Access Dental Plan Family Dental HMO
Schedule Of Benefits

This Schedule of Benefits lists the services available to you under your Access Dental Individual Plan, as well as the Copayments associated with each procedure. Please review the Benefits Description and Limitations & Exclusions Section below for a detailed description and additional information about how your Plan works.

The following Copayments apply when services are performed by your assigned Primary Care Dentist (PCD) or a Contracted Specialty Provider (with prior approval from Access Dental, also referred to as “the Plan”). If Specialty Services are recommended by your PCD, the treatment plan must be preauthorized in writing by the Plan prior to treatment in order for the services to be eligible for coverage.

The benefits shown below are performed as deemed appropriate by the assigned Primary Care Dentist subject to the limitations and exclusions of the program. You should discuss all treatment options with your PCD prior to services being rendered.

Specialty services require prior authorization from the Plan. A referral must be submitted to the Plan by your Primary Care Dentist for approval.

<table>
<thead>
<tr>
<th>Procedure Category</th>
<th>Child-ONLY* Copay Range</th>
<th>Adult-Only** Copay Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Exam, Preventive-Cleaning, Topical Fluoride Application, Sealants per Tooth, Preventive - X-rays and Space maintainers - Fixed</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>Restorative Procedures, Periodontal Maintenance Services, Adult Periodontics (other than maintenance) Adult Endodontics (Group Dental Plans only)</td>
<td>$0-$25</td>
<td>$0-$25</td>
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<tr>
<td><strong>Major Services</strong></td>
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<tr>
<td>Crowns &amp; Casts, Prosthodontics, Endodontics, Periodontics (other than maintenance), and Oral Surgery</td>
<td>$0-$350</td>
<td>$0-$400</td>
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<tr>
<td><strong>Orthodontia</strong></td>
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<tr>
<td>(Only for pre-authorized Medically Necessary Orthodontia)</td>
<td>$0-$350</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual Deductible (Waived for Diagnostic and Preventive)</td>
<td>$0</td>
<td>N/A</td>
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<tr>
<td>Family Deductible (Waived for Diagnostic and Preventive)</td>
<td>$0</td>
<td>N/A</td>
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<tr>
<td>Out of Pocket Maximum (OOP) (per person)</td>
<td>$350</td>
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<td>Out of Pocket Maximum (OOP) (2+ children)</td>
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<td>Annual Maximum</td>
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<td>Ortho Lifetime Maximum</td>
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<tr>
<td>Office Visit (Per Visit)</td>
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<td>$0</td>
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<tr>
<td>Waiting Period</td>
<td>None</td>
<td>N/A</td>
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</table>

*This plan is available for individuals up to age 19
**This plan is available for individuals ages 19 and over.
<table>
<thead>
<tr>
<th>ADA Code</th>
<th>ADA Code Description</th>
<th>Pediatric Dental EHB</th>
<th>Adult Dental EHB</th>
</tr>
</thead>
<tbody>
<tr>
<td>(D0100-D999) Diagnostic</td>
<td>In-network Member Cost Share</td>
<td>In-Network Member Cost Share</td>
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<tr>
<td>D0120</td>
<td>Periodic oral evaluation - established patient</td>
<td>No Charge</td>
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<tr>
<td>D0140</td>
<td>Limited oral evaluation – problem focused</td>
<td>No Charge</td>
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<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under three years of age and counseling with primary caregiver</td>
<td>No Charge</td>
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<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation – new or established patient</td>
<td>No Charge</td>
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</tr>
<tr>
<td>D0160</td>
<td>Detailed and extensive oral evaluation – problem focused, by report</td>
<td>No Charge</td>
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<tr>
<td>D0170</td>
<td>Re-evaluation - limited, problem focused (established patient not post-operative visit)</td>
<td>No Charge</td>
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<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation – new or established patient</td>
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<tr>
<td>D0190</td>
<td>Screening of a patient</td>
<td>Not Covered</td>
<td>No Charge</td>
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<tr>
<td>D0191</td>
<td>Assessment of a patient</td>
<td>Not Covered</td>
<td>No Charge</td>
</tr>
<tr>
<td>D0210</td>
<td>Intraoral - complete series of radiographic images</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>D0220</td>
<td>Intraoral - periapical first radiographic image</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral - periapical each additional radiographic image</td>
<td>No Charge</td>
<td>No Charge</td>
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<tr>
<td>D0240</td>
<td>Intraoral - occlusal radiographic image</td>
<td>No Charge</td>
<td>No Charge</td>
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<tr>
<td>D0250</td>
<td>Extraoral - first radiographic image</td>
<td>No Charge</td>
<td>No Charge</td>
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<tr>
<td>D0270</td>
<td>Bitewing - single radiographic image</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewings - two radiographic images</td>
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<td>No Charge</td>
</tr>
<tr>
<td>D0273</td>
<td>Bitewings - three radiographic images</td>
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<td>No Charge</td>
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<tr>
<td>D0274</td>
<td>Bitewings - four radiographic images</td>
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<td>D0277</td>
<td>Vertical bitewings – 7 to 8 radiographic images</td>
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<tr>
<td>D0290</td>
<td>Posterior – anterior or lateral skull and facial bone survey radiographic image</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0310</td>
<td>Sialography</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0320</td>
<td>Temporomandibular joint arthrogram, including injection</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0322</td>
<td>Tomographic survey</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0330</td>
<td>Panoramic film</td>
<td>No Charge</td>
<td>No Charge</td>
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<tr>
<td>D0340</td>
<td>Cephalometric radiographic image</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0350</td>
<td>Oral/Facial photographic images</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0431</td>
<td>Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures</td>
<td>Not Covered</td>
<td>No Charge</td>
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<tr>
<td>D0460</td>
<td>Pulp vitality tests</td>
<td>No Charge</td>
<td>No Charge</td>
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<td>D0470</td>
<td>Diagnostic casts</td>
<td>No Charge</td>
<td>No Charge</td>
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<tr>
<td>D0502</td>
<td>Other oral pathology procedures, by report</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0601</td>
<td>caries risk assessment and documentation, with a finding of low risk</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0602</td>
<td>caries risk assessment and documentation, with a finding of moderate risk</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0603</td>
<td>caries risk assessment and documentation, with a finding of high risk</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D0999</td>
<td>Unspecified diagnostic procedure, by report</td>
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<td>(D1000-D1999) Preventive</td>
<td>In-network Member Cost Share</td>
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<tr>
<td>D1110</td>
<td>Prophylaxis – adult</td>
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<td>D1120</td>
<td>Prophylaxis – child</td>
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<td>D1206</td>
<td>Topical application of fluoride varnish – child 0 to 5</td>
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<td>D1208</td>
<td>Topical application of fluoride varnish – child 6 to 20</td>
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<td>Not Covered</td>
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<td>D1310</td>
<td>Nutritional counseling for control of dental disease</td>
<td>No Charge</td>
<td>Not Covered</td>
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<td>D1320</td>
<td>Tobacco counseling for the control and prevention of oral disease</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>D1330</td>
<td>Oral hygiene instructions</td>
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<td>No Charge</td>
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<td>D1351</td>
<td>Sealant - per tooth</td>
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<tr>
<td>D1352</td>
<td>Preventive resin restoration in a moderate to high caries risk patient -</td>
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<tr>
<td></td>
<td>permanent tooth</td>
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<tr>
<td>D1510</td>
<td>Space maintainer - fixed – unilateral</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>D1515</td>
<td>Space maintainer - fixed – bilateral</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>D1520</td>
<td>Space maintainer - removable - unilateral</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>D1525</td>
<td>Space maintainer - removable - bilateral</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D1550</td>
<td>Recementation of space maintainer</td>
<td>No Charge</td>
<td>Not Covered</td>
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<tr>
<td>D1555</td>
<td>Removal of fixed space maintainer</td>
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<tr>
<td>(D2000-D2999)</td>
<td><strong>Restorative</strong></td>
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<tr>
<td>D2140</td>
<td>Amalgam - one surface, primary or permanent</td>
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<tr>
<td>D2150</td>
<td>Amalgam - two surfaces, primary or permanent</td>
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<tr>
<td>D2160</td>
<td>Amalgam - three surfaces, primary or permanent</td>
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<td>$40</td>
</tr>
<tr>
<td>D2161</td>
<td>Amalgam - four or more surfaces, primary or permanent</td>
<td>$45</td>
<td>$45</td>
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<tr>
<td>D2330</td>
<td>Resin-based composite - one surface, anterior</td>
<td>$30</td>
<td>$30</td>
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<tr>
<td>D2331</td>
<td>Resin-based composite - two surfaces, anterior</td>
<td>$45</td>
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<tr>
<td>D2332</td>
<td>Resin-based composite - three surfaces, anterior</td>
<td>$55</td>
<td>$55</td>
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<td>D2335</td>
<td>Resin-based composite - four or more surfaces or involving incisal angle</td>
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<td>(anterior)</td>
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<td>D2390</td>
<td>Resin-based composite crown, anterior</td>
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<tr>
<td>D2391</td>
<td>Resin-based composite – one surface, posterior</td>
<td>$30</td>
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<tr>
<td>D2392</td>
<td>Resin-based composite – two surfaces, posterior</td>
<td>$40</td>
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<tr>
<td>D2393</td>
<td>Resin-based composite – three surfaces, posterior</td>
<td>$50</td>
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<td>D2394</td>
<td>Resin-based composite – four or more surfaces, posterior</td>
<td>$70</td>
<td>$70</td>
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<tr>
<td>D2542</td>
<td>Onlay – metallic - two surfaces</td>
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<td>D2543</td>
<td>Onlay - metallic – three surfaces</td>
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<tr>
<td>D2544</td>
<td>Onlay – metallic – four or more surfaces</td>
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<td>D2642</td>
<td>Onlay – porcelain/ceramic – two surfaces</td>
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<td>D2643</td>
<td>Onlay – porcelain/ceramic – three surfaces</td>
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<td>Onlay – porcelain/ceramic – four or more surfaces</td>
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<td>$300</td>
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<tr>
<td>D2662</td>
<td>Onlay - resin-based composite - two surfaces</td>
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<td>$160</td>
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<tr>
<td>D2663</td>
<td>Onlay - resin-based composite - three surfaces</td>
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<td>$180</td>
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<td>D2664</td>
<td>Onlay - resin-based composite - four or more surfaces</td>
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<tr>
<td>D2710</td>
<td>Crown – resin-based composite (indirect)</td>
<td>$140</td>
<td>$140</td>
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<td>D2712</td>
<td>Crown - 3/4 resin-based composite (indirect)</td>
<td>$190</td>
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<tr>
<td>D2720</td>
<td>Crown – resin with high noble metal</td>
<td>Not Covered</td>
<td>$300</td>
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<tr>
<td>D2721</td>
<td>Crown – resin with predominantly base metal</td>
<td>$300</td>
<td>$300</td>
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<tr>
<td>D2722</td>
<td>Crown – resin with noble metal</td>
<td>Not Covered</td>
<td>$300</td>
</tr>
<tr>
<td>D2740</td>
<td>Crown – porcelain/ceramic substrate</td>
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<td>$300</td>
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<tr>
<td>D2750</td>
<td>Crown - porcelain fused to high noble metal</td>
<td>Not Covered</td>
<td>$300</td>
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<tr>
<td>D2751</td>
<td>Crown - porcelain fused to predominantly base metal</td>
<td>$300</td>
<td>$300</td>
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<tr>
<td>D2752</td>
<td>Crown - porcelain fused to noble metal</td>
<td>Not Covered</td>
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<tr>
<td>D2780</td>
<td>Crown - 3/4 cast high noble metal</td>
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<tr>
<td>D2781</td>
<td>Crown - 3/4 cast predominantly base metal</td>
<td>$300</td>
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<tr>
<td>D2782</td>
<td>Crown - 3/4 cast noble metal</td>
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<tr>
<td>D2783</td>
<td>Crown – ¾ porcelain/ceramic</td>
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<tr>
<td>D2790</td>
<td>Crown - full cast high noble metal</td>
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<td>D2791</td>
<td>Crown - full cast predominantly base metal</td>
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<td>D2792</td>
<td>Crown - full cast noble metal</td>
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<td>D2910</td>
<td>Recement inlay, onlay, or partial coverage restoration</td>
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<tr>
<td>D2915</td>
<td>Recement cast or prefabricated post and core</td>
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<tr>
<td>D2920</td>
<td>Recement crown</td>
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<td>$15</td>
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<tr>
<td>D2929</td>
<td>Prefabricated porcelain/ceramic crown - primary tooth</td>
<td>$95</td>
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<tr>
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<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown - primary tooth</td>
<td>$65</td>
<td>Not Covered</td>
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<tr>
<td>D2931</td>
<td>Prefabricated stainless steel crown - permanent tooth</td>
<td>$75</td>
<td>$75</td>
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<tr>
<td>D2932</td>
<td>Prefabricated resin crown</td>
<td>$75</td>
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<tr>
<td>D2933</td>
<td>Prefabricated stainless steel crown with resin window</td>
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<td>Not Covered</td>
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<tr>
<td>D2940</td>
<td>Protective restoration</td>
<td>$25</td>
<td>$20</td>
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<tr>
<td>D2950</td>
<td>Core buildup, involving any pins</td>
<td>$20</td>
<td>$20</td>
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<tr>
<td>D2951</td>
<td>Pin retention - per tooth, in addition to restoration</td>
<td>$25</td>
<td>$20</td>
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<tr>
<td>D2952</td>
<td>Post and core in addition to crown, indirectly fabricated</td>
<td>$100</td>
<td>$60</td>
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<tr>
<td>D2953</td>
<td>Each additional indirectly fabricated post, same tooth</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>D2954</td>
<td>Prefabricated post and core in addition to crown</td>
<td>$90</td>
<td>$60</td>
</tr>
<tr>
<td>D2955</td>
<td>Post removal</td>
<td>$60</td>
<td>Not Covered</td>
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<tr>
<td>D2957</td>
<td>Each additional prefabricated post – same tooth</td>
<td>$35</td>
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<tr>
<td>D2971</td>
<td>Additional procedures to construct new crown under existing partial denture framework</td>
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<td>Not Covered</td>
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<tr>
<td>D2980</td>
<td>Crown repair, by report</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>D2999</td>
<td>Unspecified restorative procedure, by report</td>
<td>$40</td>
<td>Not Covered</td>
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<tr>
<td></td>
<td><strong>Endodontics</strong></td>
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<td></td>
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<tr>
<td>D3110</td>
<td>Pulp cap - direct (excluding final restoration)</td>
<td>$20</td>
<td>$20</td>
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<td>D3120</td>
<td>Pulp cap – indirect (excluding final restoration)</td>
<td>$25</td>
<td>$25</td>
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<td>Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament</td>
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<td>$35</td>
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<td>D3221</td>
<td>Pulpal debridement, primary and permanent teeth</td>
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<td>Not Covered</td>
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<tr>
<td>D3222</td>
<td>Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development</td>
<td>$60</td>
<td>Not Covered</td>
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<td>Gingivectomy or gingivoplasty - per quadrant - - four or more contiguous teeth or tooth bound</td>
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**Periodontics**
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<td>Replace missing or broken teeth - complete denture (each tooth)</td>
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<td>Replace broken teeth - per tooth</td>
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**(D6000-D6199) Implant Services**

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<td>Surgical placement of implant body: endosteal implant</td>
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<td>Surgical placement: transosteal implant</td>
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<td>Connecting bar - implant supported or abutment supported</td>
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<td>Prefabricated abutment - includes modification and placement</td>
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<td>D6057</td>
<td>Custom fabricated abutment - includes placement</td>
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<tr>
<td>D6059</td>
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<td>Pontic - cast predominantly base metal</td>
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<td>D6214</td>
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<td>D6609</td>
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<td>Onlay - cast high noble metal - three or more surfaces</td>
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<td>Extraction, erupted tooth or exposed root</td>
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<td>Removal of impacted tooth - soft tissue</td>
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<td>Removal of impacted tooth - partially bony</td>
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<td>D7240</td>
<td>Removal of impacted tooth - completely bony</td>
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<td>Primary closure of a sinus perforation</td>
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<td>tooth reimplantation / stabilization</td>
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<td>D7286</td>
<td>Biopsy of oral tissue – soft</td>
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<td>Brush biopsy transepithelial sample collection</td>
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<td>Surgical repositioning of teeth</td>
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<td>Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)</td>
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<td>D7410</td>
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<td>D7412</td>
<td>Excision of benign lesion, complicated</td>
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<td>Excision of malignant lesion up to 1.25 cm</td>
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<td>Removal of torus palatinus</td>
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<td>D7473</td>
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<td>Incision and drainage of abcess – intraoral soft tissue</td>
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<td>D7520</td>
<td>incision and drainage of abcess - extraoral soft tissue</td>
<td>$70</td>
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<tr>
<td>D7521</td>
<td>Incision and drainage of abcess - extraoral soft tissue - complicated</td>
<td>$80</td>
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<tr>
<td>D7530</td>
<td>Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue</td>
<td>$45</td>
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<tr>
<td>D7540</td>
<td>Removal of reaction producing foreign bodies, musculoskeletal system</td>
<td>$75</td>
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<tr>
<td>D7550</td>
<td>Partial ostectomy /sequestrectomy for removal of non-vital bone</td>
<td>$125</td>
<td>$125</td>
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<tr>
<td>D7560</td>
<td>Maxillary sinusotomy for removal of tooth fragment or foreign body</td>
<td>$235</td>
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<tr>
<td>D7610</td>
<td>Maxilla – open reduction (teeth immobilized, if present)</td>
<td>$140</td>
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<tr>
<td>D7620</td>
<td>Maxilla – closed reduction (teeth immobilized, if present)</td>
<td>$250</td>
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<tr>
<td>D7630</td>
<td>Mandible – open reduction (teeth immobilized, if present)</td>
<td>$350</td>
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<tr>
<td>D7640</td>
<td>Mandible – closed reduction (teeth immobilized, if present)</td>
<td>$350</td>
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</tr>
<tr>
<td>D7650</td>
<td>Malar and/or zygomatic arch – open reduction</td>
<td>$350</td>
<td>Not Covered</td>
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<tr>
<td>D7660</td>
<td>Malar and/or zygomatic arch – closed reduction</td>
<td>$350</td>
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<tr>
<td>D7670</td>
<td>Alveolus – closed reduction, may include stabilization of teeth</td>
<td>$170</td>
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<tr>
<td>D7671</td>
<td>Alveolus – open reduction, may include stabilization of teeth</td>
<td>$230</td>
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<td>D7680</td>
<td>Facial bones – complicated reduction with fixation and multiple surgical approaches</td>
<td>$350</td>
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<td>Maxilla – open reduction</td>
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<td>D7720</td>
<td>Maxilla – closed reduction</td>
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<td>D7730</td>
<td>Mandible – open reduction</td>
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<td>D7740</td>
<td>Mandible – closed reduction</td>
<td>$290</td>
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<td>D7750</td>
<td>Malar and/or zygomatic arch – open reduction</td>
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<td>D7760</td>
<td>Malar and/or zygomatic arch – closed reduction</td>
<td>$350</td>
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<tr>
<td>D7770</td>
<td>Alveolus – open reduction stabilization of teeth</td>
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<tr>
<td>D7771</td>
<td>Alveolus, closed reduction stabilization of teeth</td>
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<td>D7780</td>
<td>Facial bones – complicated reduction with fixation and multiple surgical approaches</td>
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<tr>
<td>D7810</td>
<td>Open reduction of dislocation</td>
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<td>Closed reduction of dislocation</td>
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<td>D7830</td>
<td>Manipulation under anesthesia</td>
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<td>D7840</td>
<td>Condylectomy</td>
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<td>D7850</td>
<td>Surgical discectomy, with/without implant</td>
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<tr>
<td>D7852</td>
<td>Disc repair</td>
<td>$350</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>Coverage</td>
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<tr>
<td>D7854</td>
<td>Synovectomy</td>
<td>$350</td>
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<tr>
<td>D7856</td>
<td>Myotomy</td>
<td>$350</td>
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<tr>
<td>D7858</td>
<td>Joint reconstruction</td>
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<tr>
<td>D7860</td>
<td>Arthrostomy</td>
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<td>D7865</td>
<td>Arthroplasty</td>
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<td>D7870</td>
<td>Arthrocentesis</td>
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<tr>
<td>D7871</td>
<td>Non-arthroscopic lysis and lavage</td>
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<td>D7872</td>
<td>Arthroscopy – diagnosis, with or without biopsy</td>
<td>$350</td>
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<tr>
<td>D7873</td>
<td>Arthroscopy – surgical: lavage and lysis of adhesions</td>
<td>$350</td>
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<tr>
<td>D7874</td>
<td>Arthroscopy – surgical: disc repositioning and stabilization</td>
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<td>D7875</td>
<td>Arthroscopy – surgical: synovectomy</td>
<td>$350</td>
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<td>D7876</td>
<td>Arthroscopy – surgical: discectomy</td>
<td>$350</td>
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<td>D7877</td>
<td>Arthroscopy – surgical: debridement</td>
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<td>D7880</td>
<td>Occlusal orthotic device, by report</td>
<td>$120</td>
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<td>D7899</td>
<td>Unspecified TMD therapy, by report</td>
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<tr>
<td>D7910</td>
<td>Suture of recent small wounds up to 5 cm</td>
<td>$35</td>
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<tr>
<td>D7911</td>
<td>Complicated suture – up to 5 cm</td>
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<tr>
<td>D7912</td>
<td>Complicated suture – greater than 5 cm</td>
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<tr>
<td>D7920</td>
<td>Skin graft (identify defect covered, location and type of graft)</td>
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<tr>
<td>D7940</td>
<td>Osteoplasty – for orthognathic deformities</td>
<td>$160</td>
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<tr>
<td>D7941</td>
<td>Osteotomy – mandibular rami</td>
<td>$350</td>
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<tr>
<td>D7943</td>
<td>Osteotomy – mandibular rami with bone graft; includes obtaining the graft</td>
<td>$350</td>
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<tr>
<td>D7944</td>
<td>Osteotomy – segmented or subapical</td>
<td>$275</td>
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<tr>
<td>D7945</td>
<td>Osteotomy – body of mandible</td>
<td>$350</td>
<td>Not Covered</td>
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<tr>
<td>D7946</td>
<td>LeFort I (maxilla – total)</td>
<td>$350</td>
<td>Not Covered</td>
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<tr>
<td>D7947</td>
<td>LeFort I (maxilla – segmented)</td>
<td>$350</td>
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<tr>
<td>D7948</td>
<td>LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft</td>
<td>$350</td>
<td>Not Covered</td>
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<tr>
<td>D7949</td>
<td>LeFort II or LeFort III – with bone graft</td>
<td>$350</td>
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<tr>
<td>D7950</td>
<td>Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report</td>
<td>$190</td>
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<tr>
<td>D7951</td>
<td>Sinus augmentation with bone or bone substitutes via a lateral open approach</td>
<td>$290</td>
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<tr>
<td>D7952</td>
<td>Sinus augmentation with bone or bone substitute via a vertical approach</td>
<td>$175</td>
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<tr>
<td>D7955</td>
<td>Repair of maxillofacial soft and/or hard tissue defect</td>
<td>$200</td>
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<td>D7960</td>
<td>Frenulectomy – also known as frenectomy or frenotomy – separate procedure</td>
<td>$120</td>
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<tr>
<td>D7963</td>
<td>Frenuloplasty</td>
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<td>$120</td>
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<tr>
<td>D7970</td>
<td>Excision of hyperplastic tissue - per arch</td>
<td>$175</td>
<td>$176</td>
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<tr>
<td>D7971</td>
<td>Excision of pericoron gingival</td>
<td>$80</td>
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<tr>
<td>D7972</td>
<td>Surgical reduction of fibrous tuberosity</td>
<td>$100</td>
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<tr>
<td>D7980</td>
<td>Sialolithotomy</td>
<td>$155</td>
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<tr>
<td>D7981</td>
<td>Excision of salivary gland, by report</td>
<td>$120</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Fee</td>
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<tr>
<td>D7982</td>
<td>Sialodochoplasty</td>
<td>$215</td>
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<tr>
<td>D7983</td>
<td>Closure of salivary fistula</td>
<td>$140</td>
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<tr>
<td>D7990</td>
<td>Emergency tracheotomy</td>
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<tr>
<td>D7991</td>
<td>Coronoidectomy</td>
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<tr>
<td>D7995</td>
<td>Synthetic graft – mandible or facial bones, by report</td>
<td>$150</td>
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<tr>
<td>D7997</td>
<td>Appliance removal (not by dentist who placed appliance), includes removal of archbar</td>
<td>$60</td>
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<tr>
<td>D7999</td>
<td>Unspecified oral surgery procedure, by report</td>
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<tr>
<td>(D8000-D8999)</td>
<td><strong>Orthodontics</strong></td>
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<tr>
<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
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<tr>
<td>D8210</td>
<td>Removable appliance therapy</td>
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<tr>
<td>D8220</td>
<td>Fixed appliance therapy</td>
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<tr>
<td>D8660</td>
<td>Pre-orthodontic treatment visit</td>
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<tr>
<td>D8670</td>
<td>Periodic orthodontic treatment visit (as part of contract)</td>
<td>$350</td>
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<tr>
<td>D8680</td>
<td>Orthodontic retention (removal of appliances, construction and placement of retainer(s))</td>
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<tr>
<td>D8691</td>
<td>Repair of orthodontic appliance</td>
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<tr>
<td>D8692</td>
<td>Replacement of lost or broken retainer</td>
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<tr>
<td>D8693</td>
<td>Rebonding or recementing: and/or repair, as required, of fixed retainers</td>
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<tr>
<td>D8999</td>
<td>Unspecified orthodontic procedure, by report</td>
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<tr>
<td>(D9000-D9999)</td>
<td><strong>Adjunctive General Services</strong></td>
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<tr>
<td>D9110</td>
<td>Palliative (emergency) treatment of dental pain - minor procedure</td>
<td>$30</td>
<td>$28</td>
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<tr>
<td>D9120</td>
<td>Fixed partial denture sectioning</td>
<td>$95</td>
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<tr>
<td>D9210</td>
<td>Local anesthesia not in conjunction with outpatient surgical procedures</td>
<td>$10</td>
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<tr>
<td>D9211</td>
<td>Regional block anesthesia</td>
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<tr>
<td>D9212</td>
<td>Trigeminal division block anesthesia</td>
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<tr>
<td>D9215</td>
<td>Local anesthesia in conjunction with operative or surgical procedures</td>
<td>$15</td>
<td>$15</td>
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<tr>
<td>D9223</td>
<td>Deep sedation/general anesthesia - each 15 minute increment</td>
<td>$45</td>
<td>$45</td>
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<tr>
<td>D9230</td>
<td>Analgesia, anxiolysis, inhalation of nitrous oxide</td>
<td>$15</td>
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<tr>
<td>D9241</td>
<td>Intravenous conscious sedation/analgesia – first 30 minutes</td>
<td>$165</td>
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<tr>
<td>D9243</td>
<td>Intravenous conscious sedation/analgesia - each 15 minute increment</td>
<td>$60</td>
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<td>D9248</td>
<td>Non-intravenous conscious sedation</td>
<td>$65</td>
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<tr>
<td>D9310</td>
<td>Consultation - (diagnostic service provided by dentist or physician other than requesting dentist or physician)</td>
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<td>$45</td>
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<tr>
<td>D9410</td>
<td>House/Extended care facility call</td>
<td>$50</td>
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<tr>
<td>D9420</td>
<td>Hospital or ambulatory surgical center call</td>
<td>$135</td>
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<tr>
<td>D9430</td>
<td>Office visit for observation (during regularly scheduled hours) – no other services performed</td>
<td>$20</td>
<td>$12</td>
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<tr>
<td>D9440</td>
<td>Office visit - after regularly scheduled hours</td>
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<tr>
<td>D9450</td>
<td>Case presentation, detailed and extensive treatment planning</td>
<td></td>
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<tr>
<td>D9610</td>
<td>Therapeutic parenteral drug, single administration</td>
<td>$30</td>
<td>Not Covered</td>
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<tr>
<td>D9612</td>
<td>Therapeutic parenteral drug, two or more administrations, different medications</td>
<td>$40</td>
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<tr>
<td>D9910</td>
<td>Application of desensitizing medicament</td>
<td>$20</td>
<td>$22</td>
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<tr>
<td>D9930</td>
<td>treatment of complications (post-surgical) - unusual circumstances, by report</td>
<td>$35</td>
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<tr>
<td>D9940</td>
<td>Occlusal guards, by report</td>
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<td>$115</td>
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<tr>
<td>D9942</td>
<td>Repair and/or reline of occlusal guard</td>
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<tr>
<td>D9950</td>
<td>Occlusion analysis – mounted case</td>
<td>$120</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

ADP_SOB_HMO_FAM_CA_17
If services for a listed procedure are performed by the assigned PCD, the member pays the specified co-payment.

Benefits are provided if the plan determines the services to be medically necessary.

You may be charged for missed appointments if you do not give the dental office at least 24 hours notice of cancellation.

Listed procedures, which require a dentist to provide specialized services, and are referred by the assigned PCD, must be preauthorized in writing by the Plan. The member pays the co-payment specified for such services. Procedures not listed above are not covered, however may be available at the PCD’s contracted fees. “Contracted fees” means the PCD’s fees on file with the Plan.

Minimum coverage plan benefits are covered at 100% by the plan after the member meets the medical plan deductible and Annual Out-of-Pocket maximum. Members are responsible for the total cost of the benefit until the deductible is met. Covered preventive and diagnostic services are covered at 100% regardless of deductible and Annual Out of Pocket.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Plan 1</th>
<th>Plan 2</th>
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<tbody>
<tr>
<td>D9951</td>
<td>Occlusal adjustment - limited</td>
<td>$45</td>
<td>$45</td>
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<tr>
<td>D9952</td>
<td>Occlusal adjustment - complete</td>
<td>$210</td>
<td>$210</td>
</tr>
<tr>
<td>D9999</td>
<td>unspecified adjunctive procedure, by report</td>
<td>$0</td>
<td>Not Covered</td>
</tr>
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</table>

D9951 Occlusal adjustment - limited $45
D9952 Occlusal adjustment - complete $210
D9999 unspecified adjunctive procedure, by report $0

Not Covered
Benefits Description

Diagnostic General Policies (D0100-D0999)

1. Radiographs (D0210-D0340):
   a) According to accepted standards of dental practice, the lowest number of radiographs needed to provide the diagnosis shall be taken.
   b) Original radiographs shall be a part of the patient’s clinical record and shall be retained by the provider at all times.
   c) Radiographs shall be considered current as follows:
      i) radiographs for treatment of primary teeth within the last eight months.
      ii) radiographs for treatment of permanent teeth (as well as over-retained primary teeth where the permanent tooth is congenitally missing or impacted) within the last 14 months.
      iii) radiographs to establish arch integrity within the last 36 months.
   d) All treatment and post treatment radiographs are included in the fee for the associated procedure and are not payable separately.

2. Photographs (D0350):
   a) Photographs are a part of the patient’s clinical record and the provider shall retain original photographs at all times.
   b) Photographs shall be made available for review upon the request.

3. Prior authorization is not required for examinations, radiographs or photographs.
Diagnostic Procedures (D0100-D0999)

PROCEDURE D0120
PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT
A benefit:
   a. for patients under the age of 19.
   b. once every six months, per provider.

PROCEDURE D0140
LIMITED ORAL EVALUATION - PROBLEM FOCUSED
A benefit:
   a. for patients under the age of 19.
   b. once per patient per provider.

PROCEDURE D0145
ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER

PROCEDURE D0150
COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT
1. A benefit once per patient per provider for the initial evaluation.
2. This procedure is not a benefit when provided on the same date of service with procedures:
   a. limited oral evaluation (D0140),
   b. detailed and extensive oral evaluation- problem focused, by report (D0160),
   c. re-evaluation-limited, problem focused (established patient; not post-operative visit) (D0170).
3. The following procedures are not a benefit when provided on the same date of service with D0150:
   a. periodic oral evaluation (D0120),
   b. office visit for observation (during regularly scheduled hours)-no other services performed (D9430).

PROCEDURE D0160
DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT
1. A benefit once per patient per provider.
   a. The following procedures are not a benefit when provided on the same date of service with D0160: periodic oral evaluation (D0120),
   b. limited oral evaluation-problem focused (D0140),
   c. comprehensive oral evaluation- new or established patient (D0150),
   d. re-evaluation-limited, problem focused (established patient; not post-operative visit) (D0170), office visit for observation (during regularly scheduled hours-no other services performed (D9430).

PROCEDURE D0170
RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)
1. A benefit for the ongoing symptomatic care of temporomandibular joint dysfunction:
   a. up to six times in a three month period.
   b. up to a maximum of 12 in a 12-month period.

PROCEDURE D0180
COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT

PROCEDURE D0210
INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES
A benefit once per provider every 36 months.

PROCEDURE D0220
INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE

PROCEDURE D0230
PROCEDURE INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE
A benefit to a maximum of 20 periapicals in a 12- month period to the same provider, in any combination of the following: intraoral- periapical first radiographic image (D0220) and intraoral- periapical each additional radiographic image (D0230). Periapicals taken as part of an intraoral complete series of radiographic images (D0210) are not considered against the maximum of 20 periapical films in a 12 month period.

PROCEDURE D0240
INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE

A benefit up to a maximum of two in a six-month period per provider.

PROCEDURE D0250 EXTRAORAL - FIRST RADIOGRAPHIC IMAGE

A benefit once per date of service.

PROCEDURE D0270 BITEWING - SINGLE RADIOGRAPHIC IMAGE

1. A benefit once per date of service.
2. Not a benefit for a totally edentulous area.

PROCEDURE D0272 BITEWINGS - TWO RADIOGRAPHIC IMAGES

1. A benefit once every six months per provider.
2. Not a benefit:
   a. within six months of intraoral-complete series of radiographic images (D0210), same provider.
   b. for a totally edentulous area.

PROCEDURE D0273 BITEWINGS - THREE RADIOGRAPHIC IMAGES

PROCEDURE D0274 BITEWINGS - FOUR RADIOGRAPHIC IMAGES

1. A benefit once every six months per provider.
2. Not a benefit:
   a. within six months of intraoral-complete series of radiographic images (D0210), same provider.
   b. for patients under the age of 10

PROCEDURE D0277 VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES

This procedure can only be billed as bitewings-four radiographic images (D0274). The maximum payment is for four bitewings.

PROCEDURE D0290 POSTERIOR - ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE

A benefit:
   a. for the survey of trauma or pathology.
   b. for a maximum of three per date of service.

PROCEDURE D0310 SIALOGRAPHY

PROCEDURE D0320 TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION

A benefit:
   a. for the survey of trauma or pathology.
   b. for a maximum of three per date of service.

PROCEDURE D0322 TOMOGRAPHIC SURVEY

A benefit twice in a 12-month period per provider.

PROCEDURE D0330 PANORAMIC RADIOGRAPHIC IMAGE

1. A benefit once in a 36-month period per provider, except when documented as essential for a follow-up/ post-operative exam (such as after oral surgery).
2. Not a benefit, for the same provider, on the same date of service as an intraoral-complete series of radiographic images (D0210).
3. This procedure shall be considered part of an intraoral-complete series of radiographic images (D0210) when taken on the same date of service with bitewings (D0272 or D0274) and a minimum of two (2) intraoral-periapicals each additional radiographic image (D0230).

PROCEDURE D0340 CEPIALOMETRIC RADIOGRAPHIC IMAGE

A benefit twice in a 12-month period per provider.

PROCEDURE D0350 ORAL/FACIAL PHOTOGRAPHIC IMAGES

A benefit up to a maximum of four per date of service.

PROCEDURE D0460 PULP VITALITY TESTS

PROCEDURE D0470 DIAGNOSTIC CASTS

1. Diagnostic casts are for the evaluation of orthodontic benefits only.
2. Diagnostic casts are required to be submitted for orthodontic evaluation and are payable only upon authorized orthodontic treatment. Do not send original casts, as casts will not be returned.
3. A benefit:
   a. once per provider
unless special circumstances are documented (such as trauma or pathology which has affected the course of orthodontic treatment).

b. for patients under the age of 19.

c. for permanent dentition (unless over the age of 13 with primary teeth still present or has a cleft palate or craniofacial anomaly).

d. only when provided by a Specialty Care orthodontist.

PROCEDURE D0502
OTHER ORAL PATHOLOGY PROCEDURES BY REPORT

PROCEDURE D0601
CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF LOW RISK

PROCEDURE D0602
CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF MODERATE RISK

PROCEDURE D0603
CARIES RISK ASSESSMENT AND DOCUMENTATION WITH A FINDING OF HIGH RISK

PROCEDURE D0999
UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT
Preventive General Policies (D1000-D1999)

1. Dental Prophylaxis and Fluoride Treatment (D1110-D1208):
   a. Dental prophylaxis (D1110 and D1120) is defined as the preventive dental procedure of coronal scaling and polishing which includes the complete removal of calculus, soft deposits, plaque, stains and smoothing of unattached tooth surfaces.
   b. Fluoride treatment (D1206 and D1208) is a benefit only for prescription strength fluoride products.
   c. Fluoride treatments do not include treatments that incorporate fluoride with prophylaxis paste, topical application of fluoride to the prepared portion of a tooth prior to restoration and applications of aqueous sodium fluoride.
   d. The application of fluoride is only a benefit for caries control and as a full mouth treatment regardless of the number of teeth treated.
   e. Prophylaxis and fluoride procedures (D1120, D1206 and D1208) are a benefit once in a six-month period without prior authorization under the age of 19
   f. Prophylaxis and fluoride procedures (D1110, D1206 and D1208) are a benefit once in a 12-month period without prior authorization for age 19 or older.
   g. Additional requests, beyond the stated frequency limitations, for prophylaxis and fluoride procedures (D1110, D1120, D1206 and D1208) shall be considered for prior authorization when documented medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
Preventive Procedures (D1000-D1999)

PROCEDURE D1110
PROPHYLAXIS - ADULT
A benefit once in a 12-month period for patients age 19 or older. Frequency limitations shall apply toward prophylaxis procedure D1120.

PROCEDURE D1120
PROPHYLAXIS - CHILD
A benefit once in a six-month period for patients under the age of 19.

PROCEDURE D1206
TOPICAL APPLICATION OF FLUORIDE VARNISH
A benefit:

a. once in a six month period for patients under the age of 19. Frequency limitations shall apply toward topical application of fluoride (D1206).

b. once in a 12 month period for patients age 19 or older. Frequency limitations shall apply toward topical application of fluoride (D1206).

PROCEDURE D1208
TOPICAL APPLICATION OF FLUORIDE
A benefit:

a. once in a six month period for patients under the age of 19. Frequency limitations shall apply toward topical application of fluoride varnish (D1206).

b. once in a 12 month period for patients age 19 or older. Frequency limitations shall apply toward topical application of fluoride varnish (D1206).

d. once per tooth every 36 months per provider regardless of surfaces sealed.

PROCEDURE D1310
NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE

PROCEDURE D1320
TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE

PROCEDURE D1330
ORAL HYGIENE INSTRUCTIONS

PROCEDURE D1351
SEALANT - PER TOOTH
A benefit:

a. for first, second and third permanent molars that occupy the second molar position.

b. only on the occlusal surfaces that are free of decay and/or restorations.

c. for patients under the age of 19.

d. once per tooth every 36 months per provider regardless of surfaces sealed.

PROCEDURE D1352
PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT- PERMANENT TOOTH
A benefit:

a. for first, second and third permanent molars that occupy the second molar position.

b. only for an active cavitated lesion in a pit or fissure that does not cross the DEJ.

c. for patients under the age of 19.

d. once per tooth every 36 months per provider regardless of surfaces sealed.

PROCEDURE D1510
TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE

PROCEDURE D1515
SPACE MAINTAINER - FIXED - BILATERAL
A benefit:

a. once per arch when there is a missing primary molar in both quadrants or when there are two missing primary molars in the same quadrant for patients under the age of 18.

Not a benefit:

a. when the permanent tooth is near eruption or is missing.

b. for upper and lower anterior teeth.

c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.
c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.

PROCEDURE D1520
SPACE MAINTAINER - REMOVABLE - UNILATERAL
1. A benefit:
   a. once per quadrant per patient.
   b. for patients under the age of 18.
   c. only to maintain the space for a single tooth.

2. Not a benefit:
   a. when the permanent tooth is near eruption or is missing.
   b. for upper and lower anterior teeth.
   c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.

PROCEDURE D1525
SPACE MAINTAINER - REMOVABLE - BILATERAL
1. A benefit:
   a. once per arch when there is a missing primary molar in both quadrants or when there are two missing primary molars in the same quadrant.
   b. for patients under the age of 18.

2. Not a benefit:
   a. when the permanent tooth is near eruption or is missing.
   b. for upper and lower anterior teeth.
   c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.

PROCEDURE D1550
RECEMENTATION OF SPACE MAINTAINER
1. A benefit:
   a. once per provider, per applicable quadrant or arch.
   b. for patients under the age of 18.

PROCEDURE D1555
REMOVAL OF FIXED SPACE MAINTAINER
Restorative General Policies (D2000-D2999)

1. Amalgam and Resin-Based Composite Restorations (D2140-D2394):
   a) Restorative services shall be a benefit when medically necessary, when curative activity or
      fractures have extended through the dentinoenamel junction (DEJ) and when the tooth
      demonstrates a reasonable longevity.
   b) Anterior proximal restorations (amalgam/composite) submitted as a two or three surface
      restoration shall be clearly demonstrated on radiographs that the tooth structure is involved to
      a point one-third the mesial-distal width of the tooth.
   c) Restorative services provided solely to replace tooth structure lost due to attrition,
      abrasion, erosion or for cosmetic purposes are not a benefit.
   d) Restorative services are not a benefit when the prognosis of the tooth is questionable due to
      non-restorability or periodontal involvement.
   e) Restorations for primary teeth near exfoliation are not a benefit.
   f) The five valid tooth surface classifications are mesial, distal, occlusal/incisal, lingual and
      facial (including buccal and labial).
   g) Each separate non-connecting restoration on the same tooth for the same date of service
      shall be submitted on separate Claim Service Lines (CSLs). All surfaces on a single tooth
      restored with the same restorative material shall be considered connected, for payment
      purposes, if performed on the same date of service.
   h) Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp
      capping, bonding agents, lining agents, occlusal adjustments (D9951), polishing, local
      anesthesia and any other associated procedures are included in the fee for a completed
      restorative service.
   i) The original provider is responsible for any replacement restorations necessary in primary
      teeth within the first 12 months and permanent teeth within the first 36 months, except when
      failure or breakage results from circumstances beyond the control of the provider (such as due
      to a patient’s oral habits).
   j) Replacement of otherwise satisfactory amalgam restorations with resin-based composite
      restorations is not a benefit unless a specific allergy has been documented by a medical
      specialist (allergist) on their professional letterhead or prescription and submitted for
      payment.

2. Prefabricated Crowns (D2929-D2933):
   A) Primary Teeth:
      a) Prefabricated crowns (D2929, D2930, D2932 and D2933) are a benefit only once in a 12-
         month period.
      b) Primary teeth do not require prior authorization. At least one of the following criteria
         shall be met for coverage:
         i. decay, fracture or other damage involving three or more tooth surfaces,
         ii. decay, fracture or other damage involving one interproximal surface when the
             damage has extended extensively buccolingually or mesiodistally,
      c) Prefabricated crowns for primary teeth near exfoliation are not a benefit.
   B) Permanent Teeth:
      a) Prefabricated crowns (D2931, D2932 and D2933) are a benefit only once in a 36-month
         period.
      b) Permanent teeth do not require prior authorization. At least one of the following
criteria shall be met for coverage:

i. Anterior teeth shall show traumatic or pathological destruction of the crown of the tooth which involves four or more tooth surfaces including at least the loss of one incisal angle,

ii. Bicusps (premolars) shall show traumatic or pathological destruction of the crown of the tooth which involves three or more tooth surfaces including at least one cusp,

iii. Molars shall show traumatic or pathological destruction of the crown of the tooth which involves four or more tooth surfaces including at least two cusps,

iv. The prefabricated crown shall restore an endodontically treated bicuspid or molar tooth.

v. Arch integrity and the overall condition of the mouth, including the patient’s ability to maintain oral health, shall be considered based upon a supportable 36-month prognosis for the permanent tooth to be crowned.

vi. Indirectly fabricated or prefabricated posts (D2952 and D2954) are benefits when medically necessary for the retention of prefabricated crowns on root canal treated permanent teeth.

vii. Prefabricated crowns on root canal treated teeth shall be considered for payment only after satisfactory completion of root canal therapy.

viii. Prefabricated crowns are not a benefit for abutment teeth for cast metal framework partial dentures (D5213 and D5214).

C) Primary and Permanent Teeth:

i. Prefabricated crowns provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes are not a benefit.

ii. Prefabricated crowns are not a benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.

iii. Prefabricated crowns are not a benefit when a tooth can be restored with an amalgam or resin-based composite restoration.

iv. Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, amalgam or acrylic buildups, pins (D2951), bonding agents, occlusal adjustments (D9951), local anesthesia (D9210) and any other associated procedures are included in the fee for a prefabricated crown.

3. Laboratory Processed Crowns (D2710-D2792):

a) Laboratory processed crowns on permanent teeth (or over-retained primary teeth with no permanent successor) are a benefit only once in a 5 year period except when failure or breakage results from circumstances beyond the control of the provider (such as due to a patient’s oral habits).

b) A benefit for patients age 13 or older when a lesser service will not suffice because of extensive coronal destruction.

i) Anterior teeth shall show traumatic or pathological destruction to the crown of the tooth, which involves at least one of the following:

a. The involvement of four or more surfaces including at least one incisal angle. The facial or lingual surface shall not be considered involved for a mesial or proximal restoration unless the proximal restoration wraps around the tooth to at least the midline,

b. The loss of an incisal angle which involves a minimum area of both half the incisal width and half the height of the anatomical crown,

C) an incisal angle is not involved but more than 50% of the anatomical crown is
involved

ii) Bicuspids (premolars) shall show traumatic or pathological destruction of the crown of the tooth, which involves three or more tooth surfaces including one cusp.

iii) Molars shall show traumatic or pathological destruction of the crown of the tooth, which involves four or more tooth surfaces including two or more cusps.

iv) Posterior crowns for patients age 19 or older are a benefit only when they act as an abutment for a removable partial denture with cast clasps or rests (D5213 and D5214) or for a fixed partial denture which meets current criteria.

c) Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes are not a benefit.

d) Laboratory crowns are not a benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.

e) Laboratory processed crowns are not a benefit when the tooth can be restored with an amalgam or resin-based composite.

f) Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, amalgam or acrylic buildups, pins (D2951), bonding agents, lining agents, impressions, temporary crowns, occlusal adjustments (D9951), polishing, local anesthesia (D9210) and any other associated procedures are included in the fee for a completed laboratory processed crown.

g) Indirectly fabricated or prefabricated posts (D2952 and D2954) are a benefit when medically necessary for the retention of allowable laboratory processed crowns on root canal treated permanent teeth.

h) Partial payment will not be made for an undelivered laboratory processed crown. Payment shall be made only upon final cementation
Restorative Procedures (D2000-D2999)

**PROCEDURE D2140**  
AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT  
Primary teeth:  
A benefit once in a 12- month period.  
Permanent teeth:  
A benefit once in a 36- month period.  

**PROCEDURE D2150**  
AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT  
See the criteria under Procedure D2140.  

**PROCEDURE D2160**  
AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT  
See the criteria under Procedure D2140.  

**PROCEDURE D2161**  
AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT  
See the criteria under Procedure D2140.  

**PROCEDURE D2330**  
RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR  
Primary teeth:  
A benefit once in a 12- month period.  
Permanent teeth:  
A benefit once in a 36- month period.  

**PROCEDURE D2331**  
RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR  
Primary teeth:  
A benefit once in a 12- month period.  
Permanent teeth:  
A benefit once in a 36- month period.  

**PROCEDURE D2332**  
RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR  
See the criteria under Procedure D2331.  

**PROCEDURE D2335**  
RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)  
See the criteria under Procedure D2331.  

**PROCEDURE D2390**  
RESIN-BASED COMPOSITE CROWN, ANTERIOR  
Primary teeth:  
A benefit once in a 12- month period.  
Permanent teeth:  
A benefit once in a 36- month period.  

**PROCEDURE D2391**  
RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR  
Primary teeth:  
A benefit once in a 12- month period.  
Permanent teeth:  
A benefit once in a 36- month period.  

**PROCEDURE D2392**  
RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR  
See the criteria under Procedure D2391.  

**PROCEDURE D2393**  
RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR  
See the criteria under Procedure D2391.  
A benefit once in a 36- month period.  

**PROCEDURE D2394**  
RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR  
See the criteria under Procedure D2391.  

**PROCEDURE D2710**  
CROWN - RESIN-BASED COMPOSITE (INDIRECT)  
Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):  
1. A benefit:  
   a. once in a five-year period.  
   b. for any resin based composite crown that is indirectly fabricated.  
2. Not a benefit:  
   a. for patients under the age of 13.  
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.  
3. for use as a temporary crown.  
Permanent posterior teeth (age 19 or older):  
A benefit:  
   a. once in a five-year
period.
b. for any resin based composite crown that is indirectly fabricated.
c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or
d. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214).
Not a benefit:
e. for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.
f. for use as a temporary crown.

**PROCEDURE D2712**
**CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit:
   a. once in a five-year period.
   b. for any resin based composite crown that is indirectly fabricated.

2. Not a benefit:
   a. for patients under the age of 13.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.
   c. for use as a temporary crown.

**PROCEDURE D2721**
**CROWN - RESIN WITH PREDOMINANTLY BASE METAL**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five-year period.
   a. once in a five-year period.
   b. for any resin based composite crown that is indirectly fabricated.
   c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests.

2. Not a benefit:
   a. for patients under the age of 13.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

**PROCEDURE D2740**
**CROWN - PORCELAIN/CERAMIC SUBSTRATE**

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five-year period.
   a. once in a five-year period.
   b. for any resin based composite crown that is indirectly fabricated.
   c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests.

2. Not a benefit:
   a. for patients under the age of 13.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

Permanent posterior teeth (age 21 or older):

1. A benefit:
   a. once in a five-year period.
   b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests.

2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.

ADP_SOB_HMO_FAM_CA_17 (V8)
PROCEDURE D2751
CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five-year period.
2. Not a benefit:
   a. for beneficiaries under the age of 13.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

PROCEDURE D2781
CROWN - 3/4 CAST PREDOMINANTLY BASE METAL

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five-year period.
2. Not a benefit:
   a. for patients under the age of 13.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

PROCEDURE D2783
CROWN - 3/4 PORCELAIN / CERAMIC

Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):

1. A benefit once in a five-year period.
2. Not a benefit:
   a. for patients under the age of 13.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

PROCEDURE D2781
CROWN - 3/4 CAST PREDOMINANTLY BASE METAL

Permanent posterior teeth (age 19 or older):

1. A benefit:
   a. once in a five-year period.
   b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or
c. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214).

2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.

PROCEDURE D2783
CROWN - 3/4 PORCELAIN / CERAMIC

Permanent posterior teeth (age 19 or older):

1. A benefit:
   a. once in a five-year period.
   b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or
2. Not a benefit for 3rd molars, unless the 3rd molar is an abutment for an existing removable partial denture with cast clasps or rests.
PROCEDURE D2791
CROWN - FULL CAST
PREDOMINANTLY BASE METAL
Permanent anterior teeth (age 13 or older) and permanent posterior teeth (ages 13 through 19):
1. A benefit once in a five-year period.
2. Not a benefit:
   a. for patients under the age of 13.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

Permanent posterior teeth (age 19 or older):
1. A benefit:
   a. once in a five-year period.
2. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.

PROCEDURE D2920
RECEMENT CROWN
Not a benefit within 12 months of a previous recementation by the same provider.

PROCEDURE D2929
PREFabricated Porcelain/ Ceramic CROWN - PRIMARY TOOTH
A benefit once in a 12-month period.

PROCEDURE D2930
PREFabricated STainless Steel CROWN - PRIMARY TOOTH
A benefit once in a 12-month period.

PROCEDURE D2931
PREFabricated STainless Steel CROWN - PERMANENT TOOTH
1. A benefit once in a 36-month period.
2. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.

PROCEDURE D2932
PREFabricated Resin CROWN
Primary teeth:
1. A benefit once in a 12-month period.
2. This procedure includes the placement of a resin-based composite.
   Permanent teeth:
   1. A benefit once in a 36-month period.
   2. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position.
   3. This procedure includes the placement of a resin-based composite.

PROCEDURE D2940
PROTECTIVE RESTORATION
1. A benefit once per tooth in a six-month period, per provider.
2. Not a benefit:
   a. when performed on the same date of service with a permanent restoration or crown, for same tooth.
   b. on root canal treated teeth.

PROCEDURE D2950
CORE BUILDUP, INCLUDING ANY PINS
This procedure is included in the fee for restorative procedures and is not payable separately.

PROCEDURE D2951
PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION
A benefit:
   a. for permanent teeth only.
   b. when billed with an amalgam or composite
restoration on the same date of service.

c. once per tooth regardless of the number of pins placed.

d. for a posterior restoration when the destruction involves three or more connected surfaces and at least one cusp, or

e. for an anterior restoration when extensive coronal destruction involves the incisal angle.

PROCEDURE D2952
POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED

1. A benefit:
   a. once per tooth regardless of number of posts placed.
   b. only in conjunction with allowable crowns (prefabricated or laboratory processed) on root canal treated permanent teeth.

PROCEDURE D2953
EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH

This procedure is to be performed in conjunction with D2952

PROCEDURE D2954
PREFABRICATED POST AND CORE IN ADDITION TO CROWN

A benefit:
   a. once per tooth regardless of number of posts placed.
   b. only in conjunction with allowable crowns (prefabricated or laboratory processed) on root canal treated permanent teeth.

PROCEDURE D2955
POST REMOVAL

This procedure is included in the fee for endodontic and restorative procedures and is not payable separately.

PROCEDURE D2957
EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH

This procedure is to be performed in conjunction with D2954 and is not payable separately.

PROCEDURE D2971
ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE

FRAMEWORK

This procedure is included in the fee for laboratory processed crowns and is not payable separately.

PROCEDURE D2980
CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE

Not a benefit within 12 months of initial crown placement or previous repair for the same provider.

PROCEDURE D2999
UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT

1. This procedure does not require prior authorization.
2. Procedure D2999 shall be used:
   a. for a procedure which is not adequately described by a CDT code, or
   b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
Endodontic General Policies (D3000-D3999)

a) Prior authorization with current periapical radiographs is required for initial root canal therapy (D3310, D3320 and D3330), root canal retreatment (D3346, D3347 and D3348), partial pulpotomy for apexogenesis (D3222), apexification/recalcification (D3351) and apicoectomy/periradicular surgery (D3410, D3421, D3425 and D3426) on permanent teeth.

b) Root canal therapy (D3310, D3320, D3330, D3346, D3347 and D3348) is a benefit for permanent teeth and over-retained primary teeth with no permanent successor, if medically necessary. It is medically necessary when the tooth is non-vital (due to necrosis, gangrene or death of the pulp) or if the pulp has been compromised by caries, trauma or accident that may lead to the death of the pulp.

c) Endodontic procedures are not a benefit when the prognosis of the tooth is questionable (due to non-restorability or periodontal involvement).

d) Endodontic procedures are not a benefit when extraction is appropriate for a tooth due to non-restorability, periodontal involvement or for a tooth that is easily replaced by an addition to an existing or proposed prosthesis in the same arch.

e) Endodontic procedures are not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar positions or is an abutment for an existing fixed or removable partial denture with cast clasps or rests.

f) The fee for endodontic procedures includes all treatment and post treatment radiographs, any temporary restorations and/or occlusal seals, medicated treatments, bacteriologic studies, pulp vitality tests, removal of root canal obstructions (such as posts, silver points, old root canal filling material, broken root canal files and broaches and calcifications), internal root repairs of perforation defects and routine postoperative care within 30 days.

g) Endodontic procedures shall be completed prior to payment. The date of service on the payment request shall reflect the final treatment date.

h) Satisfactory completion of endodontic procedures is required prior to requesting the final restoration.
Endodontic Procedures (D3000-D3999)

PROCEDURE D3110
PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)

PROCEDURE D3120
PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)

PROCEDURE D3220
THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT
1. A benefit once per primary tooth.
2. Not a benefit:
   a. for a primary tooth near exfoliation.
   b. for a primary tooth with a necrotic pulp or a periapical lesion.
   c. for a primary tooth that is non-restorable.
   d. for a permanent tooth.

PROCEDURE D3221
PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH
1. A benefit:
   a. for permanent teeth.
   b. for over-retained primary teeth with no permanent successor.

PROCEDURE D3222
PARTIAL PULPOTOMY FOR APEXOGENESIS-PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT
1. A benefit:
   a. once per permanent tooth.
   b. for patients under the age of 19.
2. Not a benefit:
   a. for primary teeth.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.

PROCEDURE D3223
PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
1. A benefit once per tooth.
2. Not a benefit:
   a. for a primary tooth near exfoliation.
   b. with a therapeutic pulpotomy (excluding final restoration) (D3220), same date of service, same tooth.
   c. with pulpal debridement, primary and permanent teeth (D3221), same date of service, same tooth.

PROCEDURE D3224
PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
1. A benefit once per primary tooth.
2. Not a benefit:
   a. for a primary tooth near exfoliation.
   b. with a therapeutic pulpotomy (excluding final restoration) (D3220), same date of service, same tooth.
   c. with pulpal debridement, primary and permanent teeth (D3221), same date of service, same tooth.

PROCEDURE D3240
ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)
1. A benefit once per tooth for initial root canal therapy treatment. For root canal therapy retreatment use retreatment of previous root canal therapy-anterior (D3346).
2. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

PROCEDURE D3310
ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)
1. A benefit once per tooth for initial root canal therapy
For root canal therapy retreatment use retreatment of previous root canal therapy-bicuspid (D3347).

The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3330**

**ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)**

1. A benefit once per tooth for initial root canal therapy treatment.
2. Not a benefit for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
3. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3331**

**TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS**

This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.

**PROCEDURE D3332**

**INCOMPLETE ENDODONTIC**

**THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH**

Endodontic treatment is only payable upon successful completion of endodontic therapy.

**PROCEDURE D3333**

**INTERNAL ROOT REPAIR OF PERFORATION DEFECTS**

This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.

**PROCEDURE D3346**

**RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR**

1. Not a benefit to the original provider within 12 months of initial treatment.
2. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3347**

**RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID**

1. Not a benefit to the original provider within 12 months of initial treatment.
2. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3348**

**RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR**

1. Not a benefit:
   a. to the original provider within 12 months of initial treatment.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
2. The fee for this procedure includes all treatment and post treatment radiographs, any temporary restoration and/or occlusal seal.

**PROCEDURE D3351**

**APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION - INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, PULP SPACE DISINFECTION ETC.)**

1. A benefit:
   a. once per permanent tooth.
   b. for patients under the age of 19.
2. Not a benefit:
   a. for primary teeth.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
   c. on the same date of service as any other endodontic procedures for the
same tooth.

3. This procedure includes initial opening of the tooth, performing a pulpectomy, preparation of canal spaces, placement of medications and all treatment and post treatment radiographs.

PROCEDURE D3352
APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT

1. A benefit:
   a. only following apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.) (D3351).
   b. once per permanent tooth.
   c. for patients under the age of 19.

2. Not a benefit:
   a. for primary teeth.
   b. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
   c. on the same date of service as any other endodontic procedures for the same tooth.

3. This procedure includes reopening the tooth, placement of medications and all treatment and post treatment radiographs.

PROCEDURE D3353
APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)

This procedure is not a benefit.

PROCEDURE D3410
APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR

1. A benefit for permanent anterior teeth only.

2. Not a benefit:
   a. to the original provider within 90 days of root canal therapy except when a medical necessity is documented.
   b. to the original provider within 24 months of a prior apicoectomy/periradicular surgery.
   c. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.

PROCEDURE D3421
APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID (FIRST ROOT)

1. A benefit for permanent bicuspid teeth only.

2. Not a benefit:
   a. to the original provider within 90 days of root canal therapy except when a medical necessity is documented.
   b. to the original provider within 24 months of a prior apicoectomy/periradicular surgery.

PROCEDURE D3425
APICOECTOMY/PERIRADICULAR SURGERY - MOLAR (FIRST ROOT)

1. Requires a tooth code.

2. A benefit for permanent 1st and 2nd molar teeth only.

3. Not a benefit:
   a. to the original provider within 90 days of root canal therapy except when a medical necessity is documented.
   b. to the original provider within 24 months of a prior apicoectomy/periradicular surgery, same root.
   c. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.

PROCEDURE D3426
APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)

1. A benefit for permanent teeth only.

2. Not a benefit:
   a. to the original provider within 90 days of root canal therapy except when a medical necessity is documented.
   b. to the original provider within 24 months of a prior apicoectomy/
periradicular surgery, same root.

c. for 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.

PROCEDURE D3430
RETROGRADE FILLING - PER ROOT

This procedure is to be performed in conjunction with endodontic procedures and is not payable separately.

PROCEDURE D3910
ISOLATION OF TOOTH WITH RUBBER DAM

This procedure is included in the fees for restorative and endodontic procedures and is not payable separately.

PROCEDURE D3999
UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT

1. Procedure D3999 shall be used:
   a. for a procedure which is not adequately described by a CDT code, or
   b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
Periodontal General Policies (D4000-D4999)

a. Periodontal procedures shall be a benefit for patients age 13 or older. Periodontal procedures shall be considered for patients under the age of 13 when unusual circumstances exist such as aggressive periodontitis and drug-induced hyperplasia and the medical necessity has been fully documented.

b. Prior authorization is required for all periodontal procedures except for unscheduled dressing change (by someone other than the treating dentist) (D4290) and periodontal maintenance (D4910).

c. Only teeth that qualify as diseased are to be considered in the count for the number of teeth to be treated in a particular quadrant. A qualifying tooth shall have a significant amount of bone loss, presence of calculus deposits, be restorable and have arch integrity. Qualifying teeth include implants. Teeth shall not be counted as qualifying when they are indicated to be extracted. Full or partial quadrants are defined as follows:
   i) a full quadrant is considered to have four or more qualifying diseased teeth,
   ii) a partial quadrant is considered to have one, two, or three diseased teeth,
   iii) third molars shall not be counted unless the third molar occupies the first or second molar position or is an abutment for an existing fixed or removable partial denture with cast clasps or rests.

d. Tooth bounded spaces shall only be counted in conjunction with osseous surgeries (D4260 and D4261) that require a surgical flap. Each tooth bounded space shall only count as one tooth space regardless of the number of missing natural teeth in the space.

e. Scaling and root planing (D4341 and D4342) are a benefit once per quadrant in a 24 month period. Patients shall exhibit connective tissue attachment loss and radiographic evidence of bone loss and/or subgingival calculus deposits on root surfaces.

f. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) are a benefit once per quadrant in a 36 month period and shall not be authorized until 30 days following scaling and root planing (D4341 and D4342) in the same quadrant. Patients shall exhibit radiographic evidence of moderate to severe bone loss to qualify for osseous surgery.

g. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) includes three months of post-operative care and any surgical re-entry for 36 months. Documentation of extraordinary circumstances and/or medical conditions will be given consideration on a case-by-case basis.

h. Scaling and root planing (D4341 and D4342) can be authorized in conjunction with prophylaxis procedures (D1110 and D1120). However, payment shall not be made for any prophylaxis procedure if the prophylaxis is performed on the same date of service as the scaling and root planing.

i. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) includes frenulectomy (frenectomy or frenotomy) (D7960), frenuloplasty (D7963) and/or distal wedge performed in the same area on the same date of service.

j. Procedures involved in acquiring graft tissues (hard or soft) from extra-oral donor sites are considered part of the fee for osseous surgery (D4260 and D4261) and are not payable separately.

k. Gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261) performed in conjunction with a laboratory crown, prefabricated crown, amalgam or resin-based composite restoration or endodontic therapy is included in the fee for the final restoration or endodontic therapy and is not payable separately.
Periodontal Procedures (D4000-D4999)

PROCEDURE D4210
GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT

1. If three or fewer diseased teeth are present in the quadrant, use gingivectomy or gingivoplasty (D4211).

2. A benefit:
   a. for patients age 13 or older.
   b. once per quadrant every 36 months.

PROCEDURE D4211
GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH, OR TOOTH BOUNDED SPACES PER QUADRANT

1. If four or more diseased teeth are present in the quadrant, use gingivectomy or gingivoplasty (D4210).

2. A benefit:
   a. for patients age 13 or older.
   b. once per quadrant every 36 months.

PROCEDURE D4249
CLINICAL CROWN LENGTHENING - HARD TISSUE

This procedure is included in the fee for a completed restorative service.

PROCEDURE D4260
OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT

1. Prior authorization is required.

2. Requires a quadrant code.

3. If three or fewer diseased teeth are present in the quadrant, use osseous surgery (D4261).

4. A benefit:
   a. for patients age 13 or older.
   b. once per quadrant every 36 months.

PROCEDURE D4261
OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES, PER QUADRANT

1. Prior authorization is required.

2. Requires a quadrant code.

3. If four or more diseased teeth are present in the quadrant, use osseous surgery (D4260).

4. A benefit:
   a. for patients age 13 or older.

PROCEDURE D4265
BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION

1. This procedure is included in the fees for other periodontal procedures and is not payable separately.

PROCEDURE D4341
PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT

A benefit:
   a. for patients age 13 or older.
   b. once per quadrant every 24 months.

PROCEDURE D4342
PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT

A benefit:
   a. for patients age 13 or older.
   b. once per quadrant every 24 months.

PROCEDURE D4355
FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS

This procedure is included in the fees for other periodontal procedures and is not payable separately.

PROCEDURE D4381
LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH

This procedure is included in the fees for other
periodontal procedures and is not payable separately.

PROCEDURE D4910
PERIODONTAL MAINTENANCE

1. This procedure does not require prior authorization.

2. A benefit:
   a. only for patients residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).
   b. only when preceded by a periodontal scaling and root planing (D4341-D4342).
   c. only after completion of all necessary scaling and root planings.
   d. once in a calendar quarter.
   e. only in the 24 month period following the last scaling and root planing.

3. This procedure is considered a full mouth treatment.

PROCEDURE D4920
UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)

1. This procedure cannot be prior authorized.

2. A benefit:
   a. for patients age 13 or older.
   b. once per patient per provider.

   c. within 30 days of the date of service of gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261).

3. Unscheduled dressing changes by the same provider are considered part of, and included in the fee for gingivectomy or gingivoplasty (D4210 and D4211) and osseous surgery (D4260 and D4261).

PROCEDURE D4999
PROCEDURE, BY REPORT

1. A benefit for patients age 13 or older.

2. Procedure D4999 shall be used:
   a. for a procedure which is not adequately described by a CDT code, or
   b. for a procedure that has a CDT code that is not a benefit but the patient has an condition to justify the medical necessity. Documentation shall include the exceptional medical medical condition and the specific CDT code associated with the treatment.
Prosthodontics (Removable) General Policies (D5000-D5899)

1. Complete and Partial Dentures (D5110-D5214 and D5860):
   a) Prior authorization is required for removable prostheses except for immediate dentures (D5130 and D5140).
   b) Prior authorization shall be considered for a new prosthesis only when it is clearly evident that the existing prosthesis cannot be made serviceable by repair, replacement of broken and missing teeth or relinse.
   c) Complete and partial dentures are prior authorized only as full treatment plans. Payment shall be made only when the full treatment has been completed.
   d) New complete or partial dentures shall not be prior authorized when it would be highly improbable for a patient to utilize, care for or adapt to a new prosthesis due to psychological and/or motor deficiencies as determined by a clinical screening dentist (see "g" below).
   e) All endodontic, restorative and surgical procedures for teeth that impact the design of a removable partial denture (D5211, D5212, D5213 and D5214) shall be addressed before prior authorization is considered.
   f) The need for new or replacement prosthesis may be evaluated by a clinical screening dentist.
   g) A removable prosthesis is a benefit only once in a five year period. When adequately documented, the following exceptions shall apply:
      i) Catastrophic loss beyond the control of the patient. Documentation must include a copy of the official public service agency report (fire or police), or
      ii) A need for a new prosthesis due to surgical or traumatic loss of oral-facial anatomic structure, or
      iii) The removable prosthesis is no longer serviceable as determined by a clinical screening dentist.
   h) Prosthodontic services provided solely for cosmetic purposes are not a benefit.
   i) Temporary or interim dentures to be used while a permanent denture is being constructed are not a benefit.
   j) Spare or backup dentures are not a benefit.
   k) Evaluation of a denture on a maintenance basis is not a benefit.
   l) The fee for any removable prosthesis, reline, tissue conditioning or repair includes all adjustments necessary for six months after the date of service by the same provider.
   m) Immediate dentures should only be considered for a patient when one or more of the following conditions exist:
      i) extensive or rampant caries are exhibited in the radiographs,
      ii) severe periodontal involvement is indicated in the radiographs,
      iii) numerous teeth are missing resulting in diminished masticating ability adversely affecting the patient’s health.
   n) There is no insertion fee payable to an oral surgeon who seats an immediate denture.
   o) Preventative, endodontic or restorative procedures are not a benefit for teeth to be retained for overdentures. Only extractions for the retained teeth will be a benefit.
   p) Partial dentures are not a benefit to replace missing 3rd molars.
2. Relines and Tissue Conditioning (D5730-D5761, D5850 and D5851):

a) Laboratory relines (D5750, D5751, D5760 and D5761) are a benefit six months after the date of service for immediate dentures (D5130 and D5140), an immediate overdenture (D5860) and cast metal partial dentures (D5213 and D5214) that required extractions.

b) Laboratory relines (D5750, D5751, D5760 and D5761) are a benefit 12 months after the date of service for complete (remote) dentures (D5110 and D5120), a complete (remote) overdenture (D5860) and cast metal partial dentures (D5213 and D5214) that did not require extractions.

c) Laboratory relines (D5760 and D5761) are not a benefit for resin based partial dentures (D5211 and D5212).

d) Laboratory relines (D5750, D5751, D5760 and D5761) are not a benefit within 12 months of chairside relines (D5730, D5731, D5740 and D5741).

e) Chairside relines (D5730, D5731, D5740 and D5741) are a benefit six months after the date of service for immediate dentures (D5130 and D5140), an immediate overdenture (D5860), resin based partial dentures (D5211 and D5212) and cast metal partial dentures (D5213 and D5214) that required extractions.

f) Chairside relines (D5730, D5731, D5740 and D5741) are a benefit 12 months after the date of service for complete (remote) dentures (D5110 and D5120), a complete (remote) overdenture (D5860), resin based partial dentures (D5211 and D5212) and cast metal partial dentures (D5213 and D5214) that did not require extractions.

g) Chairside relines (D5730, D5731, D5740 and D5741) are not a benefit within 12 months of laboratory relines (D5750, D5751, D5760 and D5761).

h) Tissue conditioning (D5850 and D5851) is only a benefit to heal unhealthy ridges prior to a definitive prosthodontic treatment.

i) Tissue conditioning (D5850 and D5851) is a benefit the same date of service as an immediate prosthesis that required extractions.
Prosthodontic (Removable) Procedures (D5000-D5899)

PROCEDURE D5110
COMPLETE DENTURE - MAXILLARY
1. Prior authorization is required.
2. A benefit once in a five year period from a previous complete, immediate or overdenture - complete denture.
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
4. A laboratory reline (D5750) or chairside reline (D5730) is a benefit 12 months after the date of service for this procedure.

PROCEDURE D5120
COMPLETE DENTURE - MANDIBULAR
1. Prior authorization is required.
2. A benefit once in a five-year period.
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
4. A laboratory reline (D5751) or chairside reline (D5731) is a benefit 12 months after the date of service for this procedure.

PROCEDURE D5130
IMMEDIATE DENTURE - MAXILLARY
1. A benefit once per patient.
2. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
4. A laboratory reline (D5750) or chairside reline (D5730) is a benefit six months after the date of service for this procedure.

PROCEDURE D5140
IMMEDIATE DENTURE - MANDIBULAR
1. A benefit once per patient.
2. Not a benefit as a temporary denture. Subsequent complete dentures are not a benefit within a five-year period of an immediate denture.
3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
4. A laboratory reline (D5751) or chairside reline (D5731) is a benefit six months after the date of service for this procedure.

PROCEDURE D5211
MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)
1. Prior authorization is required.
2. A benefit once in a five-year period.
3. A benefit when replacing a permanent anterior tooth/teeth and/or the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:
   a. five posterior permanent teeth are missing, (excluding 3rd molars), or
   b. all four 1st and 2nd permanent molars are missing, or
   c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.
4. Not a benefit for replacing missing 3rd molars.
5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
6. Laboratory reline (D5760) is not a benefit for this procedure.
7. Chairside reline (D5740) is a benefit:
   a. once in a 12-month period.
   b. six months after the date of service for a partial
denture that required extractions, or

c. 12 months after the date of service for a partial denture that did not require extractions.

PROCEDURE D5212
MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)

1. Prior authorization is required.
2. A benefit once in a five-year period.
3. A benefit when replacing a permanent anterior tooth/teeth and/or the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:
   a. five posterior permanent teeth are missing, (excluding 3rd molars), or
   b. all four 1st and 2nd permanent molars are missing, or
   c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.
4. Not a benefit for replacing missing 3rd molars.
5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
6. Laboratory reline (D5761) is not a benefit for this procedure.
7. Chairside reline (D5741) is a benefit:
   a. once in a 12-month period.
   b. six months after the date of service for a partial denture that required extractions, or
   c. 12 months after the date of service for a partial denture that did not require extractions.

PROCEDURE D5213
MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)

1. Prior authorization is required.
2. A benefit once in a five-year period.
3. A benefit when opposing a full denture and the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:
   a. five posterior permanent teeth are missing, (excluding 3rd molars), or
   b. all four 1st and 2nd permanent molars are missing, or
   c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.
4. Not a benefit for replacing missing 3rd molars.
5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
6. Laboratory reline (D5760) is a benefit:
   a. once in a 12-month period.
   b. six months after the date of service for a cast partial denture that required extractions, or
   c. 12 months after the date of service for a cast partial denture that did not require extractions.
7. Chairside reline (D5740) is a benefit:
   a. once in a 12 month period.
   b. six months after the date of service for a partial denture that required extractions, or
   c. 12 months after the date of service for a partial denture that did not require extractions.
PROCEDURE D5214
MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)

1. Prior authorization is required.
2. A benefit once in a five-year period.
3. A benefit when opposing a full denture and the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:
   a. five posterior permanent teeth are missing, (excluding 3rd molars), or
   b. all four 1st and 2nd permanent molars are missing, or
   c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.
4. Not a benefit for replacing missing 3rd molars.
5. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
6. Laboratory reline (D5761) is a benefit:
   a. once in a 12-month period.
   b. six months after the date of service for a cast partial denture that required extractions, or
   c. 12 months after the date of service for a cast partial denture that did not require extractions.

PROCEDURE D5761
LABORATORY RELINE

7. Chairside reline (D5741) is a benefit:
   a. once in a 12-month period.
   b. six months after the date of service for a partial denture that required extractions, or
   c. 12 months after the date of service for a partial denture that did not require extractions.

PROCEDURE D5411
ADJUST COMPLETE DENTURE - MANDIBULAR

1. A benefit:
   a. once per date of service per provider.
   b. twice in a 12-month period per provider.
2. Not a benefit:
   a. same date of service or within six months of the date of service of a complete denture-
   b. same date of service or within six months of the date of service of a complete denture-
   c. same date of service or within six months of the date of service of a complete denture-

PROCEDURE D5410
ADJUST COMPLETE DENTURE - MAXILLARY

1. A benefit:
   a. once per date of service per provider.
   b. twice in a 12-month period per provider.
2. Not a benefit:
   a. same date of service or within six months of the date of service of a complete denture-
   b. same date of service or within six months of the date of service of a complete denture-
   c. same date of service or within six months of the date of service of a complete denture-

PROCEDURE D5110
IMMEDIATE MAXILLARY DENTURE - MAXILLARY

a. once in a 12-month period.
   b. same date of service or within six months of the date of service of a complete denture-
   c. same date of service or within six months of the date of service of a complete denture-

PROCEDURE D5120
IMMEDIATE MANDIBULAR DENTURE - MANDIBULAR

a. once per date of service per provider.
   b. twice in a 12-month period per provider.
   c. same date of service or within six months of the date of service of a complete denture-
   d. same date of service or within six months of the date of service of a complete denture-

mandibular (D5140) or overdenture-complete (D5860).

b. same date of service or within six months of the date of service of a reline complete mandibular denture (chairside) (D5731), reline complete mandibular denture (laboratory) (D5751) and tissue conditioning, mandibular (D5851).

c. same date of service or within six months of the date of service of repair broken complete denture base (D5510) and replace missing or broken teeth-complete denture (D5520).

PROCEDURE D5421
ADJUST PARTIAL DENTURE MAXILLARY

1. A benefit:
   a. once per date of service per provider.
   b. twice in a 12-month period per provider.

2. Not a benefit:
   a. same date of service or within six months of the date of service of a maxillary partial- resin base (D5211) or maxillary partial denture- cast metal framework with resin denture bases (D5213).
   b. same date of service or within six months of the date of service of a reline maxillary partial denture (chairside) (D5740), reline maxillary partial denture (laboratory) (D5760) and tissue conditioning, maxillary (D5850).

PROCEDURE D5422
ADJUST PARTIAL DENTURE - MANDIBULAR

1. A benefit:
   a. once per arch, per date of service per provider.
   b. twice in a 12 month period per provider.

2. Not a benefit:
   a. same date of service or within six months of the date of service of a mandibular partial- resin base (D5212) or mandibular partial denture- cast metal framework with resin denture bases (D5214).
   b. same date of service or within six months of the date of service of repair resin base (D5610), repair cast framework (D5620), repair or replace broken clasp (D5630), replace broken teeth- per tooth (D5640), add tooth to existing partial denture (D5650) and add clasp to existing partial denture (D5660).

PROCEDURE D5510
REPAIR BROKEN COMPLETE DENTURE BASE

1. A benefit:
   a. once per arch, per date of service per provider.
   b. twice in a 12-month period per provider.

2. Not a benefit on the
same date of service as reline complete maxillary denture (chairside) (D5730), reline complete mandibular denture (chairside) (D5731), reline complete maxillary denture (laboratory) (D5750) and reline complete mandibular denture (laboratory) (D5751).

3. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5520
REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)
1. A benefit:
   a. up to a maximum of four, per arch, per date of service per provider.
   b. twice per arch, in a 12-month period per provider.

2. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5610
REPAIR RESIN DENTURE BASE
1. A benefit:
   a. once per arch, per date of service per provider.
   b. twice per arch, in a 12-month period per provider.

2. Not a benefit same date of service as reline maxillary partial denture (chairside) (D5740), reline mandibular partial denture (chairside) (D5741), reline maxillary partial denture (laboratory) (D5760) and reline mandibular partial denture (laboratory) (D5761).

3. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5620
REPAIR CAST FRAMEWORK
1. A benefit:
   a. once per arch, per date of service per provider.
   b. twice per arch, in a 12-month period per provider.

2. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5630
REPAIR OR REPLACE BROKEN CLASP
1. A benefit:
   a. up to a maximum of three, per date of service per provider.
   b. twice per arch, in a 12-month period per provider.

2. Not a benefit for adding 3rd molars.

3. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.
PROCEDURE D5660
ADD CLASP TO EXISTING PARTIAL DENTURE

1. A benefit:
   a. for up to a maximum of three, per date of service per provider.
   b. twice per arch, in a 12-month period per provider.

2. All adjustments made for six months after the date of repair, by the same provider and same arch, are included in the fee for this procedure.

PROCEDURE D5730
RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)

1. A benefit:
   a. once in a 12-month period.
   b. six months after the date of service for a immediate denture-mandibular (D5140) or immediate overdenture-complete (D5860) that required extractions, or
   c. 12 months after the date of service for a complete (remote) denture-mandibular (D5120) or overdenture (remote)-complete (D5860) that did not require extractions.

2. Not a benefit within 12 months of a reline maxillary partial denture (laboratory) (D5750).

3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

PROCEDURE D5740
RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)

1. A benefit:
   a. once in a 12-month period.

   b. six months after the date of service for a maxillary partial denture-resin base (D5211) or maxillary partial denture-cast metal framework with resin denture bases (D5213) that required extractions, or
   c. 12 months after the date of service for a maxillary partial denture-resin base (D5211) or maxillary partial denture-cast metal framework with resin denture bases (D5213) that did not require extractions.

2. Not a benefit within 12 months of a reline maxillary partial denture (laboratory) (D5760).

3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
b. six months after the date of service for mandibular partial denture-resin base (D5212) or mandibular partial denture-cast metal framework with resin denture bases (D5214) that required extractions, or

c. 12 months after the date of service for mandibular partial denture-resin base (D5212) or mandibular partial denture-cast metal framework with resin denture bases (D5214) that did not require extractions.

2. Not a benefit within 12 months of a reline maxillary complete maxillary denture (chairside) (D5730).

3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

PROCEDURE D5751
RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)

1. A benefit:
   a. once in a 12-month period.
   b. six months after the date of service for a immediate denture-maxillary (D5130) or immediate overdenture-complete (D5860) that required extractions, or
   c. 12 months after the date of service for a complete (remote) denture-maxillary (D5110) or overdenture(remote)-complete (D5860) that did not require extractions.

2. Not a benefit within 12 months of a reline complete mandibular denture (chairside) (D5731).

3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

PROCEDURE D5760
RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)

1. A benefit:
   a. six months after the date of service for maxillary partial denture-cast metal framework with resin denture bases (D5213) that required extractions, or
   b. for a maxillary partial denture-resin base (D5211).

2. Not a benefit:
   a. within 12 months of a reline maxillary partial denture (chairside) (D5740).
   b. for a maxillary partial denture-resin base (D5211).

3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.
PROCEDURE D5761
RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)
A benefit:
a. once in a 12-month period.
b. six months after the date of service for mandibular partial denture- cast metal framework with resin denture bases (D5214) that required extractions, or
c. 12 months after the date of service for mandibular partial denture- cast metal framework with resin denture bases (D5214) that did not require extractions.

3. Not a benefit:
a. within 12 months of a rel ine mandibular partial denture (chairside) (D5741).
b. for a mandibular partial denture- resin base (D5212).

4. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

PROCEDURE D5850
TISSUE CONDITIONING, MAXILLARY
1. A benefit twice per prosthesis in a 36-month period.
2. Not a benefit:
a. same date of service as rel ine complete mandibular denture (chairside) (D5731), rel ine mandibular partial denture (chairside) (D5741), rel ine complete mandibular denture (laboratory) (D5751) and rel ine mandibular partial denture (laboratory) (D5761).
b. same date of service as a prosthesis that did not require extractions.

3. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.

4. Tissue conditioning is designed to heal unhealthy ridges prior to a more definitive treatment.

PROCEDURE D5851
TISSUE CONDITIONING, MANDIBULAR
1. A benefit twice per prosthesis in a 36-month period.
2. Not a benefit:
a. same date of service as rel ine complete mandibular denture (chairside) (D5731), rel ine mandibular partial denture (chairside) (D5741), rel ine complete mandibular denture (laboratory) (D5751) and rel ine mandibular partial denture (laboratory) (D5761).
b. same date of service as a prosthesis that did not require extractions.

PROCEDURE D5862
PRECISION ATTACHMENT, BY REPORT
This procedure is included in the fee for prosthetic and restorative procedures and is not payable separately.

PROCEDURE D5899
UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT
1. Procedure D5899 shall be used:
a. for a procedure which is not adequately described by a CDT code, or
b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
Maxillofacial Prosthetics General Policies (D5900-D5999)

a. Maxillofacial prosthetic services are for the anatomic and functional reconstruction of those regions of the maxilla and mandible and associated structures that are missing or defective because of surgical intervention, trauma (other than simple or compound fractures), pathology, developmental or congenital malformations.

b. Prior authorization is required for the following procedures:
   i) trismus appliance (D5937),
   ii) palatal lift prosthesis, interim (D5958),
   iii) fluoride gel carrier (D5986),
   iv) surgical splint (D5988).

c. All maxillofacial prosthetic procedures include routine postoperative care, revisions and adjustments for 90 days after the date of delivery.
Maxillofacial Prosthetic Procedures (D5900-D5999)

PROCEDURE D5911
Facial Moulage (Sectional)

PROCEDURE D5912
Facial Moulage (Complete)

PROCEDURE D5913
Nasal Prosthesis

PROCEDURE D5914
Auricular Prosthesis

PROCEDURE D5915
Orbital Prosthesis

PROCEDURE D5916
Ocular Prosthesis

PROCEDURE D5917
Not a benefit on the same date of service as ocular prosthesis, interim (D5923).

PROCEDURE D5919
Facial Prosthesis

PROCEDURE D5922
Nasal Septal Prosthesis

PROCEDURE D5923
Ocular Prosthesis, Interim

PROCEDURE D5924
Cranial Prosthesis

PROCEDURE D5925
Facial Augmentation Implant Prosthesis

PROCEDURE D5926
Nasal Prosthesis, Replacement

PROCEDURE D5927
Auricular Prosthesis, Replacement

PROCEDURE D5928
Orbital Prosthesis, Replacement

PROCEDURE D5929
Facial Prosthesis, Replacement

PROCEDURE D5931
Obturator Prosthesis, Surgical

Not a benefit on the same date of service as obturator prosthesis, definitive (D5932) and obturator prosthesis, interim (D5936).

PROCEDURE D5932
Obturator Prosthesis, Definitive

Not a benefit on the same date of service as obturator prosthesis, surgical (D5931) and obturator prosthesis, interim (D5936).

PROCEDURE D5933
Obturator Prosthesis, Modification

1. A benefit twice in a 12 month period.

PROCEDURE D5934
Mandibular Resection Prosthesis with Guide Flange

PROCEDURE D5935
Mandibular Resection Prosthesis without Guide Flange

PROCEDURE D5936
Obturator Prosthesis, Interim

Not a benefit on the same date of service as obturator prosthesis, surgical

PROCEDURE D5937
Trismus Appliance (Not for TMD Treatment)

PROCEDURE D5951
Feeding Aid

A benefit for patients under the age of 18.

PROCEDURE D5952
Speech Aid Prosthesis, Pediatric

A benefit for patients under the age of 18.

PROCEDURE D5953
Speech Aid Prosthesis, Adult

A benefit for patients age 18 or older.

PROCEDURE D5954
Palatal Augmentation Prosthesis

PROCEDURE D5955
Palatal Lift Prosthesis, Definitive

Not a benefit on the same date of service as palatal lift prosthesis, interim (D5958).

PROCEDURE D5958
Palatal Lift Prosthesis, Interim

Not a benefit on the same date of service with palatal lift prosthesis, definitive (D5955).

PROCEDURE D5959
Palatal Lift Prosthesis, Modification

1. A benefit twice in a 12 month period.

2. Not a benefit on the
same date of service as palatal lift prosthesis, definitive (D5955) and palatal lift prosthesis, interim (D5958).

PROCEDURE D5960
SPEECH AID PROSTHESIS, MODIFICATION

1. A benefit twice in a 12-month period.
2. Not a benefit on the same date of service as speech aid prosthesis, pediatric (D5952) and speech aid prosthesis, adult (D5953).

PROCEDURE D5982
SURGICAL STENT

PROCEDURE D5983
RADIATION CARRIER

PROCEDURE D5984
RADIATION SHIELD

PROCEDURE D5985
RADIATION CONE LOCATOR

PROCEDURE D5986
FLUORIDE GEL CARRIER

A benefit only in conjunction with radiation therapy directed at the teeth, jaws or salivary glands.

PROCEDURE D5987
COMMISSURE SPLINT

PROCEDURE D5988
SURGICAL SPLINT

PROCEDURE D5991
TOPICAL MEDICAMENT CARRIER

PROCEDURE D5992
ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT

This procedure is not a benefit.

PROCEDURE D5993
MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT

This procedure is not a benefit.

PROCEDURE D5999
UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT

1. Procedure D5999 shall be used:
   a. for a procedure which is not adequately described by a CDT code, or
   b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
Implant Services General Policies (D6000-D6199)

a. Implant services are a benefit only when exceptional medical conditions. Exceptional medical conditions include, but are not limited to:
   i) cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prostheses.
   ii) severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with conventional prostheses.
   iii) skeletal deformities that preclude the use of conventional prostheses (such as arthrogryposis, ectodermal dysplasia, partial anaodontia and cleidocranial dysplasia).
   iv) traumatic destruction of jaw, face or head where the remaining osseous structures are unable to support conventional dental prostheses.

b) Providers shall submit complete case documentation (such as radiographs, scans, operative reports, craniofacial panel reports, diagnostic casts, intraoral/extraoral photographs and tracings) necessary to demonstrate the medical necessity of the requested implant services.

c) Single tooth implants are not a benefit of the plan.

d) Implant removal, by report (D6100) is a benefit. Refer to the procedure for specific requirements.
Implant Service Procedures (D6000-D6199)

PROCEDURE D6010
SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT

Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Refer to Implant Services General policies for specific requirements.

PROCEDURE D6040
SURGICAL PLACEMENT: EPOSTEAL IMPLANT

See the criteria for Procedure D6010.

PROCEDURE D6050
SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT

See the criteria for Procedure D6010.

PROCEDURE D6051
INTERIM ABUTMENT

This procedure is not a benefit.

PROCEDURE D6055
CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED

See the criteria for Procedure D6010.

PROCEDURE D6056
PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT

See the criteria for Procedure D6010.

PROCEDURE D6057 CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT

See the criteria for Procedure D6010.

PROCEDURE D6058
ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN

See the criteria for Procedure D6010.

PROCEDURE D6059
ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6060
ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6061
ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6062
ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6063
ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6064
ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6065
IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN

See the criteria for Procedure D6010.
PROCEDURE D6066
IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6067
IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6068
ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD

See the criteria for Procedure D6010.

PROCEDURE D6069
ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6070
ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6071
ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6072
ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6073
ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6074
ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6075
IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD

See the criteria for Procedure D6010.

PROCEDURE D6076
IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6077
IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)

See the criteria for Procedure D6010.

PROCEDURE D6080
IMPLANT MAINTENANCE PROCEDURES, INCLUDING REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMENTS AND REINSERTION OF PROSTHESIS

See the criteria for Procedure D6010.

PROCEDURE D6091
REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT

See the criteria for Procedure D6010.

PROCEDURE D6092
RECement IMPLANT/ABUTMENT SUPPORTED CROWN

Not a benefit within 12 months of a previous re-cementation by the same provider.

PROCEDURE D6093
RECement IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE

Not a benefit within 12 months of a previous re-cementation by the same provider.

PROCEDURE D6094
ABUTMENT SUPPORTED CROWN (TITANIUM)

See the criteria for Procedure D6010.

PROCEDURE D6095
REPAIR IMPLANT ABUTMENT, BY REPORT

See the criteria for Procedure D6010.

PROCEDURE D6100
IMPLANT REMOVAL, BY REPORT

See the criteria for Procedure D6010.

PROCEDURE D6101
DEBRIDEMENT OF A PERIMPLANT DEFECT AND SURFACE CLEANING OF EXPOSED IMPLANT SERVICES, INCLUDING FLAP ENTRY AND CLOSURE

This procedure is not a benefit.

PROCEDURE D6102
DEBRIDEMENT AND
OSSEOUS CONTOURING OF
A PERIIMPLANT DEFECT;
INCLUDES SURFACE
CLEANING OF EXPOSED
IMPLANT SURFACES AND
FLAP ENTRY AND CLOSURE

This procedure is not a
benefit.

PROCEDURE D6103
BONE GRAFT FOR REPAIR
OF PERIIMPLANT DEFECT -
NOT INCLUDING FLAP
ENTRY AND CLOSURE OR,
WHEN INDICATED,
PLACEMENT OF A BARRIER
MEMBRANE OR BIOLOGIC
MATERIALS TO AID IN
OSSEOUS REGENERATION

This procedure is not a
benefit.

PROCEDURE D6104
BONE GRAFT AT TIME
OF IMPLANT
PLACEMENT

This procedure is not a
benefit.

PROCEDURE D6190
RADIOGRAPHIC/SURGICAL
IMPLANT INDEX, BY
REPORT

This procedure is
included in the
fee for surgical
placement of
implant body:
endosteal
implant (D6010).

PROCEDURE D6194
ABUTMENT SUPPORTED
RETAINER CROWN FOR
FPD (TITANIUM)

See the criteria for
Procedure D6010.

PROCEDURE D6199
UNSPECIFIED IMPLANT
PROCEDURE, BY REPORT

1. Implant services are
   a benefit only when
   exceptional medical
   conditions are
documented and
shall be reviewed for
medical necessity.

2. radiographs.
Fixed Prosthodontic General Policies (D6200-D6999)

a. Fixed partial dentures (bridgework) are considered beyond the scope of the plan. However, the fabrication of a fixed partial denture shall be considered for prior authorization only when medical conditions or employment preclude the use of a removable partial denture. Most importantly, the patient shall first meet the criteria for a removable partial denture before a fixed partial denture will be considered.

b. Medical conditions, which preclude the use of a removable partial denture, include:
   i) the epileptic patient where a removable partial denture could be injurious to their health during an uncontrolled seizure,
   ii) the paraplegia patient who utilizes a mouth wand to function to any degree and where a mouth wand is inoperative because of missing natural teeth,
   iii) patients with neurological disorders whose manual dexterity precludes proper care and maintenance of a removable partial denture.

c. Fixed partial dentures are a benefit once in a five-year period only on permanent teeth when the above criteria are met.

d. Fixed partial dentures are not a benefit when the prognosis of the retainer (abutment) teeth is questionable due to non-restorability or periodontal involvement.

e. Posterior fixed partial dentures are not a benefit when the number of missing teeth requested to be replaced in the quadrant does not significantly impact the patient’s masticatory ability.

f. Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, amalgam or acrylic buildups, pins (D2951), bonding agents, lining agents, impressions, temporary crowns, adjustments (D9951), polishing, local anesthesia (D9210) and any other associated procedures are included in the fee for a completed fixed partial denture.

g. Fixed partial denture inlay/onlay retainers (abutments) (D6545-D6634) are not a benefit.

h. Cast resin bonded fixed partial dentures (Maryland Bridges) are not a benefit.
Fixed Prosthodontic Procedures (D6200-D6999)

PROCEDURE D6211
PONTIC - CAST
PREDOMINANTLY BASE METAL

1. A benefit:
   a. once in a five year period.
   b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
   c. only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6251
PONTIC - RESIN WITH PREDOMINANTLY BASE METAL

1. A benefit:
   a. once in a five year period.
   b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6242
PONTIC - PORCELAIN FUSED TO NOBLE METAL

This procedure is not a benefit.

PROCEDURE D6245
PONTIC - PORCELAIN/CERAMIC

1. A benefit:
   a. once in a five year period.
   b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).
   c. only when billed on the same date of service with fixed partial denture retainers (abutments) (D6721, D6740, D6751, D6781, D6783 and D6791).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6721
CROWN - RESIN WITH PREDOMINANTLY BASE METAL

1. A benefit:
   a. once in a five year period.
   b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).

2. Not a benefit for patients under the age of 13.
PROCEDURE D6740
CROWN - PORCELAIN/CERAMIC

1. A benefit:
   a. once in a five year period.
   b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6751
CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL

1. A benefit:
   a. once in a five year period.
   a. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6783
CROWN - ¾ PORCELAIN/CERAMIC

1. Requires a tooth code.
2. A benefit:
   a. once in a five year period.
   b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).

3. Not a benefit for patients under the age of 13.

PROCEDURE D6791
CROWN - FULL CAST PREDOMINANTLY BASE METAL

1. A benefit:
   a. once in a five year period.
   b. only when the criteria are met for a resin partial denture or cast partial denture (D5211, D5212, D5213 and D5214).

2. Not a benefit for patients under the age of 13.

PROCEDURE D6930
RECEMENT FIXED PARTIAL DENTURE
The original provider is responsible for all re-cementations

PROCEDURE D6980
FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
Not a benefit within 12 months of initial placement or previous repair, same provider.

PROCEDURE D6999
UNSPECIFIED, FIXED PROSTHODONTIC PROCEDURE, BY REPORT

1. Not a benefit within 12 months of initial placement, same provider.
2. Procedure D6999 shall be used:
   a. for a procedure which is not adequately described by a CDT code, or
   b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
Oral and Maxillofacial Surgery General Policies (D7000-D7999)

a) Local anesthetic, sutures and routine postoperative care within 30 days following an extraction procedure (D7111-D7250) are considered part of, and included in, the fee for the procedure. All other oral and maxillofacial surgery procedures include routine postoperative care for 90 days.

b) The level of payment for multiple surgical procedures performed on the same date of service shall be modified to the most inclusive procedure.

1. Extractions (D7111-D7250):
   a) The following conditions shall be considered medically necessary and shall be a benefit:
      i) full bony impacted supernumerary teeth or mesiodens that interfere with the alignment of other teeth,
      ii) teeth which are involved with a cyst, tumor or other neoplasm,
      iii) unerupted teeth which are severely distorting the normal alignment of erupted teeth or causing the resorption of the roots of other teeth,
      iv) the extraction of all remaining teeth in preparation for a full prosthesis,
      v) extraction of third molars that are causing repeated or chronic pericoronitis
      vi) extraction of primary teeth required to minimize malocclusion or malalignment when there is adequate space to allow normal eruption of succedaneous teeth,
      vii) perceptible radiologic pathology that fails to elicit symptoms,
      viii) extractions that are required to complete orthodontic dental services excluding prophylactic removal of third molars,
      ix) when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.

b. The prophylactic extraction of 3rd molars is not a benefit.

c) The fee for surgical extractions includes the removal of bone and/or sectioning of tooth, and elevation of mucoperiosteal flap, if indicated.

d) Classification of surgical extractions and impactions shall be based on the anatomical position of the tooth rather than the surgical technique employed in the removal.

2. Fractures (D7610-D7780):
   a) The placement and removal of wires, bands or splints is included in the fee for the associated procedure.

b) Routine postoperative care within 90 days is included in the fee for the associated procedure.

c) When extensive multiple or bilateral procedures are performed at the same operative session, each procedure shall be valued as follows:
   i) 100% (full value) for the first or major procedure, and
   ii) 50% for the second procedure, and
   iii) 25% for the third procedure, and
   iv) 10% for the fourth procedure, and
   v) 5% for the fifth procedure, and
   vi) over five procedures, by report.
3. Temporomandibular Joint Dysfunctions (D7810-D7899):
   a) TMJ dysfunction procedures are limited to differential diagnosis and symptomatic care. Not included as a benefit are those TMJ treatment modalities that involve prosthodontia, orthodontia and full or partial occlusal rehabilitation.
   b) Most TMJ dysfunction procedures require prior authorization. Submission of sufficient diagnostic information to establish the presence of the dysfunction is required. Refer to the individual procedures for specific submission requirements.
   c) TMJ dysfunction procedures solely for the treatment of bruxism is not a benefit.

4. Repair Procedures (D7910-D7998):
   Suture procedures (D7910, D7911 and D7912) are not a benefit for the closure of surgical incisions.
Oral and Maxillofacial Surgery Procedures (D7000-D7999)

PROCEDURE D7111
EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH
Not a benefit for asymptomatic teeth.

PROCEDURE D7140
EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)
Not a benefit to the same provider who performed the initial tooth extraction.

PROCEDURE D7210
SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED
A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone. One of the proximal heights of contour of the crown shall be covered by bone.

PROCEDURE D7240
REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY
A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone. One of the proximal heights of contour of the crown shall be covered by bone.

PROCEDURE D7241
REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY
A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone covering most or all of the crown.

PROCEDURE D7242
REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS
A benefit when the removal of any impacted tooth requires the elevation of a mucoperiosteal flap and the removal of substantial alveolar bone covering most or all of the crown. Difficulty or complication shall be due to factors such as nerve dissection or aberrant tooth position.

PROCEDURE D7250
SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)
A benefit when the root is completely covered by alveolar bone. Not a benefit to the same provider who performed the initial tooth extraction.

PROCEDURE D7251
CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL
This procedure is not a benefit.

PROCEDURE D7260
ORAL ANTRAL FISTULA CLOSURE
1. A benefit for the excision of a fistulous tract between the maxillary sinus and oral cavity.
2. Not a benefit in conjunction with extraction procedures (D7111 - D7250).

PROCEDURE D7261
PRIMARY CLOSURE OF A SINUS PERFORATION
A benefit in the absence of a fistulous tract requiring the repair or immediate closure of the oroantral or oralnasal communication, subsequent to the removal of a tooth.

PROCEDURE D7270
TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH
1. A benefit:
   a. once per arch regardless of the number of teeth involved, and
   b. for permanent anterior teeth only.
2. The procedure includes splinting and/or stabilization,
postoperative care and the removal of the splint or stabilization, by the same provider.

PROCEDURE D7272
TOOTH TRANSPLANTATION
(INCLUDES
REIMPLANTATION FROM
ONE SITE TO ANOTHER
AND SPLINTING AND/OR
STABILIZATION)

This procedure is not a benefit.

PROCEDURE D7280
SURGICAL ACCESS OF AN UNERUPTED TOOTH
1. Requires a tooth code.
2. Not a benefit:
   a. for patients age 19 or older.
   b. for 3rd molars.

PROCEDURE D7282
MOBILIZATION OF Erupted OR MALPOSITIONED TOOTH TO AID ERUPTION

This procedure is not a benefit.

PROCEDURE D7283
PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH
1. A benefit only for patients in active orthodontic treatment.
2. Not a benefit:
   a. for patients age 19 years or older.
   b. for 3rd molars unless the 3rd molar occupies the 1st or 2nd molar position.

PROCEDURE D7285
BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)

1. A benefit:
   a. for the removal of the specimen only.
   b. once per arch, per date of service regardless of the areas involved.
2. Not a benefit with an apicoectomy/periradicu lar surgery (D3410-D3426), an extraction (D7111-D7250) and an excision of any soft tissues or intraosseous lesions (D7410-D7461) in the same area or region on the same date of service.

PROCEDURE D7286
BIOPSY OF ORAL TISSUE - SOFT
1. A benefit:
   a. for the removal of the specimen only.
   b. up to a maximum of three per date of service.
2. Not a benefit
   a. once per arch.
   b. only for patients in active orthodontic treatment.

PROCEDURE D7287
TRANSSEPTAL FIBEROTOMY/
SUPRA CRESTAL FIBEROTOMY,
BY REPORT
1. A benefit:
   a. once per arch.
2. Not a benefit for patients age 19 or older.

PROCEDURE D7290
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
1. A benefit on the same date of service with two or more extractions (D7140-D7250) in the same quadrant.
2. Not a benefit when only one tooth is extracted in the same quadrant on the same date of service.

PROCEDURE D7291
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT

This procedure can only in conjunction with extractions- four or more teeth or tooth spaces, per quadrant (D7310).
PROCEDURE D7320
ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT

1. A benefit regardless of the number of teeth or tooth spaces.
2. Not a benefit within six months following extractions (D7140-D7250) in the same quadrant, for the same provider.

PROCEDURE D7321
ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT

This procedure can only be billed as alveolectomy not in conjunction with extractions- four or more teeth or tooth spaces, per quadrant (D7320).

PROCEDURE D7340
VESTIBULOPLASTY-RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)

1. A benefit once in a five year period per arch.
2. Not a benefit:
   a. on the same date of service with a vestibuloplasty - ridge extension (D7340) same arch.
   b. on the same date of service with extractions (D7111-D7250) same arch.

PROCEDURE D7350
VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)

1. A benefit once per arch.
2. Not a benefit:
   a. on the same date of service with a vestibuloplasty - ridge extension (D7340) same arch.
   b. on the same date of service with extractions (D7111-D7250) same arch.

PROCEDURE D7410
EXCISION OF BENIGN LESION UP TO 1.25 CM

A pathology report from a certified pathology laboratory is required.

PROCEDURE D7411
EXCISION OF BENIGN LESION GREATER THAN 1.25 CM

A pathology report from a certified pathology laboratory is required.

PROCEDURE D7412
EXCISION OF BENIGN LESION, COMPLICATED

1. A pathology report from a certified pathology laboratory is required.
2. A benefit when there is extensive undermining with advancement or rotational flap closure.

PROCEDURE D7413
EXCISION OF MALIGNANT LESION UP TO 1.25 CM

A pathology report from a certified pathology laboratory is required.

PROCEDURE D7414
EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM

A pathology report from a certified pathology laboratory is required.

PROCEDURE D7415 EXCISION OF MALIGNANT LESION, COMPLICATED

1. A pathology report from a certified pathology laboratory is required.
2. A benefit when there is extensive undermining with advancement or rotational flap closure.

PROCEDURE D7440
EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM

A pathology report from a certified pathology laboratory is required.

PROCEDURE D7441
EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM

A pathology report from a certified pathology laboratory is required.

PROCEDURE D7450
REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM

A pathology report from a certified pathology laboratory is required.

PROCEDURE D7451
REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM

A pathology report from a certified pathology laboratory is required.

PROCEDURE D7460
REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM

A pathology report from a certified pathology laboratory is required.
1. A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7461**
**REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM**
A pathology report from a certified pathology laboratory is required.

**PROCEDURE D7465**
**DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT**

**PROCEDURE D7461**
**REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM**
1. A benefit: once per quadrant.
   a. for the removal of buccal or facial exostosis only.

**PROCEDURE D7471**
**REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)**
1. A benefit: once per quadrant.
   a. for the removal of buccal or facial exostosis only.

**PROCEDURE D7472**
**REMOVAL OF TORUS PALATINUS**
1. A benefit once in the patient’s lifetime.

**PROCEDURE D7473**
**REMOVAL OF TORUS MANDIBULARIS**
1. A benefit: once per quadrant.

**PROCEDURE D7485**
**SURGICAL REDUCTION OF OSSEOUS TUBEROSITY**
1. A benefit: once per quadrant.

**PROCEDURE D7490**
**RADICAL RESECTION OF MAXILLA OR MANDIBLE**

**PROCEDURE D7510**
**INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE**
1. A benefit: once per quadrant, same date of service.
2. Not a benefit when any other definitive treatment is performed in the same quadrant on the same date of service, except necessary radiographs and/or photographs.

This procedure includes the incision, placement and removal of a surgical draining device.

**PROCEDURE D7511**
**INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)**
1. A benefit: once per quadrant, same date of service.
2. Not a benefit when associated with the removal of a tumor, cyst (D7440- D7461) or tooth (D7111- D7250).

**PROCEDURE D7520**
**INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE**
1. This procedure includes the incision, placement and removal of a surgical draining device.

**PROCEDURE D7521**
**INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)**
1. This procedure includes the incision, placement and removal of a surgical draining device.

**PROCEDURE D7530**
**REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE**
1. A benefit: once per date of service.
2. Not a benefit when associated with the removal of a tumor, cyst (D7440- D7461) or tooth (D7111- D7250).

**PROCEDURE D7540**
**REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM**
1. A benefit: once per date of service.
2. Not a benefit when associated with the removal of a tumor, cyst (D7440- D7461) or tooth (D7111- D7250).

**PROCEDURE D7550**
**PARTIAL OSTECTOMY/ SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE**
1. A benefit: once per quadrant per date of service.
2. Not a benefit when associated with the removal of a tumor, cyst (D7440- D7461) or tooth (D7111- D7250).

This procedure includes the incision, placement and removal of loose or sloughed off dead bone caused by infection or reduced blood supply.

2. Not a benefit within 30 days of an associated extraction (D7111-D7250).
PROCEDURE D7560
MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY

1. Not a benefit when a tooth fragment or foreign body is retrieved from the tooth socket.

PROCEDURE D7610
MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

PROCEDURE D7620
MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

PROCEDURE D7630
MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

PROCEDURE D7640
MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

PROCEDURE D7650
MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

PROCEDURE D7660
MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION

This procedure includes the placement and removal of wires, bands, splints and arch bars.

1. Anesthesia procedures (D9220-D9248) are a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

PROCEDURE D7670
ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

PROCEDURE D7671
ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH

1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

PROCEDURE D7680
FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES

1. A benefit for the treatment of simple fractures.

2. This procedure includes the placement and removal of wires, bands, splints and arch bars.

3. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.
removal of wires, bands, splints or arch bars.

**PROCEDURE D7710**  
**MAXILLA - OPEN REDUCTION**  
1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7720**  
**MAXILLA - CLOSED REDUCTION**  
1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7730**  
**MANDIBLE - OPEN REDUCTION**  
1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7740**  
**MANDIBLE - CLOSED REDUCTION**  
1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7750**  
**MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION**  
1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7771**  
**ALVEOLUS - CLOSED REDUCTION STABILIZATION OF TEETH**  
1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7775**  
**ALVEOLUS - CLOSED REDUCTION STABILIZATION OF TEETH**  
1. This procedure includes the placement and removal of wires, bands, splints and arch bars.

2. Anesthesia procedure (D9248) is a separate benefit, when necessary, for the surgical removal of wires, bands, splints or arch bars.

**PROCEDURE D7810**  
**OPEN REDUCTION OF DISLOCATION**  
**PROCEDURE D7820**  
**CLOSED REDUCTION OF DISLOCATION**  
**PROCEDURE D7830**  
**MANIPULATION UNDER
ANESTHESIA

1. Anesthesia procedures (D9248) are a separate benefit, when necessary.

PROCEDURE D7840
CONDYLECTOMY

PROCEDURE D7850
SURGICAL DISCECTOMY, WITH/ WITHOUT IMPLANT

PROCEDURE D7852
DISC REPAIR

PROCEDURE D7854
SYNOVECTOMY

PROCEDURE D7856
MYOTOMY

PROCEDURE D7858
JOINT RECONSTRUCTION

PROCEDURE D7860
ARTHROTOMY

PROCEDURE D7865
ARTHROPLASTY

PROCEDURE D7870
ARTHROCENTESIS

PROCEDURE D7871
NON-ARTHROSCOPIC LYSIS AND LAVAGE

This procedure is included in the fee for other procedures and is not payable separately.

PROCEDURE D7872
ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY

PROCEDURE D7873
ARTHROSCOPY - SURGICAL: LAVAGE AND LYSIS OF

ADHESIONS

PROCEDURE D7874
ARTHROSCOPY - SURGICAL: DISC REPOSITIONING AND STABILIZATION

PROCEDURE D7875
ARTHROSCOPY - SURGICAL: SYNOVECTOMY

PROCEDURE D7876
ARTHROSCOPY - SURGICAL: DISCECTOMY

PROCEDURE D7877
ARTHROSCOPY - SURGICAL: DEBRIDEMENT

PROCEDURE D7880
OCCLUSAL ORTHOTIC DEVICE, BY REPORT

1. A benefit for diagnosed TMJ dysfunction.

PROCEDURE D7899
UNSPECIFIED TMD THERAPY, BY REPORT

Not a benefit for procedures such as acupuncture, acupressure, biofeedback and hypnosis.

PROCEDURE D7910
SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM

Not a benefit for the closure of surgical incisions.

PROCEDURE D7911
COMPLICATED SUTURE – GREATER THAN 5 CM

Not a benefit for the closure of surgical incisions.

PROCEDURE D7920
SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)

Not a benefit for periodontal grafting.

PROCEDURE D7940
OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES

PROCEDURE D7941
OSTEOTOMY - MANDIBULAR RAMI

PROCEDURE D7943
OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT

PROCEDURE D7944
OSTEOTOMY - SEGMENTED OR SUBAPICAL

PROCEDURE D7945
OSTEOTOMY - BODY OF MANDIBLE

PROCEDURE D7946
LEFORT I (MAXILLA - TOTAL)

PROCEDURE D7947
LEFORT I (MAXILLA - SEGMENTED)

PROCEDURE D7948
LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT

PROCEDURE D7949
LEFORT II OR LEFORT III - WITH BONE GRAFT
PROCEDURE D7950
OSSEOUS,
OSTEOPERIOSTEAL, OR
CARTILAGE GRAFT OF THE
MANDIBLE OR FACIAL BONES
- AUTOGENOUS OR
NONAUTOGENOUS, BY
REPORT
Not a benefit for
periodontal grafting.

PROCEDURE D7951
SINUS AUGMENTATION WITH
BONE OR BONE
SUBSTITUTES VIA A
LATERAL OPEN APPROACH
A benefit only for
patients with authorized
implant services.

PROCEDURE D7952
SINUS AUGMENTATION
WITH BONE OR BONE
SUBSTITUTE VIA A
VERTICAL APPROACH
A benefit only for
patients with authorized
implant services.

PROCEDURE D7953
BONE REPLACEMENT
GRAFT FOR RIDGE
PRESERVATION- PER SITE
This procedure is not
a benefit.

PROCEDURE D7955
REPAIR OF
MAXILLOFACIAL SOFT
AND/OR HARD TISSUE
DEFECT
Not a benefit for
periodontal
grafting.

PROCEDURE D7960
FRENULLECTOMY ALSO
KNOWN AS FRENECTOMY OR
FRENOTOMY - SEPARATE
PROCEDURE NOT IDENTICAL
TO ANOTHER
1. A benefit
   a. once per arch per date
      of service
   b. only when the
      permanent incisors
      and cuspids have
      erupted.

PROCEDURE D7963
FRENULOPLASTY
1. A benefit
   a. once per arch per date
      of service.
      only when the
      permanent incisors
      and cuspids have
      erupted.

PROCEDURE D7970
EXCISION OF HYPERPLASTIC
TISSUE - PER ARCH
1. A benefit once per arch
   per date of service.
2. Not a benefit for drug
   induced hyperplasia or
   where removal of tissue
   requires extensive
   gingival recontouring.
3. This procedure is included
   in the fees for other
   surgical procedures that
   are performed in the
   same area on the same
   date of service.

PROCEDURE D7971
EXCISION OF PERICORONAL
GINGIVA
This procedure is
included in
the fees for other
associated
procedures
that are
performed on
the same
tooth on the
same date of
service.

PROCEDURE D7972
SURGICAL REDUCTION
OF FIBROUS
TUBEROSITY
1. A benefit once per
   quadrant per date of
   service.
2. This procedure is included
   in the fees for other
   surgical procedures that
   are performed in the
   same quadrant on the
   same date of service.

PROCEDURE D7980
SIALOLITHOTOMY

PROCEDURE D7981
EXCISION
OF SALIVARY GLAND, BY
REPORT

PROCEDURE D7982
SIALODOCHOPLASTY

PROCEDURE D7983
CLOSURE OF SALIVARY FISTULA

PROCEDURE D7990
EMERGENCY TRACHEOTOMY

PROCEDURE D7991
CORONOIDECTOMY

PROCEDURE D7995
SYNTHETIC GRAFT - MANDIBLE
OR FACIAL BONES, BY REPORT
Not a benefit for
periodontal grafting.

PROCEDURE D7996
IMPLANT -
MANDIBLE FOR AUGMENTATION
PURPOSES (EXCLUDING ALVEOLAR
RIDGE), BY REPORT
This procedure is not a
benefit.

PROCEDURE D7997
APPLIANCE
REMOVAL (NOT BY DENTIST WHO
PLACED APPLIANCE), INCLUDES
REMOVAL OF ARCH BAR
1. A benefit
   a. once per arch per date
      of service.
   b. for the removal of
      appliances related to
surgical procedures only.

2. Not a benefit for the removal of orthodontic appliances and space maintainers.

PROCEDURE D7998 INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE

This procedure is not a benefit.

PROCEDURE D7999 UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT

1. Procedure D7999 shall be used:
   a. for a procedure which is not adequately described by a CDT code, or
   b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
Orthodontic General Policies (D8000-D8999)

1. Orthodontic Procedures (D8080, D8660, D8670 and D8680)
   a. Orthodontic procedures shall only be performed by dentists who qualify as orthodontists under the California Code of Regulations, Title 22, Section 51223(c).
   b. Orthodontic procedures are benefits for medically necessary handicapping malocclusion, cleft palate and facial growth management cases for patients under the age of 19 and shall be prior authorized.
   c. Only those cases with permanent dentition shall be considered for medically necessary handicapping malocclusion, unless the patient is age 13 or older with primary teeth remaining. Cleft palate and craniofacial anomaly cases are a benefit for primary, mixed and permanent dentitions. Craniofacial anomalies are treated using facial growth management.
   d. All necessary procedures that may affect orthodontic treatment shall be completed before orthodontic treatment is considered.
   e. Orthodontic procedures are a benefit only when the diagnostic casts verify a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09) or one of the six automatic qualifying conditions below exist or when there is written documentation of a craniofacial anomaly from a credentialed specialist on their professional letterhead.
   f. The automatic qualifying conditions are:
      i) cleft palate deformity. If the cleft palate is not visible on the diagnostic casts written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request,
      ii) craniofacial anomaly. Written documentation from a credentialed specialist shall be submitted, on their professional letterhead, with the prior authorization request,
      iii) a deep impinging overbite in which the lower incisors are destroying the soft tissue of the palate,
      iv) a crossbite of individual anterior teeth causing destruction of soft tissue,
      v) an overjet greater than 9 mm or reverse overjet greater than 3.5 mm,
      vi) a severe traumatic deviation (such as loss of a premaxilla segment by burns, accident or osteomyelitis or other gross pathology). Written documentation of the trauma or pathology shall be submitted with the prior authorization request.
   g. When a patient transfers from one orthodontist to another orthodontist, prior authorization shall be submitted:
      i) when the patient has already qualified and has been receiving treatment, the balance of the originally authorized treatment shall be authorized to the new orthodontist to complete the case. Diagnostic casts, Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09), and photographs are not required for a transfer case that has already been approved, or
      ii) when a patient has been receiving orthodontic treatment that has not been previously approved, pre-treatment diagnostic casts and current photographs are required. If pre-treatment diagnostic casts are not available then current diagnostic casts shall be submitted. Prior authorization for the balance of the orthodontic treatment shall be allowed or denied based on plan’s evaluation of the diagnostic casts and photographs.
When additional periodic orthodontic treatment visit(s) (D8670) are necessary beyond the maximum allowed to complete the case, prior authorization is required. Current photographs are required to justify the medical necessity.

If the patient’s orthodontic treatment extends beyond the month of their 19th birthday or they become ineligible during treatment, then it is the patient’s responsibility to pay for their continued treatment.

If the patient’s orthodontic treatment is interrupted and orthodontic bands are prematurely removed, then the patient no longer qualifies for continued orthodontic treatment.

If the patient’s orthodontic bands have to be temporarily removed and then replaced due to a medical necessity, a claim for comprehensive orthodontic treatment of the adolescent dentition (D8080) for rebanding shall be submitted along with a letter from the treating physician or radiologist, on their professional letterhead, stating the reason why the bands needed to be temporarily removed.
Orthodontic Procedures (D8000-D8999)

PROCEDURE D8080
COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION

1. Prior authorization is required. The following shall be submitted together for prior authorization:
   a. comprehensive orthodontic treatment of the adolescent dentition (D8080), and
   b. periodic orthodontic treatment visit(s) (D8670), and
   c. orthodontic retention (D8680), and
   d. the diagnostic casts (D0470), and
   e. a completed Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09).

2. No treatment will be authorized after the month of the patient’s 19th birthday.

3. Written documentation for prior authorization for cleft palate and facial growth management cases shall be submitted:
   a. cleft palate cases require documentation from a credentialed specialist, on their professional letterhead, if the cleft palate is not visible on the diagnostic casts, or facial growth management cases require documentation from a credentialed specialist, on their professional letterhead, of the craniofacial anomaly.

4. A benefit:
   a. for handicapping malocclusion, cleft palate and facial growth management cases.
   b. for patients under the age of 19.
   c. for permanent dentition (unless the patient is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly).
   d. once per patient per phase of treatment.

5. All appliances (such as bands, arch wires, headgear and palatal expanders) are included in the fee for this procedure. No additional charge to the patient is permitted.

6. This procedure includes the replacement, repair and removal of brackets, bands and arch wires by the original provider.

PROCEDURE D8210
REMOVABLE APPLIANCE THERAPY

1. Prior authorization is required.

2. Radiographs for prior authorization - submit current periapical radiographs of the maxillary anterior teeth.

3. Written documentation for prior authorization - shall justify the medical necessity for the appliance and the presence of a harmful oral habit such as thumb sucking and/or tongue thrusting.

4. A benefit:
   a. for patients ages 6 through 12.
   b. once per patient.

5. Not a benefit:
   a. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.
   b. for space maintainers in the upper or lower anterior region.

6. This procedure includes all adjustments to the appliance.

PROCEDURE D8220
FIXED APPLIANCE THERAPY

1. Prior authorization is required.

2. Radiographs for prior authorization - submit current periapical radiographs of the maxillary anterior teeth.

3. Written documentation for
prior authorization -shall justify the medical necessity for the appliance and the presence of a harmful oral habit such as thumb sucking and/or tongue thrusting.

4. A benefit:
   a. for patients ages 6 through 12.
   b. once per patient.

5. Not a benefit:
   a. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.
   b. for space maintainers in the upper or lower anterior region.

6. This procedure includes all adjustments to the appliance.

PROCEDURE D8660
PRE-ORTHODONTIC TREATMENT VISIT

1. This procedure is for the observation of the patient’s oral and/or facial growth for craniofacial anomalies prior to starting orthodontic treatment for facial growth management cases.

2. Prior authorization is required. The following shall be submitted together for authorization:
   a. comprehensive orthodontic treatment of the adolescent dentition (D8080), and
   b. pre-orthodontic treatment visit(s) (D8660) indicating the quantity of treatment visits required up to a maximum of six during the patient’s lifetime, and
   c. periodic orthodontic treatment visit(s) (D8670), and orthodontic retention (D8680), and
   d. a completed Handicapping Labio- Lingual Deviation (HLD) Index California Modification Score Sheet Form, DC016 (06/09).

3. Written documentation for prior authorization- shall include a letter from a credentialed specialist, on their professional letterhead, confirming a craniofacial anomaly.

4. A benefit:
   a. prior to comprehensive orthodontic treatment of the adolescent dentition (D8080) for the initial treatment phase for facial growth management cases regardless of how many dentition phases are required.
   b. once every three months.
   c. for patients under the age of 19.
   d. for a maximum of six.

PROCEDURE D8670
PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)

1. Prior authorization is required. Refer to Orthodontic General Policies for specific authorization requirements.

2. The start of payments for this procedure shall be the next calendar month following the date of service for comprehensive orthodontic treatment of the adolescent dentition (D8080).

3. A benefit:
   a. for patients under the age of 19.
   b. for permanent dentition (unless the patient is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly).
   c. once per calendar quarter.

4. The maximum quantity of monthly treatment visits for the following phases are:
   a. Malocclusion- up to a maximum of 8 quarterly visits. (4 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity), or
   b. Cleft Palate:
      i) Primary dentition - up to a maximum of 4 quarterly visits. (2 additional quarterly visits shall be authorized when documentation and
photographs justify the medical necessity).

ii) Mixed dentition - up to a maximum of 5 quarterly visits. (3 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).

iii) Permanent dentition - up to a maximum of 10 quarterly visits. (5 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).

c. Facial Growth Management:
   i) Primary dentition - up to a maximum of 4 quarterly visits. (2 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
   ii) Mixed dentition - up to a maximum of 5 quarterly visits. (3 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).
   iii) Permanent dentition - up to a maximum of 8 quarterly visits. (4 additional quarterly visits shall be authorized when documentation and photographs justify the medical necessity).

PROCEDURE D8680
ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))

1. Prior authorization is required. Refer to Orthodontic General Policies for specific authorization requirements.

2. This procedure shall be paid only following the completion of periodic orthodontic treatment visit(s) (D8670) which is considered to be the active phase of orthodontic treatment.

3. Requires an arch code.

4. A benefit:
   a. for patients under the age of 19.
   b. for permanent dentition (unless the patient is age 13 or older with primary teeth still present or has a cleft palate or craniofacial anomaly).
   c. once per arch for each authorized phase of orthodontic treatment.

5. Not a benefit until the active phase of orthodontic treatment (D8670) is completed. If fewer than the authorized number of periodic orthodontic treatment visit(s) (D8670) are necessary because the active phase of treatment has been completed early, then this shall be documented on the claim for orthodontic retention (D8680).

6. The removal of appliances, construction and placement of retainers, all observations and necessary adjustments are included in the fee for this procedure.

PROCEDURE D8691
REPAIR OF ORTHODONTIC APPLIANCE

1. This procedure does not require prior authorization.

2. Written documentation for payment - indicate the type of orthodontic appliance and a description of the repair.

3. Requires an arch code.

4. A benefit:
   a. for patients under the age of 19.
   b. once per appliance.

5. Not a benefit to the original provider for the replacement and/or repair of brackets, bands, or arch wires.

PROCEDURE D8692
REPLACEMENT OF LOST OR BROKEN RETAINER

1. This procedure does not require prior authorization.

2. Written documentation for payment - indicate how the retainer was lost or why it is no longer serviceable.

3. Requires an arch code.

4. A benefit:
   a. for patients under the age of 19.
   b. once per arch.
c. only within 24 months following the date of service of orthodontic retention (D8680).

5. This procedure is only payable when orthodontic retention (D8680) has been previously paid by the program.

PROCEDURE D8693
REBONDING OR RECEMENTING: AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS

1. This procedure does not require prior authorization.

2. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment.

3. Requires an arch code.

4. A benefit:
   a. for patients under the age of 19.
   b. once per provider.

5. Additional requests beyond the stated frequency limitations shall be considered for payment when the medical necessity is documented and identifies an unusual condition (such as displacement due to a sticky food item).

PROCEDURE D8999
UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT

1. Prior authorization is required for non-emergency procedures.

2. Radiographs for prior authorization - submit radiographs if applicable for the type of procedure.

3. Photographs for prior authorization - submit photographs if applicable for the type of procedure.

4. Written documentation for prior authorization or payment - describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed or actual treatment.

5. A benefit for patients under the age of 19.

6. Not a benefit to the original provider for the adjustment, repair, replacement or removal of brackets, bands or arch wires.

7. Procedure D8999 shall be used:
   a. for a procedure which is not adequately described by a CDT code, or
   b. for a procedure that has a CDT code that is not a benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the medical condition and the specific CDT code associated with the treatment.
Adjunctive General Policies (D9000-D9999)

Anesthesia (D9210-D9248)

a) General anesthesia (D9223) is defined as a controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including the loss of the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method or combination thereof.

b) Intravenous sedation/analgesia (D9241 and D9243) is a medically controlled state of depressed consciousness while maintaining the patient’s airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes intravenous (IV) administration of sedative and/or analgesic agent(s) and appropriate monitoring.

c) Non-intravenous conscious sedation (D9248) is a medically controlled state of depressed consciousness while maintaining the patient’s airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes administration of sedative and/or analgesic agent(s) by a route other than IV (oral, patch, intramuscular or subcutaneous) and appropriate monitoring.

d) Deep sedation/general anesthesia (D9223) and intravenous conscious sedation/analgesia (D9241 and D9243) shall be considered for payment when it is documented why local anesthesia is contraindicated. Such contraindications shall include the following:
   i) a severe mental or physical handicap,
   ii) extensive surgical procedures,
   iii) an uncooperative child,
   iv) an acute infection at an injection site,
   v) a failure of a local anesthetic to control pain.

e) The administration of deep sedation/general anesthesia (D9223), nitrous oxide (D9230), intravenous conscious sedation/analgesia (D9241 and D9243) and therapeutic parenteral drug (D9610) is a benefit in conjunction with payable associated procedures.

f) Only one anesthesia procedure is payable per date of service regardless of the methods of administration or drugs used. When one or more anesthesia procedures are performed only the most profound procedure will be allowed. The following anesthesia procedures are listed in order from most profound to least profound:
   i) Procedure D9223 (Deep Sedation/General Anesthesia),
   ii) Procedure D9241/D9243 (Intravenous Conscious Sedation/Analgesia),
   iii) Procedure D9248 (Non-Intravenous Conscious Sedation),
   iv) Procedure D9230 (Inhalation Of Nitrous Oxide/Analgesia, Anxiolysis).

g) Providers who administer general anesthesia (D9223) and/or intravenous conscious sedation/analgesia (D9241 and D9243) shall have valid anesthesia permits with the California Dental Board.

h) The cost of analgesic and anesthetic agents and supplies are included in the fee for the analgesic/anesthetic procedure.

i) Anesthesia time for general anesthesia and intravenous conscious sedation is defined as the period between the beginning of the administration of the anesthetic agent and the time that the anesthetist is no longer in personal attendance.

j) Sedation is a benefit in conjunction with the surgical removal of wires, bands, splints and arch bars.
Adjunctive Service Procedures (D9000-D9999)

PROCEDURE D9110
PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR

1. A benefit once per date of service per provider regardless of the number of teeth and/or areas treated.

2. Not a benefit when any other treatment is performed on the same date of service, except when radiographs/photographs are needed of the affected area to diagnose and document the emergency condition.

PROCEDURE D9120
FIXED PARTIAL DENTURE SECTIONING

1. Requires a tooth code for the retained tooth.

2. A benefit when at least one of the abutment teeth is to be retained.

PROCEDURE D9211
REGIONAL BLOCK ANESTHESIA

This procedure is included in the fee for other procedures and is not payable separately.

PROCEDURE D9212
TRIGEMINAL DIVISION BLOCK ANESTHESIA

This procedure is included in the fee for other procedures and is not payable separately.

PROCEDURE D9215
LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES

This procedure is included in the fee for other procedures and is not payable separately.

PROCEDURE D9230
INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA

1. Written documentation for patients age 13 or older- shall indicate the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider’s attempts to perform treatment.

3. Not a benefit:
   a. on the same date of service as deep sedation/general anesthesia (D9223), intravenous conscious sedation/analgesia (D9241 and D9243) or non-intravenous conscious sedation (D9248).
   b. when all associated procedures on the same date of service by the same provider are denied.

PROCEDURE D9241 INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES

1. Written documentation- shall justify the medical necessity based on a mental or physical limitation or contraindication to a local anesthetic agent.

2. Not a benefit:
   a. on the same date of service as deep sedation/general anesthesia (D9223), analgesia, anxiolysis, inhalation of nitrous oxide (D9230) or non-intravenous conscious sedation (D9248).
   b. when all associated procedures on the same date of service by the same provider are denied.

PROCEDURE D9248
NON-INTRAVENOUS CONSCIOUS SEDATION

1. Written documentation for patients age 13 or older- shall indicate the physical,
behavioral, developmental or emotional condition that prohibits the patient from responding to the provider’s attempts to perform treatment.

2. A benefit:
   a. for uncooperative patients under the age of 13, or
   b. for patients age 13 or older when documentation specifically identifies the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider’s attempts to perform treatment.
   c. for oral, patch, intramuscular or subcutaneous routes of administration.
   d. once per date of service.

3. Not a benefit:
   on the same date of service as deep sedation/general anesthesia (D9223), analgesia, anxiolysis, inhalation of nitrous oxide (D9230) or intravenous conscious sedation/ analgesia (D9241 and D9243).
   a. when all associated procedures on the same date of service by the same provider are denied.

PROCEDURE D9410
HOUSE/EXTENDED CARE FACILITY CALL
1. A benefit:
   a. once per patient per date of service.
   only in conjunction with procedures that are payable.

PROCEDURE D9420
HOSPITAL OR AMBULATORY SURGICAL CENTER CALL
1. Not a benefit:
   a. for an assistant surgeon.
   b. for time spent compiling the patient history, writing reports or for post-operative or follow up visits.

PROCEDURE D9430
OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED
1. Not a benefit:
   a. when procedures other than necessary radiographs and/or photographs are provided on the same date of service.
   b. for visits to patients residing in a house/extended care facility.

PROCEDURE D9440
OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS
1. A benefit
   a. once per date of service per provider.
   b. only with treatment that is a benefit.

2. This procedure is to compensate providers for travel time back to the office for emergencies outside of regular office hours.

PROCEDURE D9610
THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION
1. A benefit for up to a maximum of four injections per date of service.

2. Not a benefit:
   a. for the administration of an analgesic or sedative when used in conjunction with deep sedation/general anesthesia (D9223), analgesia, anxiolysis, inhalation of nitrous oxide (D9230), intravenous conscious sedation/analgesia (D9241 and D9243) or non-intravenous conscious sedation (D9248).
   b. when all associated procedures on the same date of service by the same provider are denied.

PROCEDURE D9612
THERAPEUTIC PARENTERAL DRUG, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS

PROCEDURE D9910
APPLICATION OF DESENSITIZING MEDICAMENT
1. A benefit:
   a. once in a 12-month period per provider.
   b. for permanent teeth only.

2. Not a benefit:
   a. when used as a base, liner or adhesive under a restoration.
   b. the same date of
service as 
fluoride (D1206 
and D1208).

PROCEDURE D9930
TREATMENT OF 
COMPLICATIONS (POST-
SURGICAL) - UNUSUAL 
CIRCUMSTANCES, BY 
REPORT

1. A benefit:
   a. once per date of 
service per 
provider.
   b. for the treatment of 
a dry socket or 
excessive bleeding 
within 30 days of 
the date of service 
of an extraction.
   c. for the removal of 
bony fragments 
within 30 days of 
the date of service 
of an extraction.

2. Not a benefit:
   a. for the removal of 
bony fragments on the 
same date of service as an extraction.
   b. for routine post-
operative visits.

PROCEDURE D9950
OCCLUSION ANALYSIS - 
MOUNTED CASE

1. A benefit:
   a. once in a 12-month 
period per quadrant 
per provider.
   b. for patients age 13 or 
older.
   c. for diagnosed 
TMJ dysfunction 
only.
   d. for permanent 
dentition.

2. Not a benefit:
   a. for patients age 13 or 
older.
   b. for diagnosed TMJ 
dysfunction only.
   c. for permanent 
dentition.

PROCEDURE D9999
UNSPECIFIED ADJUNCTIVE 
PROCEDURE, BY REPORT

1. Procedure D9999 shall be 
used:
   a. for a procedure which is 
not adequately 
described by a CDT 
code, or
   b. for a procedure that has 
a CDT code that is not a 
benefit but the patient 
has an exceptional 
medical condition to 
justify the medical 
necessity. 

Documentation shall 
include the medical 
condition and the 
specific CDT code 
associated with the 
treatment.
Adult Only Benefits Description

This section lists the dental benefits and services you (Individuals Ages 19 and over) are allowed to obtain through the Plan when the services are necessary for your dental health consistent with professionally recognized standards of practice, subject to the exceptions and limitations and exclusions listed here.

Diagnostic and Preventive Benefits

Description

Benefit includes:

- Initial and periodic oral examinations (*Limited to two (2) in a twelve (12) month period*)
- Consultations, including specialist consultations
- Preventive dental education and oral hygiene instruction
- X-ray films
- Panoramic film
- Prophylaxis services (cleanings) (*Limited to two (2) in a twelve (12) month period*)
- Space maintainer – removable - bilateral

Limitations

X-rays are limited as follows:

- Bitewing x-rays in conjunction with periodic examinations are limited to two series of four films in any twelve (12) month period. Isolated bitewing or periapical films are allowed on an emergency or episodic basis.
- Full mouth x-rays in conjunction with periodic examinations are limited to once every twenty (24) consecutive months
- Panoramic film x-rays are limited to once every twenty-four (24) consecutive months

Restorative Dentistry

Description

Restorations include:

- Amalgam, composite resin, acrylic, synthetic or plastic restorations for the treatment of caries
- Micro filled resin restorations which are non-cosmetic.
- Replacement of a restoration
- Use of pins and pin build-up in conjunction with a restoration
- Sedative base and sedative fillings
Limitations

Restorations are limited to the following:

- For the treatment of caries, if the tooth can be restored with amalgam, composite resin, acrylic, synthetic or plastic restorations; any other restoration such as a crown or jacket is considered optional.
- Composite resin or acrylic restorations in posterior teeth are optional.
- Replacement of a restoration is covered only when it is defective, as evidenced by conditions such as recurrent caries or fracture, and replacement is dentally necessary.
- Frequency limitations are calculated to the exact date.
- Fillings: Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners, and acid etch procedures.
- Crowns: There is an additional copayment of $125 per unit for treatment plans of 7 or more units. There is an additional copayment for $75 per unit for porcelain on molars. Actual metal fees will apply for any procedure involving noble, high noble, or titanium metals.
- The replacement of crowns requires the existing restoration to be 5+ years old.

Oral Surgery

Description

Oral surgery includes:

- Extractions, including surgical extractions
- Removal of impacted teeth
- Biopsy of oral tissues
- Alveolectomies
- Excision of cysts and neoplasms
- Treatment of palatal torus
- Treatment of mandibular torus
- Frenectomy
- Incision and drainage of abscesses
- Post-operative services, including exams, suture removal and treatment of complications
- Root recovery (separate procedure)

Limitation

- The surgical removal of impacted teeth is a covered benefit only when evidence of pathology exists.
- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.
- Removal of pathology-free 3rd molars is not covered.
- Biopsy of oral tissue does not include pathology laboratory services.

Endodontics

Description
Endodontic benefits include:
- Direct pulp capping
- Pulpotomy and vital pulpotomy
- Apexification filling with calcium hydroxide
- Root amputation
- Root canal therapy, including culture canal and limited retreatment of previous root canal therapy as specified below
- Apicoectomy
- Vitality tests

Limitations
Root canal therapy, including culture canal, is limited as follows:
- Retreatment of root canals is a covered benefit only if clinical or radiographic signs of abscess formation are present and/or the patient is experiencing symptoms.
- Removal or retreatment of silver points, overfills, underfills, incomplete fills, or broken instruments lodged in a canal, in the absence of pathology, is not a covered benefit.
- Including all pre-operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia, all irrigants, obstruction of root canals and routine follow-up care.
- Retreatment of a root canal, within a twenty-four (24) month period, is not payable to the same provider that did the original root canal.

Periodontics
Description
Periodontics benefits include:
- Emergency treatment, including treatment for periodontal abscess and acute periodontitis
- Periodontal scaling and root planing, and subgingival curettage
- Gingivectomy
- Osseous or muco-gingival surgery

Limitation
- Periodontal scaling and root planing, and subgingival curettage are limited to five (5) quadrant treatments in any twelve (12) consecutive months.
- Includes pre-operative and post-operative evaluations and treatment of natural teeth under a local anesthetic.

Crown and Fixed Bridge
Description
Crown and fixed bridge benefits include:
- Crowns, including those made of acrylic, acrylic with metal, porcelain, porcelain with metal, full metal, gold onlay or three quarter crown, and stainless steel
- Related dowel pins and pin build-up
- Fixed bridges, which are cast, porcelain baked with metal, or plastic processed to gold
- Recementation of crowns, bridges, inlays and onlays
• Cast post and core, including cast retention under crowns
• Repair or replacement of crowns, abutments or pontics

Limitation

The crown benefit is limited as follows:
• Replacement of each unit is limited to once every sixty (60) consecutive months, except when the crown is no longer functional as determined by the Plan.
• Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. For example, if the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.
• Veneers posterior to the second bicuspid are considered optional. An allowance will be made for a cast full crown.

The fixed bridge benefit is limited as follows:
• Fixed bridges will be used only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
• A fixed bridge is covered when it is necessary to replace a missing permanent anterior tooth in a person sixteen (16) years of age or older and the patient’s oral health and general dental condition permits.
• Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic.
• Fixed bridges are optional when provided in connection with a partial denture on the same arch.
• Replacement of an existing fixed bridge is covered only when it cannot be made satisfactory by repair.
• Frequency limitations are calculated to the exact date.
• Prosthodontics fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge)).
• There is an additional co-payment of $125 per unit for treatment plans of seven (7) or more units.
• There is an additional co-payment of $75 per unit for porcelain on molars.
• Actual fees will apply for any procedure involving noble, high noble, or titanium metals.
• Implants and implant-related procedures are not covered.

The program allows up to five units of crown or bridgework per arch. Upon the sixth unit, the treatment is considered full mouth reconstruction, which is optional treatment.

Removable Prosthetics

Description

The removable prosthetics benefit includes:
• Dentures, full maxillary, full mandibular, partial upper, partial lower, teeth, clasps and stress breakers
• Office or laboratory relines or rebases
• Denture repair
• Denture adjustment
• Tissue conditioning
• Denture duplication
• Stayplates

Limitations
The removable prosthetics benefit is limited as follows:
• Partial dentures will not be replaced within sixty (60) consecutive months, unless:
  1. It is necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible, or
  2. The denture is unsatisfactory and cannot be made satisfactory.
• The covered dental benefit for partial dentures will be limited to the charges for a cast chrome or acrylic denture if this would satisfactorily restore an arch. If a more elaborate or precision appliance is chosen by the patient and the dentist, and is not necessary to satisfactorily restore an arch, the patient will be responsible for all additional charges.
• A removable partial denture is considered an adequate restoration of a case when teeth are missing on both sides of the dental arch. Other treatments of such cases are considered optional.
• Full upper and/or lower dentures are not to be replaced within sixty (60) consecutive months unless the existing denture is unsatisfactory and cannot be made satisfactory by reline or repair.
• The covered dental benefit for complete dentures will be limited to the benefit level for a standard procedure. If a more personalized or specialized treatment is chosen by the patient and the dentist, the patient will be responsible for all additional charges.
• Office or laboratory relines or rebases are limited to one (1) per arch in any twelve (12) consecutive months.
• Tissue conditioning is limited to two per denture
• Implants are considered an optional benefit
• Frequency limitations are calculated to the exact date.
• Prosthodontics fixed (each retainer and each Pontic constitutes a unit in a fixed partial denture (bridge)).
• There is an additional copayment of $125 per unit for treatment plans of seven (7) or more units.
• There is an additional copayment of $75 per unit for porcelain on molars. Actual metal fees will apply for any procedure involving noble, high noble, or titanium metals.
• The replacement of retainers and pontics requires the existing bridge to be 5+ years old.

Other Benefits

Description
Other dental benefits include:
• Local anesthetics
• Oral sedatives when dispensed in a dental office by a practitioner acting within the scope of their licensure
• Nitrous oxide when dispensed in a dental office by a practitioner acting within the scope of their licensure
• Emergency treatment, palliative treatment

ADP_SOB_HMO_FAM_CA_17 (V8)
• Occlusal guard, by report
• External bleaching – per arch
• Coordination of benefits with member’s health plan in the event hospitalization or outpatient surgery setting is medically appropriate for dental services

Orthodontic Benefits

Orthodontic treatment includes medically-necessary orthodontia only and is limited to individuals up to age 19.

Adult Only Exclusions

The following dental benefits are excluded under the plan for Individuals Ages 19 and over:

1. Any service that is not specifically listed as a covered benefit.
2. Services, which in the opinion of the attending dentist are not necessary to the member’s dental health.
3. Experimental or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional standards or for which the safety and efficacy have not been determined for use in the treatment for which the item or service in question is recommended or prescribed.
4. Services, which were provided without cost to the member by State government or an agency thereof, or any municipality, county or other subdivisions.
5. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist’s office due to the general health and physical limitations of the member.
6. Dental Services that are received in an emergency care setting for conditions that are not emergencies if the subscriber reasonably should have known that an emergency care situation did not exist.
7. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the member became eligible for such services.
8. Procedures, appliances, or restorations to correct congenital or developmental malformations, unless specifically listed in the Benefits section above.
9. Hospital charges of any kind.
10. Dispensing of drugs not normally supplied in a dental office
11. Major surgery for fractures and dislocations
12. Loss or theft of dentures or bridgework without appropriate documentation (i.e. police report or natural disaster).
14. The cost of precious metals used in any form of dental benefits.
15. Implants and implant-related services
16. Placement and replacement of Cantilever and Maryland/Resin-bonded bridges
17. Extraction of pathology-free teeth, including supernumerary teeth (unless for medically necessary orthodontics)
18. Cosmetic dental care
19. Services of a pedodontist/pediatric dentist, except when the member is unable to be treated by his or her PCD, or treatment by a pedodontist/pediatric dentist is medically necessary, or his or her PCD is a pedodontist/pediatric dentist.
Endnotes to 2017 Dental Standard Benefit Plan Designs
Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Children's Dental Plan, Family Dental Plan or Group Dental Plan)

1) Deductible is waived for Diagnostic and Preventive Services.
2) Cost sharing payments made by each individual child for in-network covered services accrue to the child's out-of-pocket maximum. Once the child's individual out-of-pocket maximum has been reached, the plan pays all costs for covered services for that child.
3) In a plan with two or more children, cost sharing payments made by each individual child for in-network services contribute to the family out-of-pocket maximum.
4) In a plan with two or more children, cost sharing payments made by each individual child for out-of-network covered services contribute to the family out-of-network deductible, if applicable, and do not accumulate to the family out-of-pocket maximum.
5) Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.
6) The requirements set forth in 10 CCR 6522 (a)(4)(A) and (a)(5)(A) shall apply to the Group Dental Plan design.
7) Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.

Adult Dental Benefit Notes (only applicable to the Family Dental Plan and Group Dental Plan)

1) Each adult is responsible for an individual deductible.
2) Deductible is waived for Diagnostic and Preventive Services.
3) The requirements set forth in 10 CCR 6522 (a)(4)(A) and (a)(5)(A) shall apply to the Group Dental Plan design.
4) Tooth whitening, adult orthodontia and implants are not covered services.
<table>
<thead>
<tr>
<th>Language</th>
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<tr>
<td>English</td>
<td>If you or the person you are helping has questions about your insurance benefits, claims, or coverage, you have the right to get help and information in your language at no cost. To talk to an interpreter: if you have insurance from your employer, call the telephone number on your identification card; for all other members, please call 844-561-5600. The Guardian and its subsidiaries* comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.</td>
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<td>如果你或你正在帮助的人拥有约你的保险利益，索赔或覆盖的问题，你有没有成本，以获取帮助和信息在你的语言的权利。要交谈的解释：如果您从您的雇主有保险，打电话给你的身份证上的电话号码;所有其他成员，请致电 844-561-5600。卫报及其子公司*遵守适用的联邦民权法和种族，肤色，国籍，年龄，残疾，或性的基础上不歧视。</td>
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<td>Se você ou a pessoa que você está ajudando tem dúvidas sobre seus benefícios de seguro, reivindicações, ou cobertura, você tem o direito de obter ajuda e informações na sua língua, sem nenhum custo. Para falar com um intérprete: se você tem seguro de seu empregador, ligue para o número de telefone no seu cartão de identificação; para todos os outros membros, ligue para 844-561-5600. Este aviso tem informações importantes sobre a sua aplicação ou sua cobertura de seguro. Olhe para as datas-chave neste: The Guardian e suas subsidiárias * cumprir com as leis federais aplicáveis direitos civis e não discriminar com base em raça, cor, nacionalidade, idade, deficiência ou sexo.</td>
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