – per tooth**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D1510	**space maintainer – fixed, unilateral**	One (1) per arch per lifetime, age thirteen (13) and younger.	The procedure codes listed are not to be used to claim for the temporary replacement of teeth for adults. Once per lifetime. For most dental plans, the patient must be age thirteen (13) or younger. This limitation may vary depending on the terms of the patient's dental plan.	Arch identification
D1516	**space maintainer – fixed, bilateral maxillary**	One (1) per arch per lifetime age	Refer to details listed for Code D1510.	Arch identification
D1517	**space maintainer – fixed, bilateral mandibular**	One (1) per arch per lifetime age	Refer to details listed for Code D1510.	Arch identification
D1520	**space maintainer – removable, bilateral**	One (1) per arch per lifetime age	Refer to details listed for Code D1510.	Arch identification
D1526	**space maintainer – removable, bilateral maxillary**	One (1) per arch per lifetime age	Refer to details listed for Code D1510.	Arch identification
D1527	**space maintainer – removable, bilateral mandibular**	One (1) per arch per lifetime age	Refer to details listed for Code D1510.	Arch identification
D1550	**re-cement or re-bond space maintainer**	One (1) in a twelve (12) month period.	Re-cementation is allowed if more than six (6) months have passed since insertion.	Arch identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D1551	**re-cement or re-bond bilateral space maintainer - maxillary**	One (1) per plan year. No age limit. Payable six (6) months post insertion.	None	Arch identification
D1552	**re-cement or re-bond bilateral space maintainer - mandibular**	One (1) per plan year. No age limit. Payable six (6) months post insertion.	None	Arch identification
D1553	**re-cement or re-bond unilateral space maintainer - per quadrant**	One (1) per plan year. No age limit. Payable six (6) months post insertion.	None	Arch identification
D1556	**removal of fixed unilateral space maintainer - per quadrant**	One (1) per space maintainer. Service only allowed if performed by provider other than provider placing space maintainer. No age limit	None	Arch identification
D1557	**removal of fixed bilateral space maintainer - maxillary**	One (1) per space maintainer. Service only allowed if performed by provider other than provider placing space maintainer. No age limit	None	Arch identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D1558	**removal of fixed bilateral space maintainer - mandibular**	One (1) per space maintainer. Service only allowed if performed by provider other than provider placing space maintainer. No age limit	None	Arch identification
D1575	**distal shoe space maintainer – fixed – unilateral**	One (1) per arch per lifetime age thirteen (13) and younger.	This code shares frequency limitation with Code D1510. Member benefit will cover either D1510 or D1575 and not both.	Arch identification
D1781	**vaccine administration – human papillomavirus – Dose 1**	Not a covered benefit	None	None
D1782	**vaccine administration – human papillomavirus – Dose 2**	Not a covered benefit	None	None
D1783	**vaccine administration – human papillomavirus – Dose 3**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D1999	**unspecified preventive procedure, by report**	Not a covered benefit.	None	None

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III. D2000-D2999 Restorative

Local anesthesia is usually considered to be part of Restorative procedures

Explanation of Restorations

Location	Number of Surfaces	Characteristics
Anterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Incisal, Lingual, or Facial (or Labial).
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial - Lingual
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual – Mesial – Facial (or Labial)
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial – Incisal – Lingual – Facial (or Labial)
Posterior	1	Placed on one of the following five surface classifications – Mesial, Distal, Occlusal, Lingual, or Buccal
	2	Placed, without interruption, on two of the five surface classifications – e.g., Mesial – Occlusal
	3	Placed, without interruption, on three of the five surface classifications – e.g., Lingual – Occlusal – Distal
	4 or more	Placed, without interruption, on four or more of the five surface classifications – e.g., Mesial – Occlusal – Lingual – Distal.

Note: Tooth surfaces are reported on the HIPAA standard electronic dental transaction and the ADA Dental Claim Form using the letters in the following table.

Surface	Code
Buccal	B
Distal	D
Facial (or Labial)	F
Incisal	I
Lingual	L
Mesial	M
Occlusal	O

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2140	**amalgam - one surface, primary or permanent**	One (1) restoration per surface per tooth per twelve (12) month period	Coverage includes polishing. 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.	Tooth identification, Surface identification
D2150	**amalgam - two surfaces, primary or permanent**	One (1) restoration per surface per tooth per twelve (12) month period	Refer to details listed for Code D2140.	Tooth identification, Surface identification
D2160	**amalgam - three surfaces, primary or permanent**	One (1) restoration per surface per tooth per twelve (12) month period	Refer to details listed for Code D2140.	Tooth identification, Surface identification
D2161	**amalgam - four or more surfaces, primary or permanent**	One (1) restoration per surface per tooth per twelve (12) month period	Refer to details listed for Code D2140.	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2330	**resin-based composite - one surface, anterior**	One (1) restoration per surface per tooth per twelve (12) month period	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.	Tooth identification, Surface identification
D2331	**resin-based composite - two surfaces, anterior**	One (1) restoration per surface per tooth per twelve (12) month period	Refer to details listed for Code D2330.	Tooth identification, Surface identification
D2332	**resin-based composite - three surfaces, anterior**	One (1) restoration per surface per tooth per twelve (12) month period	Refer to details listed for Code D2330.	Tooth identification, Surface identification
D2335	**resin-based composite - four or more surfaces or involving incisal angle (anterior)**	One (1) restoration per surface per tooth per twelve (12) month period	Refer to details listed for Code D2330.	Tooth identification, Surface identification
D2390	**resin-based composite crown, anterior**	One (1) per tooth per three (3) years. Alternate benefit D2930 for primary teeth and D2931 for permanent teeth. Not subject to twelve (12) months	Covered according to the terms of the member's dental plan. 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 (3) year waiting period between services.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2391	**resin-based composite - one surface, posterior**	One (1) surface per tooth per twelve (12) months	Covered according to the terms of the member's dental plan. Stand-alone single facial restorations on bicuspids will be considered as exceptions and will be covered as composites. Specify surfaces and tooth numbers. Limited to one (1) surface (O, M, D, B, L) per twelve (12) month period regardless of materials used and how many separate restorations share the same surface. Example: Two (2) separate restorations, an MO and DO will be paid as D2393 MOD. There is a twelve (12) month waiting period between services. If a member elects to have a resin-based composite restoration on a posterior tooth, the member will be responsible for the difference between the alternate amalgam allowance and the dentist's charge.	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2392	**resin-based composite - two surfaces, posterior**	One (1) surface per tooth per twelve (12) months	Refer to details listed for Code D2391.	Tooth identification, Surface identification
D2393	**resin-based composite - three surfaces, posterior**	One (1) surface per tooth per twelve (12) months	Refer to details listed for Code D2391.	Tooth identification, Surface identification
D2394	**resin-based composite - four or more surfaces, posterior**	One (1) surface per tooth per twelve (12) months	Refer to details listed for Code D2391.	Tooth identification, Surface identification
D2410	**gold foil - one surface**	Not a covered benefit	None	None
D2420	**gold foil - two surfaces**	Not a covered benefit	None	None
D2430	**gold foil - three surfaces**	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.
- Onlays are defined as needing buccal and or lingual cusp reduction and coverage.

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 fifteen (15) 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 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.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2510	**inlay – metallic, 1 surface**	One (1) per tooth per five (5) years. See benefit criteria and limitations at the beginning of this section.	Metallic inlays may be covered when clinical conditions such as extensive caries or fractures do not permit a direct restoration. Coverage is for permanent teeth only. Frequency limitations: There is a five (5) year waiting between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D2520	**inlay – metallic, 2 surfaces**	One (1) per tooth per five (5) years. See benefit criteria and limitations at the beginning of this section.	Refer to details listed for Code D2510.	Tooth identification, Surface identification
D2530	**inlay – metallic, 3 or more surfaces**	One (1) per tooth per five (5) years. See benefit criteria and limitations at the beginning of this section.	Refer to details listed for Code D2510.	Tooth identification, Surface identification
D2542	**onlay – metallic, 2 surfaces**	One (1) per tooth per five (5) years. See benefit criteria and limitations at the beginning of this section.	Refer to details listed for Code D2510.	Tooth identification, Surface identification
D2543	**onlay – metallic, 3 surfaces**	One (1) per tooth per five (5) years. See benefit criteria and limitations at the beginning of this section.	Refer to details listed for Code D2510.	Tooth identification, Surface identification
D2544	**onlay – metallic, 4 or more surfaces**	One (1) per tooth per five (5) years. See benefit criteria and limitations at the beginning of this section.	Refer to details listed for Code D2510.	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2610	**inlay – porcelain/ceramic, 1 surface**	One (1) per tooth per five (5) years. Alternate benefit; D2510.	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. Coverage is for permanent teeth only. If an alternate payment is made the member is responsible for any copayments and the difference between The Plans allowance and the provider's actual charge. There is a five (5) year waiting period between services. The patient must be age fifteen (15) or older.	Tooth identification, Surface identification
D2620	**inlay – porcelain/ceramic, 2 surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2520.	Refer to details listed for Code D2610.	Tooth identification, Surface identification
D2630	**inlay – porcelain/ceramic, 3 or more surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2530.	Refer to details listed for Code D2610.	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2642	**onlay – porcelain/ceramic, 2 surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2542.	Porcelain/ceramic onlays are considered cosmetic and are not a benefit of The Plan. However, an alternate benefit of an equivalent metallic onlay will be considered for payment when clinical conditions of extensive buccal or lingual cusp coverage caries or fracture do not permit a direct restoration for permanent teeth only. If an alternate payment is made the member is responsible for any copayments and the difference between The Plan's allowance and the provider's actual charge. There is a five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D2643	**onlay – porcelain/ceramic, 3 surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2543.	Refer to details listed for Code D2642.	Tooth identification, Surface identification
D2644	**onlay – porcelain/ceramic, 4 or more surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2544.	Refer to details listed for Code D2642.	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2650	**inlay – resin-based composite, 1 surface**	One (1) per tooth per five (5) years. Alternate benefit; D2510.	Resin-based composite 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. Coverage is for permanent teeth only. If an alternate payment is made the member is responsible for any copayments and the difference between The Plans allowance and the provider's actual charge. There is a five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D2651	**inlay – resin-based composite, 2 surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2520.	Refer to details listed for Code D2650.	Tooth identification, Surface identification
D2652	**inlay – resin-based composite, 3 or more surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2530.	Refer to details listed for Code D2650.	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2662	**onlay – resin-based composite, 2 surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2542.	Resin-based composite onlays are considered cosmetic and are not a benefit of The Plan. However, an alternate benefit of an equivalent metallic onlay will be considered for payment when clinical conditions of buccal or lingual cusp coverage extensive caries or fracture do not permit a direct restoration. Coverage is for permanent teeth only. If an alternate payment is made the member is responsible for any copayments and the difference between The Plans allowance and the provider's actual charge. There is a five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D2663	**onlay – resin-based composite, 3 surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2543.	Refer to details listed for Code D2662.	Tooth identification, Surface identification
D2664	**onlay – resin-based composite, 4 or more surfaces**	One (1) per tooth per five (5) years. Alternate benefit; D2544.	Refer to details listed for Code D2662.	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2710	**crown – resin-based composite (indirect)**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2791 for Molars only.	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 fused to molars are covered as an alternate benefit at the full metal crown rate. The member is responsible for the difference between allowance and the provider's billed charge. Indirect crowns placed on primary teeth are paid at the stainless-steel rate, except where the permanent tooth is congenitally missing. Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2712	**crown - ¾ resin-based composite (indirect), does not include facial veneers**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2780 for Molars only.	Refer to details listed for Code D2710.	Tooth identification
D2720	**crown – resin with high-noble metal**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2790 for Molars only. No Alternate benefit applied for anterior teeth.	Refer to details listed for Code D2710.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2721	**crown – resin with predominantly base metal**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2791 for Molars only. No Alternate benefit applied for anterior teeth.	Refer to details listed for Code D2710.	Tooth identification
D2722	**crown – resin with noble metal**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2792 for Molars only. No Alternate benefit applied for anterior teeth.	Refer to details listed for Code D2710.	Tooth identification
D2740	**crown – porcelain/ceramic substrate**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2790 for Molars only. No Alternate benefit applied for anterior teeth.	Refer to details listed for Code D2710.	Tooth identification
D2750	**crown – porcelain fused to high-noble metal**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2790 for Molars only. No Alternate benefit applied for anterior teeth.	Refer to details listed for Code D2740.	Tooth identification
D2751	**crown – porcelain fused to predominantly base metal**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2791 for Molars only. No Alternate benefit applied for anterior teeth.	Refer to details listed for Code D2740.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2752	**crown – porcelain fused to noble metal**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit D2792 for Molars only. No Alternate benefit applied for anterior teeth.	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 fused to molars are covered as an alternate benefit at the full metal crown rate. The member is responsible for the difference between allowance and the provider's billed charge. Indirect crowns placed on primary teeth are paid at the stainless-steel rate, except where the permanent tooth is congenitally missing. Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D2753	**crown - porcelain fused to titanium and titanium alloys**	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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2780	**crown – ¾ cast high noble metal**	One (1) per tooth per five (5) years for permanent teeth only.	Refer to details listed for Code D2752.	Tooth identification
D2781	**crown – ¾ cast predominantly base metal**	One (1) per tooth per five (5) years for permanent teeth only.	Refer to details listed for Code D2752.	Tooth identification
D2782	**crown – ¾ cast noble metal**	One (1) per tooth per five (5) years for permanent teeth only.	Refer to details listed for Code D2752.	Tooth identification
D2783	**crown – ¾ porcelain/ceramic (not veneers)**	One (1) per tooth per five (5) years for permanent teeth only. Alternate benefit	Refer to details listed for Code D2752.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2790	**crown – full cast high-noble metal**	One (1) per tooth per five (5) years for permanent teeth only.	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 fused to molars are covered as an alternate benefit at the full metal crown rate. The member is responsible for the difference between allowance and the provider's billed charge. Indirect crowns placed on primary teeth are paid at the stainless-steel rate, except where the permanent tooth is congenitally missing. Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2791	**crown – full cast predominantly base metal**	One (1) per tooth per five (5) years for permanent teeth only.	Refer to details listed for Code D2790.	Tooth identification
D2792	**crown – full cast noble metal**	One (1) per tooth per five (5) years for permanent teeth only.	Refer to details listed for Code D2790.	Tooth identification
D2794	**crown – titanium**	One (1) per tooth per five (5) years for permanent teeth only.	Refer to details listed for Code D2790.	Tooth identification
D2799	**provisional crown - further treatment or completion of diagnosis necessary prior to final impression.**	Not a covered benefit.	None	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2910	**re-cement or re-bond inlay, onlay, veneer or partial coverage restoration**	Maximum two (2) in a five (5) year period. Age fifteen (15) or older.	Coverage is for two (2) re-cementations per inlay/onlay, crown, fixed partial denture, or cast or prefabricated post and core. Re-cementation of inlays, onlays, and fixed partial dentures may be performed on permanent teeth only. Crowns may be re-cemented on both primary and permanent teeth. Re-cementation is allowable if six (6) months have passed since the original cementation date. There is a twelve (12) month waiting period between re-cementations. The member must be age fifteen (15) or older except for crown re-cementation.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2915	**re-cement or re-bond indirectly fabricated or prefabricated post and core**	Maximum two (2) in a five (5) year period. Age fifteen (15) or older	Refer to details listed for Code D2910.	Tooth identification
D2920	**re-cement or re-bond crown**	Maximum two (2) in a five (5) year period.	Refer to details listed for Code D2910.	Tooth identification
D2921	**reattachment of tooth fragment, incisal edge, or cusp**	Not a covered benefit.	None	None
D2928	**prefabricated porcelain/ceramic crown – permanent tooth**	Not a covered benefit.	None	None
D2929	**prefabricated porcelain/ceramic crown- primary tooth**	Not a covered benefit.	None	None
D2930	**prefabricated stainless steel crown – primary tooth**	No age limit. One (1) per tooth per three (3) years. Not subject to twelve (12) months wait for crowns.	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.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2931	**prefabricated stainless steel crown – permanent tooth**	No age limit. One (1) per tooth per three (3) years. Not subject to twelve (12) months wait for crowns.	Refer to details listed for Code D2930.	Tooth identification
D2932	**prefabricated resin crown**	No age limit. One (1) per tooth per three (3) years. Not subject to twelve (12) months wait for crowns.	Refer to details listed for Code D2930.	Tooth identification
D2933	**prefabricated stainless steel crown with resin window**	Not a covered benefit.	None	None
D2934	**prefabricated esthetic coated stainless-steel crown – primary tooth**	Alternate benefit: D2930 No age limit. One (1) per tooth per three (3) years. Not subject to twelve (12) months wait for crowns.	Coverage includes 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. Alternate benefit D2930 Service or completion date is the cementation date.	Tooth identification
D2940	**placement of interim direct restoration**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2949	**restorative foundation for an indirect restoration**	Not a covered benefit. Always integral.	Integral to Restorative Procedure	None
D2950	**core buildup, including any pins when required**	One (1) per tooth per five (5) years for permanent teeth only.	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. One (1) every five (5) years. When combined in a claim with a cast or prefabricated post and core (D2952, D2954), core buildup (D2950) is not paid separately.	Tooth identification
D2951	**pin retention – per tooth, in addition to restoration**	Up to two (2) pins per tooth as a lifetime maximum	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.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2952	**post and core in addition to crown; indirectly fabricated**	One (1) per tooth per five (5) years.	None	None
D2953	**each additional cast post – same tooth; indirectly fabricated**	Not a covered benefit	None	None
D2954	**prefabricated post and core in addition to crown**	One (1) per tooth per five (5) years for permanent teeth only. Minimum age 15.	None	None
D2955	**post removal**	Not a covered benefit	None	None
D2956	**removal of an indirect restoration on a natural tooth**	Integral	None	Tooth identification
D2957	**each additional prefabricated post – same tooth**	Not a covered benefit	None	None
D2960	**labial veneer (resin laminate) – chair side**	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2961	**labial veneer (resin laminate) – laboratory**	By report Age fifteen (15) or older. Once per tooth per five (5) years permanent teeth only.	Labial veneers are covered when the tooth, as a result of extensive caries, fracture, or root canal therapy, cannot be restored with a direct restoration on permanent teeth only. Only veneers on anterior teeth (#6 through #11, #22 through #27) are covered. Labial veneers are not a benefit if used on bicuspids or molars. Labial veneers are not a benefit if performed for cosmetic purposes or when normal dental attrition occurs. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D2962	**labial veneer (porcelain laminate) – laboratory**	By report Age fifteen (15) or older. Once per tooth per five (5) years permanent teeth only.	Refer to details listed for Code D2961.	Tooth identification
D2971	**additional procedures to construct new crown under existing partial denture framework**	One (1) per tooth per five (5) years. Permanent teeth only. Age fifteen (15) or older	One (1) per tooth per five (5) years. For members aged fifteen (15) and older. Must be reported with individual crown.	Tooth identification
D2975	**coping**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D2976	**band stabilization – per tooth**	Not a covered benefit.	None	None
D2980	**crown repair necessitated by restorative material failure.**	One (1) in five (5) years.	Age fifteen (15) or older.	Tooth identification
D2981	**inlay repair necessitated by restorative material failure**	One (1) in five (5) years.	Age fifteen (15) or older.	Tooth identification
D2982	**onlay repair necessitated by restorative material failure**	One (1) in five (5) years.	Age fifteen (15) or older.	Tooth identification
D2983	**veneer repair necessitated by restorative material failure**	One (1) in five (5) years.	Age fifteen (15) or older.	Tooth identification
D2989	**excavation of a tooth resulting in the determination of non-restorability**	Not a covered benefit.	None	None
D2990	**resin infiltration of incipient smooth surface lesions**	One (1) per tooth surface per twelve (12) months. Permanent teeth only. B or L surfaces (smooth surfaces only).	Allowed on the smooth surface (buccal or lingual) of permanent teeth only. One (1) per tooth surface per twelve (12) months. Permanent teeth only. B or L surfaces (smooth surfaces only).	Tooth identification
D2991	**application of hydroxyapatite regeneration medicament – per tooth**	Not a covered benefit.	None	None
D2999	**unspecified restorative procedure, by report**	By report.	Individual Consideration. Detailed narrative required.	Tooth identification, Detailed narrative

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.

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.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3110	**pulp cap direct (excluding final restoration)**	One (1) per tooth per lifetime. No age limit.	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. Once per tooth per lifetime. May be billed in conjunction with restorative codes.	Tooth identification
D3120	**pulp cap indirect (excluding final restoration)**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3220	**therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to dentinocemental junction and application of medicament (not to be used for apexogenesis)**	One (1) per tooth per lifetime.	To be performed on primary and permanent teeth. Not to be construed as the first stage of root canal therapy. Not to be construed as an emergency procedure to relieve pain or "open and broach." Once per tooth per lifetime. If root canal therapy is performed on the same tooth, there is no separate coverage for the therapeutic pulpotomy.	Tooth identification
D3221	**pulpal debridement, primary and permanent teeth not to be used for apexogenesis**	One (1) per tooth per lifetime.	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.	Tooth identification
D3222	**partial pulpotomy for apexogenesis – permanent tooth with incomplete root development.**	Not a covered benefit.	None	None
D3230	**pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)**	Not a covered benefit.	None	None
D3240	**pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration)**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3310	**endodontic therapy, anterior tooth (excluding final restoration)**	One (1) per tooth per lifetime. No age limit.	Pulpectomy, D3221, is considered part of the root canal therapy and is not paid separately. Root canal treatment does not include diagnostic evaluation and necessary diagnostic radiographs. These may be billed separately. If a root canal is not completed allowance for palliative treatment (D9110) may be made. One (1) per permanent tooth.	Tooth identification
D3320	**endodontic therapy, premolar tooth (excluding final restoration)**	One (1) per tooth per lifetime. No age limit.	Refer to details listed for Code D3310.	Tooth identification
D3330	**endodontic therapy, molar tooth (excluding final restoration)**	One (1) per tooth per lifetime. No age limit.	Refer to details listed for Code D3310.	Tooth identification
D3331	**treatment of root canal obstruction; non-surgical access**	Not a covered benefit	None	None
D3332	**incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth**	Not a covered benefit. Benefit for Federal plan only. Please check with the Plan for member's eligibility for this service.	Services are not covered when performed on primary teeth.	Tooth identification
D3333	**internal root repair of perforation defects**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3346	**retreatment of previous root canal therapy - anterior**	One (1) per tooth per lifetime. No Age limit.	Due to its complexity non-surgical root canal re-treatment is most frequently performed by endodontists. Coverage includes post-operative care and local anesthesia. Payable twelve (12) months post treatment following codes D3310, D3320, D3330. Once per tooth per lifetime. Re-treatment of previous root canal therapy is not payable with apicoectomy/periradicular services (D3410, D3421, D3425, D3426, and D3430) and apexification/re-calcification procedures. Post removal (D2955) not to be used with endodontic re-treatment (D3346, D3347, D3348).	Tooth identification
D3347	**retreatment of previous root canal therapy - premolar**	One (1) per tooth per lifetime. No Age limit.	Refer to details listed for Code D3346.	Tooth identification
D3348	**retreatment of previous root canal therapy - molar**	One (1) per tooth per lifetime. No Age limit.	Refer to details listed for Code D3346.	Tooth identification
D3351	**apexification/recalcification: initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)**	One (1) per tooth per lifetime. No Age limit.	Apexification/recalcification (D3351, initial visit) includes opening tooth, preparation of canal spaces, first placement of medication and any necessary radiographs/diagnostic images. Permanent teeth only. (This procedure may include first phase of complete root canal therapy.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3352	**apexification/recalcification regeneration: interim medication replacement**	One (1) per tooth per lifetime. No Age limit.	Apexification/recalcification (D3352, interim medication replacement) includes visits in which the intra-canal medication is replaced with new medication and any necessary radiographs/diagnostic images. Once per tooth. Permanent teeth only. (This procedure includes final root canal therapy).	Tooth identification
D3353	**apexification/recalcification: final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)**	One (1) per tooth per lifetime. No Age limit.	Apexification/recalcification (D3353, final visit) includes removal of intra-canal medication and procedures necessary to place final root canal filling material, including any necessary radiographs/diagnostic images. Once per tooth. Permanent teeth only. (This procedure includes last phase of complete root canal).	Tooth identification
D3355	**pulpal regeneration - initial visit**	One (1) per tooth per lifetime.	One (1) per tooth per lifetime. Not paid if claimed same day or if history of D3310, D3320, D3330 D3410, D3426 or D3430 on file.	Tooth identification
D3356	**pulpal regeneration - interim medication replacement**	One (1) per tooth per lifetime.	One (1) per tooth per lifetime. Not paid if claimed same day or if history of D3310, D3320, D3330 D3410, D3426 or D3430 on file.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3357	**pulpal regeneration - completion of treatment**	One (1) per tooth per lifetime.	One (1) per tooth per lifetime. Not paid if claimed same day or if history of D3310, D3320, D3330 D3410, D3426 or D3430 on file.	Tooth identification
D3410	**apicoectomy - anterior**	One (1) per permanent tooth root per lifetime. No age limit.	Apicoectomy (D3410, D3421, D3425, D3426) or retrograde filling (D3430) reported within 30 days after a root canal will deny as integral.	Tooth identification
D3421	**apicoectomy - premolar (first root)**	One (1) per permanent tooth root per lifetime. No age limit.	Apicoectomy (D3410, D3421, D3425, D3426) or retrograde filling (D3430) reported within 30 days after a root canal will deny as integral.	Tooth identification
D3425	**apicoectomy - molar (first root)**	One (1) per permanent tooth root per lifetime. No age limit.	Apicoectomy (D3410, D3421, D3425, D3426) or retrograde filling (D3430) reported within thirty (30) days after a root canal will deny as integral.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3425	**apicoectomy - molar (first root)**	One (1) per permanent tooth root per lifetime. No age limit.	Apicoectomy (D3410, D3421, D3425, D3426) or retrograde filling (D3430) reported within thirty (30) days after a root canal will deny as integral.	Tooth identification
D3426	**apicoectomy (each additional root)**	One (1) per permanent tooth root per lifetime. No age limit.	Apicoectomy (D3410, D3421, D3425, D3426) or retrograde filling (D3430) reported within thirty (30) days after a root canal will deny as integral.	Tooth identification
D3429	**bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site**	Not a covered benefit	None	None
D3430	**retrograde filling – per root**	One (1) per permanent tooth root per lifetime. No age limit.	Apicoectomy (D3410, D3421, D3425, D3426) or retrograde filling (D3430) reported within thirty (30) days after a root canal will deny as integral.	Tooth and root identification
D3431	**biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery**	Not a covered benefit	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3432	**guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery**	Not a covered benefit.	None	None
D3450	**root amputation - per root**	One (1) per permanent tooth root per lifetime. No age limit.	Apicoectomy (D3410, D3421, D3425, D3426) or retrograde filling (D3430) reported within thirty (30) days after a root canal will deny as integral.	Tooth identification
D3460	**endodontic endosseous implant**	Not a covered benefit.	None	None
D3470	**intentional re-implantation (including necessary splinting)**	Not a covered benefit.	None	None
D3471	**surgical repair of root resorption - anterior**	One (1) per tooth root per lifetime.	Denied as integral if reported with an apicoectomy by the same dentist on the same date	Tooth identification
D3472	**surgical repair of root resorption – premolar**	One (1) per tooth root per lifetime.	Denied as integral if reported with an apicoectomy by the same dentist on the same date	Tooth identification
D3473	**surgical repair of root resorption – molar**	One (1) per tooth root per lifetime.	Denied as integral if reported with an apicoectomy by the same dentist on the same date	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3501	**surgical exposure of root surface without apicoectomy or repair of root resorption – anterior**	One (1) per tooth root per lifetime.	Denied as integral if reported with an apicoectomy by the same dentist on the same date	Tooth identification
D3502	**surgical exposure of root surface without apicoectomy or repair of root resorption – premolar**	One (1) per tooth root per lifetime.	Denied as integral if reported with an apicoectomy by the same dentist on the same date	Tooth identification
D3503	**surgical exposure of root surface without apicoectomy or repair of root resorption – molar**	One (1) per tooth root per lifetime.	Denied as integral if reported with an apicoectomy by the same dentist on the same date	Tooth identification
D3910	**surgical procedure for isolation of tooth with rubber dam**	No age limit. No frequency limits.	None	None
D3911	**intraorifice barrier**	Not a covered benefit.	None	None
D3920	**hemisection (including any root removal), not including root canal therapy**	One (1) per tooth per lifetime.	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.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D3921	decoronation or submergence of an erupted tooth.	One (1) per tooth per lifetime.	None	None
D3950	canal preparation and fitting of preformed dowel or post	Not a covered benefit.	None	None
D3999	unspecified endodontic procedure, by report	By report.	Individual Consideration. Detailed narrative required.	Tooth identification, Detailed narrative

V. D4000-D4999 Periodontics

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.
- Benefits for all periodontal services are limited to two (2) quadrants per date of service. If you wish to request an exception due to a medical condition that may require your patient to receive extended treatment, please include a detailed narrative including general or intravenous anesthesia record, medical condition, and length of appointment time for consideration.
- 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. No more than two (2) quadrants of surgical or non-surgical services may be covered when done on the same date of service.
- 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.

SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES)

Site: A term used to describe a single area, position, or locus. The word “site” is frequently used to indicate an area of soft tissue recession on a single tooth or an osseous defect adjacent to a single tooth, also used to indicate soft tissue defects and/or osseous defects in edentulous tooth positions.

- If two (2) contiguous teeth have areas of soft tissue recession, each tooth is a single site.
- If two (2) contiguous teeth have adjacent but separate osseous defects, each defect is a single site.
- If two (2) contiguous teeth have a communicating interproximal osseous defect, it should be considered a single site.
- All non-communicating osseous defects are single sites.
- All edentulous non-contiguous tooth positions are single sites.
- Up to two (2) contiguous edentulous tooth positions may be considered a single site.

Tooth Bounded Space: A space created by one (1) or more missing teeth that has a tooth on each side.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4210	**gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth-bounded spaces, per quadrant**	One (1) per quadrant in a three (3) year period. Requires perio charting on file.	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. Patient must be eighteen (18) years or older.	Quadrant identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4211	**gingivectomy or gingivoplasty – one (1) to three (3) contiguous teeth or teeth bounded spaces per quadrant**	One (1) per quadrant in a three (3) year period. Requires perio charting on file.	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. Patient must be eighteen (18) years or older.	Tooth identification
D4212	**gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth.**	One (1) per quadrant in a three (3) year period. Requires perio charting on file.	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. Patient must be eighteen (18) years or older.	Tooth identification
D4230	**anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant**	Not a covered benefit.	None	None
D4231	**anatomical crown exposure – one (1) to three (3) teeth or bounded tooth spaces per quadrant**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4240	**gingival flap procedure, including root planing – four (4) or more contiguous teeth or tooth-bounded spaces per quadrant**	One (1) per quadrant in a three (3) year period.	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. May be performed once every three (3) years if needed. Patient must be eighteen (18) years or older.	Quadrant identification
D4241	**gingival flap procedure - one (1) to three (3) contiguous teeth or teeth bounded spaces per quadrant**	One (1) per quadrant in a three (3) year period.	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. May be performed once every three (3) years if needed. Patient must be eighteen (18) years or older.	Tooth identification
D4245	**apically repositioned flap**	Not a covered benefit.	None	Quadrant identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4249	**clinical crown lengthening - hard tissue**	No Frequency limit. Subject to clinical necessity in conjunction with a covered restorative procedure.	Coverage is provided for crown lengthening as a result of a crown fracture or extensive caries resulting in insufficient tooth volume to support a restoration without impinging upon the biologic width of the periodontal attachment of the tooth. Procedure should be performed in a healthy periodontal environment. May be performed once in a three (3) year period. Patient must be age eighteen (18) or older. If performed on the same day of any restorative procedure, the service will deny as integral and be provider liability.	Tooth identification
D4260	**osseous surgery (including elevation of a full thickness flap and closure) – four (4) or more contiguous teeth or tooth-bounded spaces per quadrant**	One (1) per quadrant in a three (3) year period.	Osseous surgery is a benefit when four (4) or more teeth in a quadrant have periodontal pockets measuring five (5) mm or greater. May be performed once in a three (3)-year period. Patient must be eighteen (18) years or older. Other procedures may be required concurrent to D4260 or D4261 and should be reported using their own unique codes.	Quadrant identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4261	**osseous surgery (including elevation of a full thickness flap and closure) - one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant**	One (1) per quadrant in a three (3) year period.	Osseous surgery is a benefit when one (1) to three (3) teeth in a quadrant have periodontal pockets measuring five (5) mm or greater. May be performed once in a three (3) year period. Patient must be eighteen (18) years or older. Other procedures may be required concurrent to D4260 or D4261 and should be reported using their own unique codes.	Tooth identification
D4263	**bone replacement graft - retained natural tooth - first site in quadrant**	Not a covered benefit.	None	None
D4264	**bone replacement graft - retained natural tooth - each additional site in quadrant**	Not a covered benefit.	None	None
D4265	**biologic materials to aid in soft and osseous tissue regeneration, per site**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4266	**guided tissue regeneration, natural teeth - resorbable barrier, per site guided tissue regeneration resorbable barrier, per site**	One (1) per site in a three (3) year period.	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. Coverage is allowable once per site per three (3) year period. Services covered in conjunction with natural teeth and only in conjunction with covered periodontal surgical services. The patient must be age eighteen (18) or older. It is considered an adjunctive service for individual teeth and will not be included in the surgical quadrant code count. These codes should be a benefit only when they are covered services, only when submitted in addition to periodontal surgery codes (D4240, D4241, D4260, and D4261), and only when placed around natural teeth (not a benefit around implants, extraction sites, endodontic surgery, or edentulous areas). If denied, the liability will be on the member. If performed on same day and in the same area as codes D4277 or D4278, it will be member liability. The patient must be age eighteen (18) or older.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4267	**guided tissue regeneration, natural teeth - non-resorbable barrier, per site (includes membrane removal)**	One (1) per site in a three (3) year period.	Refer to details listed for Code D4266.	Tooth identification
D4268	**surgical revision procedure, per tooth**	Not a covered benefit	None	None
D4270	**pedicle soft tissue graft procedure**	Not a covered benefit	None	None
D4273	**autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft**	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)**	Not a covered benefit	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4275	**non-autogenous connective tissue graft (including recipient and donor material) first tooth, implant, or edentulous tooth position in graft**	Not a covered benefit	None	None
D4276	**combined connective tissue and double pedicle graft, per tooth**	Not a covered benefit	None	None
D4277	**free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft**	One (1) per tooth per lifetime	Narrative/remarks describing the procedure and tooth numbers are required with the claim. The patient must be age eighteen (18) or older.	Tooth identification
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**	One (1) per tooth per lifetime	Narrative/remarks describing the procedure and tooth numbers are required with the claim. The patient must be age eighteen (18) or older.	Tooth identification
D4283	**autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant, or edentulous tooth position in same graft site**	Not a covered benefit	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4285	**non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant, or edentulous tooth position in same graft site**	Not a covered benefit	None	None
D4286	**removal of non-resorbable barrier**	Not a covered benefit	None	None
D4322	**splint - intra -coronal; natural teeth or prosthetic crowns**	Not a covered benefit	None	None
D4323	**splint - extra -coronal; natural teeth or prosthetic crowns**	Not a covered benefit	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4341	**periodontal scaling and root planing – four (4) or more teeth per quadrant**	One (1) per quadrant in a two (2) year period, age eighteen (18) and older.	Periodontal scaling and root planing may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others. D4341 is a benefit when four (4) or more teeth in a quadrant have periodontal pockets measuring four (4) mm or greater. D4342 is a benefit when less than four (4) teeth in a quadrant have periodontal pockets measuring four (4) mm or greater. Once every two (2) years. Patient must be eighteen (18) years and older. Must demonstrate radiographic alveolar bone loss and subgingival calculus to be a benefit. Note: If member has diabetes, CAD, stroke or is pregnant and is enrolled in Oral Health for Total Health, D4341 or D4342 may be covered once per quadrant every twenty-four (24) months.	Quadrant identification
D4342	**periodontal scaling and root planing - one (1) to three (3) teeth per quadrant**	One (1) per quadrant in a two (2) year period, age eighteen (18) and older.	Refer to details listed for Code D4342.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4346	**scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation**	Twice (2) per calendar year age 13 and older.	This code will be interchangeable with code D1110. This code will be covered as a preventative service and will share the same frequency limitations, processing guidelines, relationship to other codes, provider/ member liability as code D1110. Note: If member is enrolled in Oral Health for Total Health, D1110/D1120 or D4346 or D4910 is covered once every three months.	None
D4355	**full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit**	Not a covered benefit.	Note: If member is enrolled in Oral Health for Total Health, D4355 may be covered one (1) every twenty-four (24) months.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4381	**localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth**	Benefit for Federal plan only.	One (1) treatment per tooth per twenty-four (24) months. Up to three (3) teeth per quadrant or ten (10) teeth overall with 5-6 mm pocket depths and bleeding on probing with, or subsequent to active and maintained periodontal treatment. This treatment should not be used to treat generalized disease. Not covered for treatment of periodontal abscess or in conjunction with periodontal surgery. If denied for above criteria not being met, it is a member liability. Patient must be eighteen (18) years and older.	Detailed Narrative Tooth/teeth identification(s)

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4910	**Periodontal maintenance**	Two (2) per calendar year in addition to regular prophy.	Periodontal maintenance includes removal of the bacterial plaque and calculus from supragingival, and subgingival regions, site-specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered. Periodontal maintenance is covered two (2) times per calendar year following surgical and definitive non-surgical therapy. The patient must be age eighteen (18) or older. Periodontal maintenance should not be performed on same day as periodontal surgery. Note: If member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 may be covered One (1) every three (3) months.	None
D4920	**unscheduled dressing change (by someone other than treating dentist or their staff)**	Not a covered benefit.	None	None
D4921	**gingival irrigation with a medicinal agent- per quadrant**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D4999	**unspecified periodontal procedure, by report**	By report.	Individual Consideration. Detailed narrative required	Detailed narrative

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

Local anesthesia is usually considered to be part of Removable Prosthodontic procedures

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5110	**complete denture - maxillary**	One (1) in five (5) years.	Complete denture coverage includes routine post-delivery care.	None
D5120	**complete denture - mandibular**	One (1) in five (5) years.	Complete denture coverage includes routine post-delivery care.	None
D5130	**immediate denture - maxillary**	One (1) in five (5) years.	Immediate dentures are not considered temporary dentures. Coverage includes routine follow-up care. Once every five (5) years. The patient must be age fifteen (15) years or older.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5140	**immediate denture - mandibularImmediate denture – mandibular**	One (1) in five (5) years.	Immediate dentures are not considered temporary dentures. Coverage includes routine follow-up care. One (1) Once every five (5) years. The patient must be age fifteen (15) years or older.	None
D5211	**maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Partial denture includes acrylic resin-based denture with resin or wrought wire clasps. Coverage includes routine post-delivery care. Precision attachments are not a benefit for removable partial dentures. One (1) partial denture, per arch, in a five (5) year period. The patient must be age fifteen (15) or older	Tooth identification
D5212	**mandibular partial denture - resin base (including retentive /clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5211.	Tooth identification
D5213	**maxillary and partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5211.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5214	**mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5211.	Tooth identification
D5221	**immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5211.	Tooth identification
D5222	**immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5211.	Tooth identification
D5223	**immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5211.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5224	**immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Partial denture includes acrylic resin-based denture with resin or wrought wire clasps. Coverage includes routine post-delivery care. Precision attachments are not a benefit for removable partial dentures. One (1) partial denture, per arch, in a five (5)-year period. The patient must be age fifteen (15) or older	Tooth identification
D5225	**maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5224.	Tooth identification
D5226	**mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5224.	Tooth identification
D5227	**immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	None	Tooth identification
D5228	**immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)**	One (1) in five (5) years, age fifteen (15) and older.	None	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5282	**removable unilateral partial denture - one piece cast metal (including retentive clasping materials, rests, and teeth), maxillary**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5224.	Tooth identification
D5283	**removable unilateral partial denture - one piece cast metal (including retentive clasping materials, rests, and teeth), mandibular**	One (1) in five (5) years, age fifteen (15) and older.	Refer to details listed for Code D5224.	Tooth identification
D5284	**removable unilateral partial denture - one-piece flexible base (including retentive clasping materials rests and teeth) per quadrant**	Not a covered benefit.	None	None
D5286	**removable unilateral partial denture - one-piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5410	**adjust complete denture - maxillary**	Two (2) per calendar year, age fifteen (15) and older.	Coverage is available six (6) months after the date of insertion of the complete or partial denture. Two (2) adjustments are allowed per arch per calendar year. Patient must be age fifteen (15) or older.	None
D5411	**adjust complete denture - mandibular**	Two (2) per calendar year, age fifteen (15) and older.	Coverage is available six (6) months after the date of insertion of the complete or partial denture. Two (2) adjustments are allowed per arch per calendar year. Patient must be age fifteen (15) or older.	None
D5421	**adjust partial denture - maxillary**	Two (2) per calendar year, age fifteen (15) and older.	Coverage is available six (6) months after the date of insertion of the complete or partial denture. Two (2) adjustments are allowed per arch per calendar year. Patient must be age fifteen (15) or older.	None
D5422	**adjust partial denture - mandibular**	Two (2) per calendar year, age fifteen (15) and older.	Coverage is available six (6) months after the date of insertion of the complete or partial denture. Two (2) adjustments are allowed per arch per calendar year. Patient must be age fifteen (15) or older.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5511	**repair broken complete denture base, mandibular**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. One (1) repair per year. The patient must be age fifteen (15) or older.	None
D5512	**repair broken complete denture base, mandibular**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. One (1) repair per year. The patient must be age fifteen (15) or older.	None
D5520	**replace missing or broken teeth - complete denture (per tooth)**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. Once per denture tooth per year. The patient must be age fifteen (15) or older.	Tooth identification
D5611	**repair resin partial denture base, mandibular**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. Coverage will be paid according to plan benefits, or once a year if the plan does not have another limitation. The patient must be age fifteen (15) or older.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5612	**repair resin partial denture base, maxillary**	One (1) per calendar year, age fifteen (15) and older.	Refer to details listed for Code D5611.	None
D5621	**repair cast partial framework, mandibular**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. Coverage will be paid according to plan benefits, or once a year if the plan does not have another limitation. The patient must be age fifteen (15) or older.	None
D5622	**repair cast partial framework, maxillary**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. Coverage will be paid according to plan benefits, or once a year if the plan does not have another limitation. The patient must be age fifteen (15) or older.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5630	**repair or replace broken retentive/clasping materials - per tooth**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. Coverage for code D5630 includes repair of rests. Coverage for code D5640 includes repair of broken tooth. Coverage will be paid according to plan benefits, or once a year if the plan does not have another limitation. The patient must be age fifteen (15) or older.	None
D5640	**replace missing or broken teeth – partial denture – per tooth**	One (1) per calendar year, age fifteen (15) and older.	Refer to details listed for Code D5630.	Tooth identification
D5650	**add tooth to existing partial denture – per tooth**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. Coverage will be paid according to plan benefits, or once a year if the plan does not have another limitation. The patient must be age fifteen (15) or older.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5660	**add clasp to existing partial denture - per tooth**	One (1) per calendar year, age fifteen (15) and older.	Six (6) months must have elapsed since insertion of the denture, or the services will be disallowed. Coverage will be paid according to plan benefits, or One (1) per year if the plan does not have another limitation. The patient must be age fifteen (15) or older.	Tooth identification
D5670	**replace all teeth and acrylic on cast metal framework (maxillary)**	Not a covered benefit.	None	None
D5671	**replace all teeth and acrylic on cast metal framework (mandibular)**	Not a covered benefit.	None	None
D5710	**rebase complete maxillary denture**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a rebase is available six (6) months after the date of insertion of the denture. One (1) rebase is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5711	**rebase complete mandibular denture**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a rebase is available six (6) months after the date of insertion of the denture. One (1) rebase is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5720	**rebase maxillary partial denture**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a rebase is available six (6) months after the date of insertion of the denture. One (1) rebase is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5721	**rebase mandibular partial denture**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a rebase is available six (6) months after the date of insertion of the denture. One (1) rebase is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5725	**rebase hybrid prosthesis**	Not a covered benefit.	None	None
D5730	**reline complete maxillary denture (direct)**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a reline is available beginning six (6) months after the date of insertion of the denture. One (1) reline is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5731	**reline complete mandibular denture (direct)**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a reline is available beginning six (6) months after the date of insertion of the denture. One (1) reline is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5740	**reline maxillary partial denture (direct)**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a reline is available beginning six (6) months after the date of insertion of the denture. One (1) reline is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5741	**reline mandibular partial denture (direct)**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a reline is available beginning six (6) months after the date of insertion of the denture. One (1) reline is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5750	**reline complete maxillary denture (indirect)**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a reline is available beginning six (6) months after the date of insertion of the denture. One (1) reline is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5751	**reline complete mandibular denture (indirect)**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a reline is available beginning six (6) months after the date of insertion of the denture. One (1) reline is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5760	**reline maxillary partial denture (indirect)**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a reline is available beginning six (6) months after the date of insertion of the denture. One (1) reline is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5761	**reline mandibular partial denture (indirect)**	One (1) in a three (3) year period, age fifteen (15) and older.	Coverage of a reline is available beginning six (6) months after the date of insertion of the denture. One (1) reline is allowed per arch per thirty-six (36) months. Patient must be age fifteen (15) or older.	None
D5765	**soft liner for complete or partial removable denture - indirect**	Not a covered benefit.	None	None
D5810	**interim complete denture (maxillary)**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5811	**interim complete denture (mandibular)**	Not a covered benefit.	None	None
D5820	**interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary**	Not a covered benefit.	None	None
D5821	**interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular**	Not a covered benefit.	None	None
D5850	**tissue conditioning, maxillary**	Two (2) per calendar year, age fifteen (15) and older.	A maximum of two (2) tissue conditioning treatment per arch is covered prior to impressions for reline or denture prosthesis. The patient is responsible for the charges related to additional treatments, if any. Service covered twice per arch per calendar year. The patient must be age fifteen (15) or older.	None
D5851	**tissue conditioning, mandibular**	Two (2) per calendar year, age fifteen (15) and older.	Refer to details listed for Code. D5850.	None
D5862	**precision attachment, by report**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5863	**overdenture - complete maxillary**	One (1) in five (5) years.	Alternate Benefit to a full denture (D5110)	None
D5864	**overdenture - partial maxillary**	Not a covered benefit.	Alternate Benefit to a cast partial denture (D5213)	None
D5865	**overdenture - complete mandibular**	One (1) in five (5) years.	Alternate Benefit to a full denture (D5120)	None
D5866	**overdenture - partial mandibular**	Not a covered benefit.	None	None
D5867	**replacement of replaceable part of semi-precision or precision attachment, per attachment**	Not a covered benefit.	None	None
D5875	**modification of removable prosthesis following implant surgery**	Not a covered benefit.	None	None
D5876	**add metal substructure to acrylic full denture (per arch)**	Not a covered benefit.	None	None
D5899	**unspecified removable prosthodontic procedure, by report**	By report.	Individual consideration	Tooth identification. Arch identification

VII. D5900-D5999 Maxillofacial Prosthetics

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5911	**facial moulage (sectional)**	Not a covered benefit.	None	None
D5912	**facial moulage (complete)**	Not a covered benefit.	None	None
D5913	**nasal prosthesis**	Not a covered benefit.	None	None
D5914	**auricular prosthesis**	Not a covered benefit.	None	None
D5915	**orbital prosthesis**	Not a covered benefit.	None	None
D5916	**ocular prosthesis**	Not a covered benefit.	None	None
D5919	**facial prosthesis**	Not a covered benefit.	None	None
D5922	**nasal septal prosthesis**	Not a covered benefit.	None	None
D5923	**ocular prosthesis, interim**	Not a covered benefit.	None	None
D5924	**cranial prosthesis**	Not a covered benefit.	None	None
D5925	**facial augmentation implant prosthesis**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5926	**nasal prosthesis, replacement**	Not a covered benefit.	None	None
D5927	**auricular prosthesis, replacement**	Not a covered benefit.	None	None
D5928	**orbital prosthesis, replacement**	Not a covered benefit.	None	None
D5929	**facial prosthesis, replacement**	Not a covered benefit.	None	None
D5931	**obturator prosthesis, surgical**	Not a covered benefit.	None	None
D5932	**obturator prosthesis, definitive**	Not a covered benefit.	None	None
D5933	**obturator prosthesis, modification**	Not a covered benefit.	None	None
D5934	**mandibular resection prosthesis with guide flange**	Not a covered benefit.	None	None
D5935	**mandibular resection prosthesis without guide flange**	Not a covered benefit.	None	None
D5936	**obturator prosthesis, interim**	Not a covered benefit.	None	None
D5937	**trismus appliance (not for TMD treatment)**	Not a covered benefit.	None	None
D5951	**feeding aid**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5952	**speech aid prosthesis, pediatric**	Not a covered benefit.	None	None
D5953	**speech aid prosthesis, adult**	Not a covered benefit.	None	None
D5954	**palatal augmentation prosthesis**	Not a covered benefit.	None	None
D5955	**palatal lift prosthesis, definitive**	Not a covered benefit.	None	None
D5958	**palatal lift prosthesis, interim**	Not a covered benefit.	None	None
D5959	**palatal lift prosthesis, modification**	Not a covered benefit.	None	None
D5960	**speech aid prosthesis, modification**	Not a covered benefit.	None	None
D5982	**surgical stent**	Not a covered benefit.	None	None
D5983	**radiation carrier**	Not a covered benefit.	None	None
D5984	**radiation shield**	Not a covered benefit.	None	None
D5985	**radiation cone locator**	Not a covered benefit.	None	None
D5986	**fluoride gel carrier**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D5987	**commissure splint**	Not a covered benefit.	None	None
D5988	**surgical splint**	Not a covered benefit.	None	None
D5991	**vesiculobullous disease medicament carrier**	Not a covered benefit.	None	None
D5992	**adjust maxillofacial prosthetic appliance, by report**	Not a covered benefit.	None	None
D5993	**maintenance and cleaning of a maxillofacial prosthesis (extra-or intra-oral) other than required adjustments, by report**	Not a covered benefit.	None	None
D5995	**periodontal medicament carrier with peripheral seal - laboratory processed - maxillary**	Not a covered benefit.	None	None
D5996	**periodontal medicament carrier with peripheral seal - laboratory processed - mandibular**	Not a covered benefit.	None	None
D5999	**unspecified maxillofacial prosthesis, by report**	By report.	Individual Consideration	Detailed narrative

VIII. D6000-D6199 Implant Services

Coverage

General Information

Verify member coverage code and eligibility prior to providing implant services as some plans recognize implant services and some do not. Additionally, some implant services may be covered as an alternate benefit. When services are available as an alternate benefit, the Member is responsible for the difference between The Plan's payment and the providers charge. **All plans exclude coverage for third (3rd) molar implants.**

Implant Services

Benefits for dental implants, abutments, and implant/abutment supported crowns are covered up to the member's annual maximum. Coverage may be provided as an alternate benefit.

Coverage for implant services has a maximum lifetime dollar amount and covers the surgical placement of endosteal implants with a minimum age qualification of fifteen (15) for the replacement of teeth numbers 2-15 and teeth numbers 18-31.

The implant benefit does not cover the following services:

- Special preparatory radiographic or imaging studies (i.e., tomographic, CT, or MRI)
- Adjunctive periodontal (D4000 series) or surgical (D7000 series) procedures in preparation for implant placement, in association with implant placement, or in association with salvage attempts of a failing implant; (covers implants only)
- Maxillofacial prosthetic procedure D5982, surgical stent (implant positioning type); (covers implants only)

Please also note:

- Routine radiographs/diagnostic imaging (i.e., periapical, and panoramic) may be covered under the member's general dental insurance policy to the same extent and under the same conditions and guidelines as those applied to a natural tooth.
- The frequency limitation for dental implants is once per tooth (replacement) per lifetime.

Local anesthesia is usually considered to be part of Implant Services procedures.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6010	**surgical placement of implant body; endosteal implant**	One (1) per tooth per lifetime. Patient must be age fifteen (15) or older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period. Covers second stage surgery and placement of healing cap.	Tooth area identification
D6011	**surgical access to an implant body (second stage implant surgery)**	One (1) per tooth per lifetime. Patient must be age fifteen (15) or older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period. Covers second stage surgery and placement of healing cap. INTEGRATAL to the placement of the implant for all plans.	Tooth area identification
D6012	**surgical placement of interim implant body for transitional prosthesis: endosteal implant**	Not a covered benefit	None	None
D6013	**surgical placement of mini implant**	Limited to two (2) per arch in order to stabilize a denture. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	Allowance for D6013 will be 30% of the allowance for D6010.	Tooth area identification
D6040	**surgical placement; eposteal implant**	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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6050	**surgical placement: transosteal implant**	Not a covered benefit.	None	None
D6051	**placement of interim implant abutment**	Not a covered benefit.	None	None
D6055	**connecting bar - implant supported or abutment supported**	Not a covered benefit.	None	None
D6056	**prefabricated abutment - includes modification and placement**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6057	**custom fabricated abutment - includes placement**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification

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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6058	**abutment supported porcelain/ceramic crown**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6059	**abutment supported porcelain fused to metal crown (high noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period. .	Tooth identification
D6060	**abutment supported porcelain fused to metal crown (predominantly base metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6061	**abutment supported porcelain fused to metal crown (noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6062	**abutment supported cast metal crown (high noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6063	**abutment supported cast metal crown (predominantly base metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6064	**abutment supported cast metal crown (noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6065	**implant supported porcelain/ceramic crown**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6066	**implant supported crown - porcelain fused to high noble alloys**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6067	**implant supported crown - high noble alloys**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6068	**abutment supported retainer for porcelain/ceramic FPD**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6069	**abutment supported retainer for porcelain fused to metal FPD (high noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6070	**abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6071	**abutment supported retainer for porcelain fused to metal FPD (noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6072	**abutment-supported retainer for cast metal FPD (high noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6073	**abutment supported retainer for cast metal FPD (predominantly base metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6074	**abutment supported retainer for cast metal FPD (noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6075	**implant supported retainer for ceramic FPD**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6076	**implant supported retainer for metal FPD - high noble alloys**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6077	**implant-supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)**	One (1) per tooth in a five (5) year period; age fifteen (15) and older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6080	**implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prothesis and abutments**	D6080, D6081, D6180 Frequency limitations – Two services per calendar year.	Covered for PPO and plans with the implant rider. 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 (D4346).	None
D6081	**scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths includes cleaning of the implant surfaces, without flap entry and closure**	D6080, D6081, D6180 Frequency limitations – Two services per calendar year.	Covered for PPO and plans with the implant rider. 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 (D4346).	None
D6082	**implant supported crown - porcelain fused to predominantly base alloys**	One (1) per tooth per five (5) years.	None	None
D6083	**implant supported crown - porcelain fused to noble alloys**	One (1) per tooth per five (5) years.	None	None

D6084	**implant supported crown - porcelain fused to titanium or titanium alloys**	One (1) per tooth per five (5) years.	None	None

CDT: D6000-D6199 IMPLANT SERVICES

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6085	**interim implant crown**	Not a covered benefit.	None	None
D6086	**implant supported crown - predominantly base alloys**	One (1) per tooth per five (5) years.	None	None
D6087	**implant supported crown - noble alloys**	One (1) per tooth per five (5) years.	None	None
D6088	**implant supported crown - titanium and titanium alloys**	One (1) per tooth per five (5) years.	None	None
D6089	**accessing and retorquing loose implant screw – per screw**	If plan covers implants: Once per tooth per twelve (12) months. Age fifteen (15) or older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	Considered a basic service.	Tooth identification

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.

D6090	**Repair of implant/abutment supported prosthesis**	One (1) per arch per six (6) months. Age fifteen (15) or older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period. Denied as INTEGRAL when reported within a 5-year period of the initial placement of the restoration	Tooth identification

CDT: D6000-D6199 IMPLANT SERVICES

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6091	**replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment**	Not a covered benefit.	None	None
D6092	**re-cement or re-bond implant/abutment supported crown**	If plan covers implants: Once per tooth per twelve (12) months. Age fifteen (15) or older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	Considered a basic service.	Tooth identification
D6093	**re-cement or re-bond implant/abutment supported fixed partial denture**	One (1) per bridge per twelve (12) months. Age fifteen (15) or older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	Considered a basic service.	Tooth identification

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.

D6094	**abutment supported crown - titanium and titanium alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	All new members subject to twelve (12) month waiting period.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6096	**remove broken implant retaining screw**	One (1) per arch per six (6) months. Age fifteen (15) or older. Not all plans cover this benefit. Please check with the Plan for member's eligibility for this service.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6097	**abutment supported crown - porcelain fused to titanium or titanium alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	All new members subject to twelve (12) month waiting period.	None
D6098	**implant supported retainer - porcelain fused to predominantly base alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	All new members subject to twelve (12) month waiting period.	None
D6099	**implant supported retainer for FPD - porcelain fused to noble alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	All new members subject to twelve (12) month waiting period.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6100	**surgical removal of implant body**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	All new members subject to twelve (12) month waiting period.	Tooth identification
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**	Not a covered benefit.	None	None
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**	Not a covered benefit.	None	None
D6103	**bone graft for repair of peri-implant defect - does not include flap entry and closure**	Not a covered benefit.	None	None
D6104	**bone graft at time of implant placement**	Not a covered benefit.	None	None

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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6105	**removal of implant body not requiring bone removal nor flap elevation**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6106	**guided tissue regeneration – resorbable barrier, per implant**	Not a covered benefit	None	None
D6107	**guided tissue regeneration – non-resorbable barrier, per implant**	Not a covered benefit	None	None
D6110	**implant/abutment supported removable denture for edentulous arch - maxillary**	Paid as an alternate benefit using D5110 allowance. Member is responsible for difference between provider's charge and allowance.	Alternate Benefit. Use code D5110.	None
D6111	**implant/abutment supported removable denture for edentulous arch - mandibular**	Paid as an alternate benefit using D5120 allowance. Member is responsible for difference between provider's charge and allowance.	Alternate Benefit. Use code D5120.	None
D6112	**implant/abutment supported removable denture for partially edentulous arch - maxillary**	Paid as an alternate benefit using D5213 allowance. Member is responsible for difference between provider's charge and allowance.	Alternate Benefit. Use code D5213.	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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6113	**implant/abutment supported removable denture for partially edentulous arch - mandibular**	Paid as an alternate benefit using D5214 allowance. Member is responsible for difference between provider's charge and allowance.	Alternate Benefit. Use code D5214.	None
D6114	**implant/abutment supported fixed denture for edentulous arch - maxillary**	Paid as an alternate benefit using D5110 allowance. Member is responsible for difference between provider's charge and allowance.	Alternate Benefit. Use code D5110.	None
D6115	**implant/abutment supported fixed denture for edentulous arch - mandibular**	Paid as an alternate benefit using D5120 allowance. Member is responsible for difference between provider's charge and allowance.	Alternate Benefit. Use code D5120.	None
D6116	**implant/abutment supported fixed denture for partially edentulous arch - maxillary**	Paid as an alternate benefit using D5213 allowance. Member is responsible for difference between provider's charge and allowance.	Alternate Benefit. Use code D5213.	None
D6117	**implant/abutment supported fixed denture for partially edentulous arch - mandibular**	Paid as an alternate benefit using D5214 allowance. Member is responsible for difference between provider's charge and allowance.	Alternate Benefit. Use code D5214.	None
D6118	**implant/abutment supported interim fixed denture for edentulous arch - mandibular**	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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6119	**implant/abutment supported interim fixed denture for edentulous arch - maxillary**	Not a covered benefit.	None	None
D6120	**implant supported retainer - porcelain fused to titanium and titanium alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	None	None
D6121	**implant supported retainer for metal FPD - predominantly base alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	None	None
D6122	**implant support retainer for metal FPD - noble alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	None	None
D6123	**implant supported retainer for metal FPD - titanium and titanium alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6180	**implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed including cleansing of prothesis and abutments**	D6080, D6081, D6180 Frequency limitations – Two services per calendar year.	Covered for PPO and plans with the implant rider. 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 (D4346).	None
D6190	**radiographic/surgical implant index, by report**	Not a covered benefit.	None	None
D6191	**semi - precision abutment - placement**	Not a covered benefit.	None	None
D6192	**semi - precision attachment - placement**	Not a covered benefit.	None	None
D6193	**replacement of an implant screw**	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.	Covered for PPO and plans with the implant rider. Denied as INTEGRAL when reported on the same tooth, by the same Dentist within 12 months of recementation of an abutment.or implant supported crown or retainer, or implant/abutment supported fixed denture.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6194	**abutment supported retainer crown for FPD - titanium and titanium alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	All new members subject to twelve (12) month waiting period.	Tooth identification
D6195	**abutment supported retainer - porcelain fused to titanium and titanium alloys**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	None	None
D6197	**replacement of restorative material used to close an access opening of a screw-retained**	Not a covered benefit.	None	None
D6198	**remove interim implant component**	Not a covered benefit.	None	None
D6199	**unspecified implant procedure, by report**	By report.	Individual Consideration.	Tooth identification, Detailed narrative

IX. D6200-D6999 Prosthodontics, Fixed

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 poetic.

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 fifteen (15) 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.

Each retainer and each pontic constitutes a unit in a fixed partial denture.
Local anesthesia is usually considered to be part of Fixed Prosthodontic procedures.
The term "fixed partial denture" or FPD is synonymous with fixed bridge or bridgework.
Fixed partial denture prosthetic procedures include routine temporary prosthetics. When indicated, interim or provisional codes should be reported separately.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6205	**pontic - indirect resin-based composite**	One (1) per tooth per five (5) years, age fifteen (15) and older.	Alternate benefit D6240 for anterior and bicuspids. Alternate benefit D6210 for molars. X-rays required.	Tooth identification
D6210	**pontic - cast high noble metal**	One (1) per tooth, in a five (5) year period.	None	Tooth identification
D6211	**pontic - cast predominantly base metal**	One (1) per tooth, in a five (5) year period.	None	Tooth identification
D6212	**pontic - cast noble metal**	One (1) per tooth, in a five (5) year period.	None	Tooth identification
D6214	**pontic - titanium and titanium alloys**	One (1) per tooth, in a five (5) year period.	None	Tooth identification
D6240	**pontic - porcelain fused to high noble metal**	One (1) per tooth per five (5) years, age fifteen (15) and older.	Alternate benefit D6210 for molars.	Tooth identification
D6241	**pontic - porcelain fused to predominantly base metal**	One (1) per tooth per five (5) years, age fifteen (15) and older.	Alternate benefit D6211 for molars.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6242	**pontic - porcelain fused to noble metal**	One (1) per tooth per five (5) years, age fifteen (15) and older.	Alternate benefit D6212 for molars.	Tooth identification
D6243	**pontic - porcelain/ceramic**	One (1) per tooth per five (5) years, covered for anterior. Age fifteen (15) and older.	Alternate benefit D6212 for molars.	Tooth identification
D6245	**pontic - porcelain/ceramic**	One (1) per tooth per five (5) years, covered for anterior. Age fifteen (15) and older.	Alternate benefit D6240 for anterior and bicuspids. Alternate benefit D6210 for molars.	Tooth identification
D6250	**pontic - resin with high noble metal**	One (1) per tooth per five (5) years, covered for anterior. Age fifteen (15) and older.	Alternate benefit D6210 for molars.	Tooth identification
D6251	**pontic - resin with predominantly base metal**	One (1) per tooth per five (5) years, covered for anterior. Age fifteen (15) and older.	Alternate benefit D6211 for molars.	Tooth identification
D6252	**pontic - resin with noble metal**	One (1) per tooth per five (5) years, covered for anterior. Age fifteen (15) and older.	Alternate benefit D6212 for molars.	Tooth identification
D6253	**interim pontic - further treatment or completion of diagnosis necessary prior to final impression**	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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6545	**retainer - cast metal for resin bonded fixed prosthesis**	One (1) in a five (5) year period.	Metal retainers are covered. Coverage is for permanent teeth only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D6548	**retainer - porcelain/ceramic for resin bonded fixed prosthesis**	One (1) in a five (5) year period. Alternate benefit: D6545.	See details listed for D6545.	Tooth identification
D6549	**resin retainer - for resin bonded fixed prosthesis**	One (1) in a five (5) year period. Alternate benefit: D6545. Member is responsible for difference between provider's change and allowance.	Resin retainers are paid at the metallic rate as an alternate benefit with the member responsible for the difference between The Plan payment and the provider's actual charge. Coverage includes laboratory charges, liners, bases, and local anesthesia. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D6600	**retainer inlay - porcelain/ceramic, two (2) surfaces**	One (1) per tooth per five (5) years Alternate benefit: D2520.	See details listed for D6545.	Tooth identification, Surface identification

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	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6601	**retainer inlay - porcelain/ceramic, three (3) or more surfaces**	One (1) per tooth per five (5) years. Alternate benefit: D2530	Coverage is for permanent teeth only. Porcelain/ceramic inlay/onlays are paid at the metallic rate as an alternate benefit with the member responsible for the difference between The Plan's payment and the provider's actual charge. Five (5)-year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D6602	**retainer inlay - cast high noble metal, two (2) surfaces**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D6603	**retainer inlay - cast high noble metal, three (3) or more surfaces**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6604	**retainer inlay - cast predominantly base metal, two (2) surfaces**	One (1) per tooth per five (5) years. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D6605	**retainer inlay - cast predominantly base metal, two (2) surfaces**	One (1) per tooth per five (5) years.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D6606	**retainer inlay - cast predominantly base metal, three (3) or more surfaces**	One (1) per tooth per five (5) years.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6607	**retainer inlay - cast noble metal, two (2) surfaces**	One (1) per tooth per five (5) years.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification
D6608	**retainer inlay - cast noble metal, three (3) or more surfaces**	One (1) in a five (5) year period. Alternate benefit: D2542.	Coverage is for permanent teeth needing buccal/lingual cusp coverage only. Porcelain/ceramic inlay/onlays are paid at the metallic rate as an alternate benefit with the member responsible for the difference between The Plan's payment and the provider's actual charge. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification Surface identification, must include B or L surface

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6611	**retainer onlay - cast high noble metal, three (3) or more surfaces**	One (1) in a five (5) year period. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth needing buccal/lingual cusp coverage only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification Surface identification, must include B or L surface
D6612	**retainer onlay - cast predominantly base metal, two (2) surfaces**	One (1) in a five (5) year period. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth needing buccal/lingual cusp coverage only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification Surface identification, must include B or L surface
D6613	**retainer onlay - cast predominantly base metal, three (3) or more surfaces**	One (1) in a five (5) year period. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth needing buccal/lingual cusp coverage only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification Surface identification, must include B or L surface

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6614	**retainer onlay - cast noble metal, two (2) surfaces**	One (1) in a five (5) year period. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth needing buccal/lingual cusp coverage only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification Surface identification, must include B or L surface
D6615	**retainer onlay - cast noble metal, three (3) or more surfaces**	One (1) in a five (5) year period. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth needing buccal/lingual cusp coverage only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification Surface identification, must include B or L surface
D6624	**retainer inlay - titanium**	One (1) in a five (5) year period. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification, Surface identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6634	**retainer onlay - titanium**	One (1) in a five (5) year period. Age fifteen (15) and older.	Metal inlay/onlay retainers are covered. Coverage is for permanent teeth needing buccal/lingual cusp coverage only. Five (5) year waiting period between services. The patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification Surface identification, must include B or L surface
D6710	**retainer crown - indirect resin-based composite**	One (1) per tooth in a five (5) year period. Alternate benefit: D6750 for anterior and bicuspids, D6790 for molars.	Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D6720	**retainer crown - resin with high noble metal**	One (1) per tooth in a five (5) year period. Alternate benefit: D6790 for molars.	Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D6721	**retainer crown - resin with predominantly base metal**	One (1) per tooth in a five (5) year period. Alternate benefit: D6791 for molars.	Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D6722	**retainer crown - resin with noble metal**	One (1) per tooth in a five (5) year period. Alternate benefit: D6792 for molars.	Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6740	**retainer crown - porcelain/crown**	One (1) per tooth in a five (5) year period Alternate benefit: D6790 for molars. Alternate benefit: D6750 for anterior and bicuspids.	Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D6750	**retainer crown - porcelain fused to high noble metal**	One (1) per tooth in a five (5) year period Alternate benefit: D6790 for molars.	Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification
D6751	**retainer crown - porcelain fused to predominantly base metal**	One (1) per tooth in a five (5) year period Alternate benefit: D6791 for molars.	Five (5) year waiting period between services. Patient must be age fifteen (15) or older. Service or completion date is the cementation date.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6752	**retainer crown - porcelain fused to noble metal**	One (1) per tooth in a five (5) year period. Alternate benefit: D6792 for molars.	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. Five (5) year waiting period between services. Patient must be age fifteen (15) or older. For Permanent teeth only. Service or completion date is the cementation date.	Tooth identification
D6753	**retainer crown - porcelain fused to titanium and titanium alloys**	One (1) per tooth in a five (5) year period. Alternate benefit: D6792 for molars, covered for anterior.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6780	**retainer crown - 3/4 cast high noble metal**	One (1) in a five (5) year period. Age fifteen (15) and older.	Crowns are covered when as a result of extensive caries or fracture the tooth cannot be restored with a direct restoration. Five (5) year waiting period between services. Patient must be age fifteen (15) or older. For permanent teeth only. Service or completion date is the cementation date.	Tooth identification
D6781	**retainer crown - 3/4 cast predominantly base metal**	One (1) in a five (5) year period. Age fifteen (15) and older.	Crowns are covered when as a result of extensive caries or fracture the tooth cannot be restored with a direct restoration. Five (5) year waiting period between services. Patient must be age fifteen (15) or older. For permanent teeth only. Service or completion date is the cementation date.	Tooth identification
D6782	**retainer crown - 3/4 cast high noble metal**	One (1) in a five (5) year period. Age fifteen (15) and older.	Crowns are covered when as a result of extensive caries or fracture the tooth cannot be restored with a direct restoration. Five (5) year waiting period between services. Patient must be age fifteen (15) or older. For permanent teeth only. Service or completion date is the cementation date.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6783	**retainer crown - 3/4 porcelain/ceramic**	One (1) in a five (5) year period Alternate benefit: D6780 for all teeth.	Five (5) year waiting period between services. Patient must be age fifteen (15) or older. For permanent teeth only. Service or completion date is the cementation date.	Tooth identification
D6784	**retainer crown 3/4 - titanium and titanium alloys**	One (1) in a five (5) year period. Age fifteen (15) and older.	None	None
D6790	**retainer crown - full cast high noble metal**	One (1) in a five (5) year period. Age fifteen (15) and older.	None	None
D6791	**retainer crown - full cast predominantly base metal**	One (1) in a five (5) year period. Age fifteen (15) and older.	None	None
D6792	**retainer crown - full cast noble metal**	One (1) in a five (5) year period. Age fifteen (15) and older.	None	None
D6793	**interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression**	Not a covered benefit.	None	None
D6794	**retainer crown - titanium and titanium alloys**	One (1) in a five (5) year period. Age fifteen (15) and older.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D6920	**connector bar**	Not a covered benefit.	None	None
D6930	**re-cement or re-bond fixed partial denture**	Two (2) in a five (5) year period. Age fifteen (15) and older.	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 fifteen (15) or older. For permanent teeth only.	Tooth identification
D6940	**stress breaker**	Not a covered benefit.	None	None
D6950	**precision attachment**	Not a covered benefit.	None	None
D6980	**fixed partial denture repair necessitated by restorative material failure**	By report.	Coverage is for permanent teeth only. There is a five (5) year waiting period between services. Must be age fifteen (15) or older.	Tooth identification
D6985	**pediatric partial denture, fixed**	Not a covered benefit.	None	None
D6999	**unspecified fixed prosthodontic procedure, by report**	By report.	Individual Consideration.	Detailed narrative

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.

X. D7000-D7999 Oral & Maxillofacial Surgery

Local anesthesia is usually considered to be part of Oral and Maxillofacial Surgical procedures.
For dental benefit reporting purposes, a quadrant is defined as four (4) or more contiguous teeth and/or teeth spaces distal to the midline.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7111	**extraction, coronal remnants - primary tooth**	One (1) per tooth per lifetime. No age limit.	The Plan coverage includes local anesthetic, suturing, if needed, and routine postoperative care. One (1) per tooth.	Tooth identification
D7140	**extraction, erupted tooth, or exposed root (elevation and/or forceps removal)**	One (1) per tooth per lifetime. No age limit.	The Plan coverage includes local anesthetic, suturing, if needed, and routine postoperative care. One (1) per tooth.	Tooth identification
D7210	**extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated**	One (1) per tooth per lifetime. No age limit.	Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated. One (1) per tooth	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7220	**removal of impacted tooth - soft tissue**	One (1) per tooth per lifetime. No age limit.	Procedures include local anesthesia, suturing if needed and routine postoperative care. D7241 is a "by report" procedure and will be reviewed by the Dental Consultant or Dental Director. One (1) per tooth.	Tooth identification
D7230	**removal of impacted tooth - partially bony**	One (1) per tooth per lifetime. No age limit.	See details listed for D7220.	Tooth identification
D7240	**removal of impacted tooth - completely bony**	One (1) per tooth per lifetime. No age limit.	See details listed for D7220.	Tooth identification
D7241	**removal of impacted tooth - completely bony, with unusual surgical complications**	By Report.	Procedures include local anesthesia, suturing if needed and routine postoperative care. D7241 is a "by report" procedure and will be reviewed by the Dental Consultant or Dental Director. Once per tooth.	Tooth identification
D7250	**removal of residual tooth roots (cutting procedure)**	One (1) per tooth per lifetime. No age limit.	Coverage includes local anesthesia, suturing if needed, and routine post-operative care. Extraction of a tooth and surgical removal of a residual root of the same tooth, on the same service date are not paid separately.	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7251	**coronectomy - intentional partial tooth removal, impacted teeth only**	One (1) per tooth per lifetime. No age limit.	Procedure includes local anesthesia, suturing if needed and routine post-operative care. Once per tooth per lifetime.	Radiographs and narrative documentation required with submission.
D7252	**partial extraction for immediate implant placement**	Limited to 1 of Partial extraction for immediate implant placement per permanent maxillary anterior tooth (#6, 7, 8, 9, 10, 11) per lifetime.	Covered for plans with the implant rider. If this surgical service is approved, associated GA/IV Anesthesia may also be approved as this service is defined as potentially dentally/medically necessary and the standard of dental treatment by this plan for GA/IV Anesthesia. Gingival flap procedure same day/same quad/same provider Apicoectomy, Root amputation, endodontic endosseous implant, intentional re-implantation, surgical rubber dam isolation, hemisection, Gingivectomy, any oral surgery service, or any type of GTR will deny as MISREPORTED. Benefit will be OFFSET by any benefit paid for Gingivectomy when Gingivectomy is reported same area, same DOS, same Dentist as any Crown, Inlay, Onlay, Restoration, or Extraction Benefit will be OFFSET by any benefit paid for Root removal same tooth when Root removal is reported for the same tooth and by the same Dentist. A8155/A8156 Benefit will be OFFSET by any benefit paid for Removal of small cyst (D7450, D7451) same date when Removal of small cyst is reported on the same date, same tooth,	Tooth identification

			same Dentist as an Apicoectomy, Extraction, or Impaction. (H-7 #4) Benefit will be OFFSET by any benefit paid for Incise and Drain (D7510, D7511) when reported on the same date and by the same provider.	
D7259	**nerve dissection**	Limited to one (1) Nerve dissection (D7259) per permanent tooth per lifetime.	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).	Tooth identification
D7260	**oroantral fistula closure**	By Report, to be paid by medical.	None	None
D7261	**primary closure of a sinus perforation**	By Report.	One (1) per maxillofacial posterior tooth.	None
D7270	**tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth**	One (1) per tooth per lifetime. No age limit.	Reimplantation is limited to permanent teeth. The procedure code is not used for intentional reimplantation (D3470)	Tooth identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7272	**tooth transplantation (includes re-implantation from one site to**	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.

	another and splinting and/or stabilization)			
D7280	**exposure of an unerupted tooth**	One (1) per tooth per lifetime. No age limit.	A narrative and tooth numbers must accompany the claim.	Tooth identification
D7282	**mobilization of erupted or malpositioned tooth to aid eruption**	Not a covered benefit.	None	None
D7283	**placement of device to facilitate eruption of impacted tooth**	Not a covered benefit.	None	None
D7284	**excisional biopsy of minor salivary glands**	No limitations.	None	None
D7285	**incisional biopsy of oral tissue - hard (bone, tooth)**	By Report.	None	None
D7286	**incisional biopsy of oral tissue - soft**	By Report.	None	None
D7287	**exfoliative cytological sample collection**	Not a covered benefit.		

CDT: D7000-D7999 ORAL & MAXILLOFACIAL SURGERY

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers

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.

D7288	**brush biopsy - transepithelial sample collection**	Not a covered benefit.	None	None
D7290	**surgical repositioning of teeth**	Not a covered benefit.	None	None
D7291	**transseptal fiberotomy/supra crestal fiberotomy, by report**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7292	**placement of temporary anchorage device [screw retained plate] requiring flap**	Not a covered benefit.	None	None
D7293	**placement of temporary anchorage device requiring flap**	Not a covered benefit.	None	None
D7294	**placement of temporary anchorage device without flap**	Not a covered benefit.	None	None
D7295	**harvest of bone for use in autogenous grafting procedure**	Not a covered benefit.	None	None
D7296	**corticotomy – one (1) to three (3) teeth or tooth spaces, per quadrant**	Not a covered benefit.	None	None
D7297	**corticotomy - four (4) or more teeth or tooth spaces per quadrant**	Not a covered benefit.	None	None
D7298	**removal of temporary anchorage device [screw retained plate], requiring flap**	Not a covered benefit.	None	None
D7299	**removal of temporary anchorage device, requiring flap**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7300	**removal of temporary anchorage devise without flap**	Not a covered benefit.	None	None
D7310	**alveoloplasty in conjunction with extractions – four (4) or more teeth or tooth spaces, per quadrant**	No limitations.	The Plan coverage includes suturing, local anesthetic, and routine postoperative care. For reporting purposes, a quadrant is defined as four (4) or more contiguous teeth and/or tooth spaces distal to the midline.	Tooth identification Quadrant identification
D7311	**alveoloplasty in conjunction with extractions - one (1) to three (3) teeth or tooth spaces, per quadrant**	No limitations.	The Plan coverage includes suturing, local anesthetic, and routine postoperative care. For reporting purposes, a quadrant is defined as four (4) or more contiguous teeth and/or tooth spaces distal to the midline.	Tooth identification
D7320	**alveoloplasty not in conjunction with extractions – four (4) or more teeth or tooth spaces, per quadrant**	No limitations.	The Plan coverage includes suturing, local anesthetic, and routine postoperative care. For reporting purposes, a quadrant is defined as four (4) or more contiguous teeth and/or tooth spaces distal to the midline.	Tooth identification Quadrant identification

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7321	**alveoloplasty not in conjunction with extractions – one (1) to three (3) teeth or tooth spaces, per quadrant**	No limitations.	The Plan coverage includes suturing, local anesthetic, and routine postoperative care. For reporting purposes, a quadrant is defined as four (4) or more contiguous teeth and/or tooth spaces distal to the midline.	Tooth identification
D7340	**vestibuloplasty - ridge extension (secondary epithelialization)**	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)**	Not a covered benefit.	None	None
D7410	**excision of benign lesion up to 1.25 cm**	By report, to be paid by Medical.	None	None
D7411	**excision of benign lesion greater than 1.25 cm**	By report, to be paid by Medical.	None	None
D7412	**excision of benign lesions, complicated**	By report, to be paid by Medical.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7413	**excision of malignant lesion up to 1.25 cm**	By report, to be paid by Medical.	None	None
D7414	**excision of malignant lesion greater than 1.25 cm**	By report, to be paid by Medical.	None	None
D7415	**excision of malignant lesion, complicated**	By report, to be paid by Medical.	None	None
D7440	**excision of malignant tumor - lesion diameter up to 1.25 cm**	By report, to be paid by Medical.	None	None
D7441	**excision of malignant tumor - lesion diameter greater than 1.25 cm**	By report, to be paid by Medical.	None	None
D7450	**removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm**	No limitations.	The Plan covers the removal of odontogenic cysts or tumors.	None
D7451	**removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm**	No limitations.	The Plan covers the removal of odontogenic cysts or tumors.	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7460	**removal of benign nonodontogenic cysts or tumor - lesion diameter up to 1.25 cm**	By report, to be paid by Medical.	None	None
D7461	**removal of benign nonodontogenic cysts or tumor - lesion diameter greater 1.25 cm**	By report, to be paid by Medical.	None	None
D7465	**destruction of lesion(s) by physical or chemical method, by report**	Not a covered benefit.	None	None
D7471	**removal of lateral exostosis (maxilla or mandible)**	By report.	None	Detailed narrative
D7472	**removal of torus palatinus**	By report.	None	Detailed narrative
D7473	**removal of torus mandibularis**	One per site per lifetime.	None	Detailed narrative
D7485	**reduction of osseous tuberosity**	Not a covered benefit.	None	None
D7490	**radical resection of maxilla or mandible**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7509	**marsupialization of odontogenic cyst**	No limitations.	The Plan covers the removal of odontogenic cysts or tumors.	None
D7510	**incision and drainage of abscess - intraoral soft tissue**	No limitations.	Procedure is not to be used for endodontic access and drainage through a tooth or for open and broach.	Tooth and Arch identification; A brief narrative describing treatment, location and/or tooth number must accompany claim.
D7511	**incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)**	By report.	Procedure is not to be used for endodontic access and drainage through a tooth or for open and broach.	A brief narrative describing treatment, location and/or tooth number must accompany claim.
D7520	**incision and drainage of abscess - extraoral soft tissue**	By report.	None	None
D7521	**incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)**	By report.	None	None
D7530	**removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7540	**removal of reaction producing foreign bodies, musculoskeletal system**	Not a covered benefit.	None	None
D7550	**partial ostectomy/sequestrectomy for removal of non-vital bone**	By report.	None	None
D7560	**maxillary sinusotomy for removal of tooth fragment or foreign body**	Not a covered benefit.	None	None
D7610	**maxilla - open reduction (teeth immobilized if present)**	Not a covered benefit.	None	None
D7620	**maxilla - closed reduction (teeth immobilized if present)**	Not a covered benefit.	None	None
D7630	**mandible - open reduction (teeth immobilized if present)**	Not a covered benefit.	None	None
D7640	**mandible - closed reduction (teeth immobilized if present)**	Not a covered benefit.	None	None
D7650	**malar and/or zygomatic arch - open reduction**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7660	**malar and/or zygomatic arch - closed reduction**	Not a covered benefit.	None	None
D7670	**alveolus - closed reduction, may include stabilization of teeth**	Not a covered benefit.	None	None
D7671	**alveolus - open reduction, may include stabilization of teeth**	Not a covered benefit.	None	None
D7680	**facial bones-complicated reduction with fixation and multiple surgical approaches**	Not a covered benefit.	None	None
D7710	**maxilla - open reduction**	Not a covered benefit.	None	None
D7720	**maxilla - closed reduction**	Not a covered benefit.	None	None
D7730	**mandible - open reduction**	Not a covered benefit.	None	None
D7740	**mandible - closed reduction**	Not a covered benefit.	None	None
D7750	**malar and/or zygomatic arch - open reduction**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7760	**malar and/or zygomatic arch - closed reduction**	Not a covered benefit.	None	None
D7770	**alveolus - open reduction stabilization of teeth**	Not a covered benefit.	None	None
D7771	**alveolus, closed reduction stabilization of teeth**	Not a covered benefit.	None	None
D7780	**facial bones-complicated reduction with fixation and multiple approaches**	Not a covered benefit.	None	None
D7810	**open reduction of dislocation**	Not a covered benefit.	None	None
D7820	**closed reduction of dislocation**	Not a covered benefit.	None	None
D7830	**manipulation under anesthesia**	Not a covered benefit.	None	None
D7840	**condylectomy**	Not a covered benefit.	None	None
D7850	**surgical discectomy, with/without implant**	Not a covered benefit.	None	None
D7852	**disc repair**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7854	**synovectomy**	Not a covered benefit.	None	None
D7856	**myotomy**	Not a covered benefit.	None	None
D7858	**joint reconstruction**	Not a covered benefit.	None	None
D7860	**anthrotomy**	Not a covered benefit.	None	None
D7865	**arthroplasty**	Not a covered benefit.	None	None
D7870	**arthrocentesis**	Not a covered benefit.	None	None
D7871	**non-arthroscopic lysis and lavage**	Not a covered benefit.	None	None
D7871	**non-arthroscopic lysis and lavage**	Not a covered benefit.	None	None
D7872	**arthroscopy - diagnosis, with or without biopsy**	Not a covered benefit.	None	None
D7873	**arthroscopy: lavage and lysis of adhesions**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7874	**arthroscopy: disc repositioning and stabilization**	Not a covered benefit.	None	None
D7875	**arthroscopy: synovectomy**	Not a covered benefit.	None	None
D7876	**arthroscopy: discectomy**	Not a covered benefit.	None	None
D7877	**arthroscopy: debridement**	Not a covered benefit.	None	None
D7880	**occlusal orthotic device, by report**	Not a covered benefit.	None	None
D7881	**occlusal orthotic device adjustment**	Not a covered benefit.	None	None
D7899	**unspecified TMD therapy, by report**	Not a covered benefit.	None	None
D7910	**suture of recent small wounds up to 5 cm**	By Report.	None	None
D7911	**complicated suture - up to 5 cm**	Not a covered benefit.	None	None
D7912	**complicated suture - greater than 5 cm**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7920	**skin graft (identify defect covered, location and type of graft)**	Not a covered benefit.	None	None
D7921	**collection and application of autologous blood concentrate product**	Not a covered benefit.	None	None
D7922	**placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site**	Always integral.	None	None
D7939	**indexing for osteotomy using dynamic robotic assisted or dynamic navigation**	Not a covered benefit.	None	None
D7940	**osteoplasty - for orthognathic deformities**	Not a covered benefit.	None	None
D7941	**osteotomy - mandibular rami**	Not a covered benefit.	None	None
D7943	**osteotomy - mandibular rami with bone graft; includes obtaining the graft**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7944	**osteotomy - segmented or subapical**	Not a covered benefit.	None	None
D7945	**osteotomy - body of mandible**	Not a covered benefit.	None	None
D7946	**LeFort I (maxilla – total)**	Not a covered benefit.	None	None
D7947	**LeFort I (maxilla – segmented)**	Not a covered benefit.	None	None
D7948	**LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft**	Not a covered benefit.	None	None
D7949	**LeFort II or LeFort III – with bone graft**	Not a covered benefit.	None	None
D7950	**osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report**	Not a covered benefit.	None	None
D7951	**Sinus augmentation with bone or bone substitutes via a lateral open approach**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7948	**LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft**	Not a covered benefit.	None	None
D7949	**LeFort II or LeFort III – with bone graft**	Not a covered benefit.	None	None
D7950	**osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report**	Not a covered benefit.	None	None
D7951	**sinus augmentation with bone or bone substitutes via a lateral open approach**	Not a covered benefit.	None	None
D7952	**sinus augmentation via a vertical approach**	Not a covered benefit.	None	None
D7953	**bone replacement graft for ridge preservation - per site**	Not a covered benefit.	None	None
D7955	**repair of maxillofacial soft and/or hard tissue defect**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7956	**guided tissue regeneration, edentulous area – resorbable barrier, per site**	Not a covered benefit.	None	None
D7957	**guided tissue regeneration, edentulous area – non-resorbable barrier, per site**	Not a covered benefit.	None	None
D7961	**buccal/labial frenectomy (frenulectomy)**	One (1) per lifetime.	None	Arch identification; Detailed narrative
D7962	**lingual frenectomy (frenulectomy)**	One (1) per lifetime.	None	Arch identification; Detailed narrative
D7963	**frenuloplasty**	No limitations.	None	Arch identification; Detailed narrative
D7970	**excision of hyperplastic tissue - per arch**	One (1) per arch per benefit period.	Not payable if filed in conjunction with D4210 or D4211	Arch identification; Operative report
D7971	**excision of pericoronal gingiva**	No limitations.	None	None
D7972	**surgical reduction of fibrous tuberosity**	Not a covered benefit.	None	None
D7979	**non - surgical sialolithotomy**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7980	**surgical sialolithotomy**	Not a covered benefit.	None	None
D7981	**excision of salivary gland, by report**	Not a covered benefit.	None	None
D7982	**sialodochoplasty**	Not a covered benefit.	None	None
D7983	**closure of salivary fistula**	Not a covered benefit.	None	None
D7990	**emergency tracheotomy**	Not a covered benefit.	None	None
D7991	**coronoidectomy**	Not a covered benefit.	None	None
D7993	**surgical placement of craniofacial implant - extra oral**	Not a covered benefit.	None	None
D7994	**surgical placement: zygomatic implant**	Not a covered benefit.	None	None
D7995	**synthetic graft-mandible or facial bones, by report**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D7996	**implant- mandible for augmentation purposes (excluding alveolar ridge), by report**	Not a covered benefit.	None	None
D7997	**appliance removal (not by dentist who placed appliance), includes removal of archbar**	Not a covered benefit.	None	None
D7998	**intraoral placement of a fixation device not in conjunction with a fracture**	Not a covered benefit.	None	None
D7999	**unspecified oral surgery procedure, by report**	By report.	Individual Consideration.	Tooth identification, Detailed narrative

XI. D8000-D8999 Orthodontics

Orthodontic Benefit Administration

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 orthopedic appliances in growing and non-growing patients. Adjunctive procedures to facilitate care may be required. Comprehensive orthodontics may incorporate treatment phases focusing on specific objectives at various stages of dentofacial development.

How to Submit Claims - Please follow these guidelines when submitting claims for orthodontic treatment:
Limited, Interceptive and Minor Treatment. Submit a claim with the appropriate CDT procedure code, including the total treatment fee and the placement date of the appliance. We will make payment after receipt of initial claim for treatment.

Comprehensive Treatment. One (1) installment equal to 25% of the lifetime maximum; pro-rated payments continue monthly until the treatment has ended or a new treatment plan including complete treatment plan information is submitted. For patients, whose comprehensive treatment started after their orthodontic benefits became effective, submit the claim with the appropriate CDT procedure code, including the treatment charge and the date treatment began. Payment will be prorated by comparing the banding date to the effective date of coverage and remaining length of treatment. (Accumulation transfers will be considered if provided by prior carrier.) If comprehensive treatment began before the patient's orthodontic benefits became effective, submit the monthly visits and your monthly fee using the appropriate CDT procedure code.

When submitting claims for the services included in orthodontic records, itemize the appropriate CDT procedure code for each service (e.g., radiographs, evaluation, study models) with your usual fee. If you have questions regarding a patient's coverage, effective dates, or benefits, call our Dental Call Center at 808-948-6440 on Oahu or 800-792-4672 from Neighbor Islands.

Dentition

Primary Dentition: Teeth developed and erupted first in order of time.
Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to cessation of growth that would affect orthodontic treatment.
Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.
All of the following orthodontic treatment codes may be used more than once for the treatment of a particular patient depending on the circumstance. A patient may require more than one interceptive procedure or more than one limited procedure depending on their problem.

Limited Orthodontic Treatment
Orthodontic treatment utilizing any therapeutic modality with a limited objective or scale of treatment. Treatment may occur in any stage of dental development or dentition.
The objective may be limited by:
Not involving the entire dentition
Not attempting to address the full scope of the existing or developing orthodontic problem.
Mitigating an aspect of a greater malocclusion (i.e., crossbite, overjet, overbite, arch length, anterior alignment, one phase of multi-phase treatment, treatment prior to the permanent dentition, etc.)

A decision to defer or forego comprehensive treatment.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D8010	**limited orthodontic treatment of the primary dentition**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8020	**limited orthodontic treatment of the transitional dentition**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8030	**limited orthodontic treatment of the adolescent dentition**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8040	**limited orthodontic treatment of the adult dentition**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8070	**comprehensive orthodontic treatment of the transitional dentition**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D8080	**comprehensive orthodontic treatment of the adolescent dentition**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8090	**comprehensive orthodontic treatment of the adult dentition**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8091	**comprehensive orthodontic treatment associated with orthognathic surgery when additional surgical intervention is planned**	A limited number of dental plans have orthodontic benefits.	Covered under Ortho Rider. For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission. Limited to dependent children under Age 19.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8210	**removable appliance therapy**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8220	**fixed appliance therapy**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D8660	**pre-orthodontic treatment examination to monitor growth and development**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8670	**periodic orthodontic treatment visit**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8671	**periodic orthodontic treatment visit for comprehensive treatment associated with orthognathic surgery**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission. Limited to dependent children under Age 19. Integral to D8091.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8680	**orthodontic retention (removal of appliances, construction, and placement of retainer(s))**	A limited number of dental plans have orthodontic benefits.	Covered under Ortho Rider, Integral to D8091. For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8681	**removable orthodontic retainer adjustment**	Not a covered benefit.	None	None
D8695	**removal of fixed orthodontic appliances for reasons other than completion of treatment**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D8696	**repair of orthodontic appliance - maxillary**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8697	**repair of orthodontic appliance - mandibular**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8698	**re-cement or re-bond fixed retainer - maxillary**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8699	**re-cement or re-bond fixed retainer - mandibular**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted with the claim.
D8701	**repair of fixed retainer, includes reattachment - maxillary**	Covered.	None	None
D8702	**repair of fixed retainer, includes reattachment - mandibular**	Covered.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D8703	**replacement of lost or broken retainer - maxillary**	A limited number of dental plans have orthodontic benefits.	For those plans that do include benefits for orthodontics see the Dental Manual, Orthodontia section for details on claim submission.	Diagnosis, banding date, and estimated length of treatment must be submitted.
D8704	**replacement of lost or broken retainer - mandibular**	Not a covered benefit.	None	None
D8999	**unspecified orthodontic procedure, by report**	By report.	Individual Consideration. Detailed narrative required.	Detailed narrative

XII. D9000-D9999 Adjunctive General Services

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9110	**Palliative treatment of dental pain – per visit**	No limitations.	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.	Tooth Quadrant or Arch identification A narrative description of procedure must accompany the claim Tooth identification
D9120	**fixed partial denture sectioning**	By report.	Routine removal of a fixed partial denture prior to remake of the prosthesis is not covered separately. The procedure is by report. The patient must be age fifteen (15) and older	A narrative describing the procedure and tooth numbers are required with the claim
D9130	**temporomandibular joint dysfunction - non-invasive physical therapies**	Not a covered benefit.	None	None
D9210	**local anesthesia not in conjunction with operative or surgical procedures**	Not a covered benefit.	Considered part of total fee for non-surgical or surgical services.	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9211	**regional block anesthesia**	Not a covered benefit.	Considered part of total fee for non-surgical or surgical services.	None
D9212	**trigeminal division block anesthesia**	Not a covered benefit.	Considered part of total fee for non-surgical or surgical services.	None
D9215	**local anesthesia in conjunction with operative or surgical procedures**	Not a covered benefit.	Considered part of total fee for non-surgical or surgical services.	None
D9219	**evaluation for moderate sedation, deep sedation, or general anesthesia**	Not a covered benefit.	None	None
D9222	**deep sedation/general anesthesia - first 15 minutes**	Deep sedation, general anesthesia is a covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code.	General anesthesia will be paid only when performed in conjunction with a covered oral surgical procedure code.	None
D9223	**deep sedation/general anesthesia - each subsequent 15-minute increment**	Deep sedation, general anesthesia is a covered benefit when medically and claimed in conjunction with a covered oral surgical procedure code. Limited to two (2) times per session.	General anesthesia will be paid only when performed in conjunction with a covered oral surgical procedure code. Limited to two (2) times per session.	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9230	**inhalation of nitrous oxide/analgesia, anxiolysis**	Not a covered benefit.	None	None
D9239	**intravenous moderate (conscious) sedation/analgesia- first 15 minutes**	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code.	Intravenous moderate (conscious) sedation/analgesia will be paid only when performed in conjunction with a covered oral surgical procedure code.	None
D9243	**intravenous moderate (conscious) sedation/analgesia- each subsequent 15-minute increment**	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code. Limited to two (2) times per session.	Intravenous moderate (conscious) sedation/analgesia will be paid only when performed in conjunction with a covered oral surgical procedure code. Limited to two (2) times per session.	None
D9248	**non-intravenous moderate (conscious) sedation**	Not a covered benefit.	None	None
D9310	**consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9311	**consultation with a medical health care professional**	Not a covered benefit.	None	None
D9410	**house/extended care facility call**	Not a covered benefit.	None	None
D9420	**hospital or ambulatory surgical center call**	Not a covered benefit.	None	None
D9430	**office visit for observation (during regularly scheduled hours) - no other services performed**	Not a covered benefit.	None	None
D9440	**office visit - after regularly scheduled hours**	By report.	This procedure may be paid in addition to other dental procedures.	Detailed narrative
D9450	**case presentation, subsequent to detailed and extensive treatment planning**	Not a covered benefit.	None	None
D9610	**therapeutic parenteral drug, single administration**	Not a covered benefit.	None	None

CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9612	**therapeutic parenteral drug, two (2) or more administrations, different medications**	Not a covered benefit.	None	None
D9613	**infiltration of sustained release therapeutic drug, per quadrant**	Not a covered benefit.	None	None
D9630	**drugs or medicaments dispensed in the office for home use**	Not a covered benefit.	None	None
D9910	**application of desensitizing medicament**	Not a covered benefit.	None	None
D9911	**application of desensitizing resin for cervical and/or root surface, per tooth**	Not a covered benefit.	None	None
D9912	**pre-visit patient screening**	Not a covered benefit.	None	None
D9913	**administration of neuromodulators**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9914	**administration of dermal fillers**	Not a covered benefit.	None	None
D9920	**behavior management, by report**	Not a covered benefit.	None	None
D9930	**treatment of complications (post-surgical) - unusual circumstances, by report**	Not a covered benefit.	None	None
D9932	**cleaning and inspection of removable complete denture, maxillary**	Not a covered benefit.	Integral to other services.	None
D9933	**cleaning and inspection of removable complete denture, mandibular**	Not a covered benefit.	Integral to other services.	None
D9934	**cleaning and inspection of removable partial denture, maxillary**	Not a covered benefit.	Integral to other services.	None
D9935	**cleaning and inspection of removable partial denture, mandibular**	Not a covered benefit.	Integral to other services.	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9938	**fabrication of a custom removable clear plastic temporary aesthetic appliance**	Not a covered benefit.	None	None
D9939	**placement of a custom removable clear plastic temporary aesthetic appliance**	Not a covered benefit.	None	None
D9941	**fabrication of athletic mouthguard**	Not a covered benefit.	None	None
D9942	**repair and/or reline of occlusal guard**	Not a covered benefit.	None	None
D9943	**occlusal guard adjustment**	Not a covered benefit.	None	None
D9944	**occlusal guard - hard appliance, full arch**	Not a covered benefit.	None	None
D9945	**occlusal guard - soft appliance, full arch**	Not a covered benefit.	None	None
D9946	**occlusal guard – hard appliance, partial arch**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9947	**custom sleep apnea appliance fabrication and placement**	Not a covered benefit.	None	None
D9948	**adjustment of custom sleep apnea appliance**	Not a covered benefit.	None	None
D9949	**repair of custom sleep apnea appliance**	Not a covered benefit.	None	None
D9950	**occlusion analysis - mounted case**	Not a covered benefit.	None	None
D9951	**occlusal adjustment - limited**	Not a covered benefit.	None	None
D9952	**occlusal adjustment - complete**	Not a covered benefit.	None	None
D9953	**reline custom sleep apnea appliance (indirect)**	Not a covered benefit.	None	None
D9954	**fabrication and delivery of oral appliance therapy (OAT) morning repositioning device**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9955	**oral appliance therapy (OAT) titration visit**	Not a covered benefit.	None	None
D9956	**administration of home sleep apnea test**	Not a covered benefit.	None	None
D9957	**screening for sleep related breathing disorders**	Not a covered benefit.	None	None
D9959	**unspecified sleep apnea services procedure, by report**	Not Covered.	None	Tooth Quadrant or Arch identification and a detailed narrative.
D9961	**duplicate /copy patient's records**	Not a covered benefit.	None	None
D9970	**enamel microabrasion**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9971	**odontoplasty - per tooth**	Not a covered benefit.	None	None
D9972	**external bleaching - per arch - performed in office**	Not a covered benefit.	None	None
D9973	**external bleaching - per tooth**	Not a covered benefit.	None	None
D9974	**internal bleaching - per tooth**	Not a covered benefit.	None	None
D9975	**external bleaching for home application, per arch; includes materials and fabrication of custom trays**	Not a covered benefit.	None	None
D9985	**sales tax**	Covered benefit for Federal plan only.	Tax is reimbursable for federal plan members based on the HMSA eligible charge for covered services.	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9986	**missed appointment**	Not a covered benefit.	None	None
D9987	**cancelled appointment**	Not a covered benefit.	None	None
D9990	**certified translation or sign-language services - per visit**	Not a covered benefit.	None	None
D9991	**dental case management - addressing appointment compliance barriers**	Not a covered benefit.	None	None
D9992	**dental case management - care coordination**	Not a covered benefit.	None	None
D9993	**dental case management - motivational interviewing**	Not a covered benefit.	None	None
D9994	**dental case management - patient education to improve health literacy**	Not a covered benefit.	None	None

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CDT Code	Description of Service	Procedure Guidelines or Frequency Limitation	Limitations, Exclusions, and Integral Considerations	Submission Requirements: Participating Providers
D9995	**teledentistry - synchronous; real-time encounter**	Not a covered benefit.	None	None
D9996	**teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review**	Not a covered benefit.	None	None
D9997	**dental case management - patients with special health care needs**	Not a covered benefit.	None	None
D9999	**unspecified adjunctive procedure, by report**	By report.	Individual Consideration.	Tooth Quadrant or Arch identification and a detailed narrative.