

## Dental Gold

Deductible: \$0

Annual Plan Maximum: \$2,000

Out of Network Allowance: Not Applicable (In Network Only)

ADA Code	Procedure Description	In Network Coinsurance	Out of Network Coinsurance	Frequency Limit
<b>Diagnostic</b>				
D0120	periodic oral evaluation	0%	Not Covered	2 per calendar year
D0140	limited oral evaluation - problem focused	0%	0%	2 per calendar year
D0150	comprehensive oral evaluation - new or established patient	0%	Not Covered	2 per calendar year
D0160	detailed and extensive oral evaluation - problem-focused, by report	0%	Not Covered	2 per calendar year
D0170	re-evaluation, limited, problem focused	0%	Not Covered	2 per calendar year
D0180	comprehensive periodontal evaluation - new or established patient	0%	Not Covered	2 per calendar year
D0190	Screening of a patient	0%	Not Covered	Unlimited
D0210	intraoral - complete series of radiographic images	0%	Not Covered	1 per consecutive 36 months
D0220	intraoral - periapical first radiographic image	0%	Not Covered	8 per calendar year
D0230	intraoral - periapical each additional radiographic image	0%	Not Covered	8 per calendar year
D0240	intraoral - occlusal radiographic image	0%	Not Covered	2 per consecutive 6 months
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	0%	Not Covered	2 per calendar year
D0251	extra-oral posterior dental radiographic image	0%	Not Covered	2 per calendar year
D0270	bitewing - single radiographic image	0%	Not Covered	8 per calendar year
D0272	bitewings - two radiographic images	0%	Not Covered	4 per calendar year
D0273	bitewings - three radiographic images	0%	Not Covered	2 per calendar year
D0274	bitewings - four radiographic images	0%	Not Covered	2 per calendar year
D0277	vertical bitewings - 7 to 8 radiographic images	0%	Not Covered	1 per consecutive 36 months
D0330	panoramic radiographic image	0%	Not Covered	1 per consecutive 36 months
D0350	2D Oral/facial photographic images obtained intraorally or extraorally	0%	Not Covered	1 per consecutive 36 months
D0364	cone beam CT capture and interpretation with limited field of view - less than one whole jaw	50%	Not Covered	1 per consecutive 60 months
D0365	cone beam CT capture and interpretation with field of view of one full dental arch - mandible	50%	Not Covered	1 per consecutive 60 months

D0366	cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	50%	Not Covered	1 per consecutive 60 months
D0367	cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	50%	Not Covered	1 per consecutive 60 months
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	0%	Not Covered	1 per consecutive 36 months
D0373	Intraoral tomosynthesis - bitewing radiographic image	0%	Not Covered	2 per calendar year
D0374	Intraoral tomosynthesis - periapical radiographic image	0%	Not Covered	8 per calendar year
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	0%	Not Covered	1 per consecutive 36 months
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	0%	Not Covered	2 per calendar year
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only	0%	Not Covered	8 per calendar year
D0411	HbA1c in office point of service testing	0%	Not Covered	No frequency limitation
D0414	Lab processing of microbial specimen to include culture and sensitivity studies.	0%	Not Covered	No frequency limitation
D0415	collection of microorganisms for culture and sensitivity	0%	Not Covered	No frequency limitation
D0416	viral culture	0%	Not Covered	No frequency limitation
D0417	collection and preparation of saliva sample for laboratory diagnostic testing	0%	Not Covered	No frequency limitation
D0418	analysis of saliva sample	0%	Not Covered	No frequency limitation
D0422	collection and preparation of genetic sample material for laboratory analysis and report	0%	Not Covered	No frequency limitation
D0423	genetic test for susceptibility to diseases-specimen analysis	0%	Not Covered	No frequency limitation
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	0%	Not Covered	1 per consecutive 12 months
D0460	pulp vitality tests	0%	Not Covered	1 charge per visit, regardless of how many teeth are tested.
D0470	diagnostic casts	0%	Not Covered	1 per consecutive 24 months

D0600	non-ionizing diagnostic procedure	0%	Not Covered	No frequency limitation
D0601	caries risk assessment and documentation, with a finding of low risk	0%	Not Covered	2 per consecutive 12 months
D0602	caries risk assessment and documentation, with a finding of moderate risk	0%	Not Covered	2 per consecutive 12 months
D0603	caries risk assessment and documentation, with a finding of high risk	0%	Not Covered	2 per consecutive 12 months
D0604	antigen testing for a public health related pathogen, including coronavirus	0%	Not Covered	Unlimited
D0605	antibody testing for a public health related pathogen, including coronavirus	0%	Not Covered	Unlimited
D0606	molecular testing for public health related pathogen, including coronavirus	0%	Not Covered	Unlimited
D0701	panoramic radiographic image – image capture only	0%	Not Covered	1 per consecutive 36 months
D0702	2-D cephalometric radiographic image – image capture only	0%	Not Covered	1 per consecutive 36 months
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	0%	Not Covered	1 per consecutive 36 months
D0705	extra-oral posterior dental radiographic image – image capture only	0%	Not Covered	2 per calendar year
D0706	intraoral – occlusal radiographic image – image capture only	0%	Not Covered	2 per consecutive 6 months
D0707	intraoral – periapical radiographic image – image capture only	0%	Not Covered	8 per calendar year
D0708	intraoral – bitewing radiographic image – image capture only	0%	Not Covered	8 per calendar year
D0709	intraoral – complete series of radiographic images – image capture only	0%	Not Covered	1 per consecutive 36 months
D0801	3D dental surface scan - direct	0%	Not Covered	1 per consecutive 36 months
D0802	3D dental surface scan - indirect	0%	Not Covered	1 per consecutive 36 months
D0803	3D facial surface scan - direct	0%	Not Covered	1 per consecutive 36 months
D0804	3D facial surface scan - indirect	0%	Not Covered	1 per consecutive 36 months
D0999	Unspecified diagnostic procedure, by report	0%	Not Covered	Unlimited
<b>Preventive</b>				
D1110	prophylaxis - adult	0%	Not Covered	2 per calendar year
D1206	Topical Application Of Fluoride Varnish	0%	Not Covered	2 per calendar year
D1208	Topical Application Of Fluoride - Excluding Varnish	0%	Not Covered	2 per calendar year

D1301	immunization counseling	0%	Not Covered	Unlimited
D1354	application of caries arresting medicament – per tooth	0%	Not Covered	No frequency limitation
D1355	caries preventive medicament application – per tooth	0%	Not Covered	2 per consecutive 12 months
D1510	space maintainer - fixed, unilateral - per quadrant	0%	Not Covered	1 per consecutive 60 months
D1516	space maintainer - fixed - bilateral, maxillary	0%	Not Covered	1 per consecutive 60 months
D1517	space maintainer - fixed - bilateral, mandibular	0%	Not Covered	1 per consecutive 60 months
D1520	space maintainer - removable, unilateral - per quadrant	0%	Not Covered	1 per consecutive 60 months
D1526	space maintainer - removable - bilateral, maxillary	0%	Not Covered	1 per consecutive 60 months
D1527	space maintainer - removable - bilateral, mandibular	0%	Not Covered	1 per consecutive 60 months
D1551	re-cement or re-bond bilateral space maintainer - maxillary	0%	Not Covered	1 per consecutive 6 months
D1552	re-cement or re-bond bilateral space maintainer - mandibular	0%	Not Covered	1 per consecutive 6 months
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	0%	Not Covered	1 per consecutive 6 months
D1556	removal of fixed unilateral space maintainer - per quadrant	0%	Not Covered	Unlimited
D1557	removal of fixed bilateral space maintainer - maxillary	0%	Not Covered	Unlimited
D1558	removal of fixed bilateral space maintainer - mandibular	0%	Not Covered	Unlimited
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	0%	Not Covered	1 per consecutive 60 months
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose	0%	Not Covered	Unlimited
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose	0%	Not Covered	Unlimited
D1703	Moderna Covid-19 vaccine administration - first dose	0%	Not Covered	Unlimited
D1704	Moderna Covid-19 vaccine administration - second dose	0%	Not Covered	Unlimited
D1705	AstraZeneca Covid-19 vaccine administration - first dose	0%	Not Covered	Unlimited
D1706	AstraZeneca Covid-19 vaccine administration - second dose	0%	Not Covered	Unlimited
D1707	Janssen Covid-19 vaccine administration	0%	Not Covered	Unlimited
D1708	Pfizer-BioNTech Covid-19 vaccine administration-third dose	0%	Not Covered	Unlimited

D1709	Pfizer-BioNTech Covid-19 vaccine administration-booster dose	0%	Not Covered	Unlimited
D1710	Moderna Covid-19 vaccine administration-third dose	0%	Not Covered	Unlimited
D1711	Moderna Covid-19 vaccine administration-booster dose	0%	Not Covered	Unlimited
D1712	Janssen Covid-19 vaccine administration-booster dose	0%	Not Covered	Unlimited
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-first dose	0%	Not Covered	Unlimited
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric-second dose	0%	Not Covered	Unlimited
D1781	vaccine administration - human papillomavirus - Dose 1	0%	Not Covered	Unlimited
D1782	vaccine administration - human papillomavirus - Dose 2	0%	Not Covered	Unlimited
D1783	vaccine administration - human papillomavirus - Dose 3	0%	Not Covered	Unlimited
D1999	Unspecified preventive procedure, by report	0%	Not Covered	Unlimited
<b>Restorative</b>				
D2140	amalgam - one surface, primary or permanent	0%	Not Covered	No frequency limitation
D2150	amalgam - two surfaces, primary or permanent	0%	Not Covered	No frequency limitation
D2160	amalgam - three surfaces, primary or permanent	0%	Not Covered	No frequency limitation
D2161	amalgam - four or more surfaces, primary or permanent	0%	Not Covered	No frequency limitation
D2330	resin-based composite - one surface, anterior	0%	Not Covered	No frequency limitation
D2331	resin-based composite - two surfaces, anterior	0%	Not Covered	No frequency limitation
D2332	resin-based composite - three surfaces, anterior	0%	Not Covered	No frequency limitation
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0%	Not Covered	No frequency limitation
D2390	resin-based composite crown, anterior	50%	Not Covered	1 per consecutive 60 months
D2391	resin-based composite - one surface, posterior	0%	Not Covered	No frequency limitation
D2392	resin-based composite - two surfaces, posterior	0%	Not Covered	No frequency limitation
D2393	resin-based composite - three surfaces, posterior	0%	Not Covered	No frequency limitation

D2394	resin-based composite - four or more surfaces, posterior	0%	Not Covered	No frequency limitation
D2410	gold foil - one surface	50%	Not Covered	No frequency limitation
D2420	gold foil - two surfaces	50%	Not Covered	No frequency limitation
D2430	gold foil - three surfaces	50%	Not Covered	No frequency limitation
D2510	inlay - metallic - one surface	50%	Not Covered	1 per consecutive 60 months
D2520	inlay - metallic - two surfaces	50%	Not Covered	1 per consecutive 60 months
D2530	inlay - metallic - three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D2542	onlay metallic, two surfaces	50%	Not Covered	1 per consecutive 60 months
D2543	onlay-metallic-three surfaces	50%	Not Covered	1 per consecutive 60 months
D2544	onlay-metallic-four or more surfaces	50%	Not Covered	1 per consecutive 60 months
D2610	inlay - porcelain/ceramic - one surface	50%	Not Covered	1 per consecutive 60 months
D2620	inlay - porcelain/ceramic - two surfaces	50%	Not Covered	1 per consecutive 60 months
D2630	inlay - porcelain/ceramic - three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D2642	onlay - porcelain/ceramic - two surfaces	50%	Not Covered	1 per consecutive 60 months
D2643	onlay - porcelain/ceramic - three surfaces	50%	Not Covered	1 per consecutive 60 months
D2644	onlay - porcelain/ceramic - four or more surfaces	50%	Not Covered	1 per consecutive 60 months
D2650	inlay - composite/resin - one surface	50%	Not Covered	1 per consecutive 60 months
D2651	inlay - composite/resin - two surfaces	50%	Not Covered	1 per consecutive 60 months
D2652	inlay - composite/resin - three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D2662	onlay - composite/resin - two surfaces	50%	Not Covered	1 per consecutive 60 months
D2663	onlay - composite/resin - three surfaces	50%	Not Covered	1 per consecutive 60 months
D2664	onlay - composite/resin - four or more surfaces	50%	Not Covered	1 per consecutive 60 months
D2710	crown, resin-based composite (indirect)	50%	Not Covered	1 per consecutive 60 months

D2712	crown - 3/4 resin-based composite (indirect)	50%	Not Covered	1 per consecutive 60 months
D2720	crown - resin with high noble metal	50%	Not Covered	1 per consecutive 60 months
D2721	crown - resin with predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D2722	crown - resin with noble metal	50%	Not Covered	1 per consecutive 60 months
D2740	crown - porcelain/ceramic	50%	Not Covered	1 per consecutive 60 months
D2750	crown - porcelain fused to high noble metal	50%	Not Covered	1 per consecutive 60 months
D2751	crown - porcelain fused to predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D2752	crown - porcelain fused to noble metal	50%	Not Covered	1 per consecutive 60 months
D2780	crown, 3/4 cast high noble metal	50%	Not Covered	1 per consecutive 60 months
D2781	crown, 3/4 cast predominately base metal	50%	Not Covered	1 per consecutive 60 months
D2782	crown, 3/4 cast noble metal	50%	Not Covered	1 per consecutive 60 months
D2783	crown, 3/4 porcelain/ceramic	50%	Not Covered	1 per consecutive 60 months
D2790	crown - full cast high noble metal	50%	Not Covered	1 per consecutive 60 months
D2791	crown - full cast predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D2792	crown - full cast noble metal	50%	Not Covered	1 per consecutive 60 months
D2794	crown - titanium	50%	Not Covered	1 per consecutive 60 months
D2799	interim crown – further treatment or completion of diagnosis necessary prior to final impression	50%	Not Covered	1 per consecutive 60 months
D2910	recement or re-bond inlay, onlay, veneer or partial coverage restoration	50%	Not Covered	1 per consecutive 12 months
D2915	recement or re-bond cast indirectly fabricated or prefabricated post and core	50%	Not Covered	1 per consecutive 12 months
D2920	recement or re-bond crown	50%	Not Covered	1 per consecutive 12 months
D2921	reattachment of tooth fragment, incisal edge or cusp	50%	Not Covered	1 per consecutive 6 months
D2930	prefabricated stainless steel crown - primary tooth	50%	Not Covered	1 per consecutive 60 months
D2931	prefabricated stainless steel crown - permanent tooth	50%	Not Covered	1 per consecutive 60 months

D2932	prefabricated resin crown	50%	Not Covered	1 per consecutive 60 months
D2933	prefabricated stainless steel crown with resin window	50%	Not Covered	1 per consecutive 60 months
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	50%	Not Covered	1 per consecutive 60 months
D2940	placement of interim direct restoration	50%	Not Covered	No frequency limitation
D2950	Core buildup, including any pins when required	50%	Not Covered	1 per consecutive 60 months
D2951	pin retention - per tooth, in addition to restoration	50%	Not Covered	1 per consecutive 60 months
D2952	cast post and core in addition to crown	50%	Not Covered	1 per consecutive 60 months
D2953	each additional indirectly fabricated post, same tooth	50%	Not Covered	1 per consecutive 60 months
D2954	prefabricated post and core in addition to crown	50%	Not Covered	1 per consecutive 60 months
D2957	each additional prefabricated post, same tooth	50%	Not Covered	1 per consecutive 60 months
D2960	labial veneer (lamine) - chairside	50%	Not Covered	1 per consecutive 60 months
D2961	labial veneer (resin laminate) - laboratory	50%	Not Covered	1 per consecutive 60 months
D2962	labial veneer (porcelain laminate) - laboratory	50%	Not Covered	1 per consecutive 60 months
D2975	coping	50%	Not Covered	1 per consecutive 60 months
D2980	crown repair necessitated by restorative material failure	50%	Not Covered	1 per consecutive 6 months
D2981	inlay repair necessitated by restorative material failure	50%	Not Covered	1 per consecutive 6 months
D2982	onlay repair necessitated by restorative material failure	50%	Not Covered	1 per consecutive 6 months
D2983	Veneer repair necessitated by restorative material failure	50%	Not Covered	1 per consecutive 6 months
D2989	excavation of a tooth resulting in the determination of non-restorability	50%	Not Covered	Unlimited
D2999	Unspecified restorative procedure, by report	50%	Not Covered	Unlimited
<b>Endodontics</b>				
D3110	pulp cap - direct (excluding final restoration)	50%	Not Covered	No frequency limitation
D3120	pulp cap - indirect (excluding final restoration)	50%	Not Covered	No frequency limitation



D3220	therapeutic pulpotomy (excluding final restoration)	50%	Not Covered	1 time per primary or secondary tooth per lifetime
D3221	pulpal debridement, primary and permanent teeth	50%	50%	1 per tooth per lifetime
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	50%	Not Covered	1 time per primary or secondary tooth per lifetime
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	50%	Not Covered	1 time per tooth per lifetime. Covered for anterior or posterior teeth only
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50%	Not Covered	1 time per tooth per lifetime. Covered for anterior or posterior teeth only
D3310	endodontic therapy, anterior tooth (excluding final restoration)	50%	Not Covered	1 time per tooth per lifetime
D3320	endodontic therapy, premolar tooth (excluding final restoration)	50%	Not Covered	1 time per tooth per lifetime
D3330	endodontic therapy, molar tooth (excluding final restoration)	50%	Not Covered	1 time per tooth per lifetime
D3331	treatment of root canal obstruction, non-surgical access	50%	Not Covered	1 time per tooth per lifetime
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	50%	Not Covered	1 time per tooth per lifetime
D3333	internal tooth repair of perforation defects	50%	Not Covered	1 time per tooth per lifetime
D3346	retreatment of previous root canal therapy - anterior	50%	Not Covered	1 time per tooth per lifetime
D3347	retreatment of previous root canal therapy - bicuspid	50%	Not Covered	1 time per tooth per lifetime
D3348	retreatment of previous root canal therapy - molar	50%	Not Covered	1 time per tooth per lifetime
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc)	50%	Not Covered	1 time per tooth per lifetime
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement	50%	Not Covered	1 time per tooth per lifetime
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	50%	Not Covered	1 time per tooth per lifetime

D3355	Pupal regeneration-initial visit	50%	Not Covered	1 time per tooth per lifetime
D3356	Pulpal regeneration-interim medicament replacement	50%	Not Covered	1 time per tooth per lifetime
D3357	Pulpal regeneration-completion of treatment	50%	Not Covered	1 time per tooth per lifetime
D3410	Apicoectomy - anterior	50%	Not Covered	1 time per tooth per lifetime
D3421	Apicoectomy - premolar (first root)	50%	Not Covered	1 time per tooth per lifetime
D3425	Apicoectomy - molar (first root)	50%	Not Covered	1 time per tooth per lifetime
D3426	Apicoectomy (each additional root)	50%	Not Covered	2 times per tooth per lifetime
D3430	retrograde filling - per root	50%	Not Covered	1 time per tooth per lifetime
D3450	root amputation - per root	50%	Not Covered	1 time per tooth per lifetime
D3470	intentional reimplantation (including necessary splinting)	50%	Not Covered	1 time per tooth per lifetime
D3471	surgical repair of root resorption - anterior	50%	Not Covered	1 time per tooth per lifetime
D3472	surgical repair of root resorption – premolar	50%	Not Covered	1 time per tooth per lifetime
D3473	surgical repair of root resorption – molar	50%	Not Covered	1 time per tooth per lifetime
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	50%	Not Covered	2 times per tooth per lifetime
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	50%	Not Covered	2 times per tooth per lifetime
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption – molar	50%	Not Covered	2 times per tooth per lifetime
D3911	intraoffice barrier	50%	Not Covered	Unlimited
D3920	hemisection (including any root removal), not including root canal therapy	50%	Not Covered	1 time per tooth per lifetime
D3999	Unspecified endodontic procedure, by report	50%	Not Covered	Unlimited
<b>Periodontics</b>				
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	50%	Not Covered	1 per consecutive 36 months
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	50%	Not Covered	1 per consecutive 36 months

D4230	anatomical crown exposure - four or more contiguous teeth or bounded tooth spaces per quadrant	50%	Not Covered	1 per consecutive 36 months
D4231	anatomical crown exposure - one to three teeth or bounded tooth spaces per quadrant	50%	Not Covered	1 per consecutive 36 months
D4240	gingival flap procedure, including root planning - four or more contiguous teeth or tooth bounded spaces per quadrant	50%	Not Covered	1 per consecutive 36 months
D4241	gingival flap procedure - including root planing -one to three contiguous teeth or tooth bounded spaces per quadrant	50%	Not Covered	1 per consecutive 36 months
D4245	apically positioned flap	50%	Not Covered	1 per consecutive 36 months
D4249	clinical crown lengthening - hard tissue	50%	Not Covered	1 per consecutive 36 months
D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	50%	Not Covered	1 per consecutive 36 months
D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	50%	Not Covered	1 per consecutive 36 months
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	50%	Not Covered	1 per consecutive 36 months
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	50%	Not Covered	1 per consecutive 36 months
D4265	biologic materials to aid in soft and osseous tissue regeneration, per site	50%	Not Covered	1 per consecutive 36 months
D4266	guided tissue regeneration - resorbable barrier, per site	50%	Not Covered	1 per consecutive 36 months
D4267	guided tissue regeneration - nonresorbable barrier, per site (Includes membrane removal)	50%	Not Covered	1 per consecutive 36 months
D4268	surgical revision procedure, per tooth	50%	Not Covered	1 per consecutive 36 months
D4270	pedicle soft tissue graft procedure	50%	Not Covered	1 per consecutive 36 months
D4273	autogenous connective tissue graft procedure, per first tooth, implant or edentulous tooth position in graft	50%	Not Covered	1 per consecutive 36 months
D4274	mesial/distal wedge procedure single tooth(when not perormed in conjunction with surgical procedures in the same area	50%	Not Covered	1 per consecutive 36 months
D4275	non-autogenous connective tissue graft (including recipient site and donor material) first tooth implant	50%	Not Covered	1 per consecutive 36 months
D4276	combined connective tissue and pedicle graft, per tooth	50%	Not Covered	1 per consecutive 36 months

D4277	free soft tissue graft procedure (including recipient and donor surgical sites)first tooth, implant, or edentulous tooth	50%	Not Covered	1 per consecutive 36 months
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous position	50%	Not Covered	1 per consecutive 36 months
D4283	autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	50%	Not Covered	1 per consecutive 36 months
D4285	non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth	50%	Not Covered	1 per consecutive 36 months
D4286	removal of non-resorbable barrier	50%	Not Covered	1 per consecutive 36 months
D4322	splint – intra-coronal; natural teeth or prosthetic crowns	50%	Not Covered	1 per consecutive 36 months
D4323	splint – extra-coronal; natural teeth or prosthetic crowns	50%	Not Covered	1 per consecutive 36 months
D4341	periodontal scaling and root planing - four or more teeth per quadrant	50%	Not Covered	1 time per quadrant per consecutive 24 months
D4342	periodontal scaling and root planing - one - three teeth, per quadrant	50%	Not Covered	1 time per quadrant per consecutive 24 months
D4346	scaling in presence of generalized moderate or severe gingival inflammation	50%	Not Covered	2 times per consecutive 12 months.
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	50%	Not Covered	1 per consecutive 36 months
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	50%	Not Covered	3 sites per quadrant or 12 sites total per lifetime for refractory pockets or in conjunction with Periodontal Scaling and Root Planing
D4910	periodontal maintenance	50%	Not Covered	2 per calendar year following active or adjunctive periodontal therapy, exclusive of gross debridement.

D4920	unscheduled dressing change (by someone other than treating dentist or their staff)	50%	Not Covered	No frequency limitation
D4999	Unspecified periodontal procedure, by report	50%	Not Covered	Unlimited
<b>Dentures</b>				
D5110	complete denture - maxillary	50%	Not Covered	1 per consecutive 60 months
D5120	complete denture - mandibular	50%	Not Covered	1 per consecutive 60 months
D5130	immediate denture - maxillary	50%	Not Covered	1 per consecutive 60 months
D5140	immediate denture - mandibular	50%	Not Covered	1 per consecutive 60 months
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	50%	Not Covered	1 per consecutive 60 months
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	50%	Not Covered	1 per consecutive 60 months
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and	50%	Not Covered	1 per consecutive 60 months
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and xxxxxxxxxx	50%	Not Covered	1 per consecutive 60 months
D5221	immediate maxillary partial denture - resin base	50%	Not Covered	1 per consecutive 60 months
D5222	immediate mandibular partial denture - resin base	50%	Not Covered	1 per consecutive 60 months
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases	50%	Not Covered	1 per consecutive 60 months
D5224	immediate mandibular partial denture-cast metal framework with resin denture bases	50%	Not Covered	1 per consecutive 60 months
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	50%	Not Covered	1 per consecutive 60 months
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	50%	Not Covered	1 per consecutive 60 months
D5227	immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	50%	Not Covered	1 per consecutive 60 months
D5228	immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	50%	Not Covered	1 per consecutive 60 months

D5282	removable unilateral partial denture – one-piece cast metal (including clasps and teeth), maxillary. D5283 removable unilateral partial denture – one-piece cast metal (including clasps and teeth), mandibular	50%	Not Covered	1 per consecutive 60 months
D5283	removable unilateral partial denture – one-piece cast metal (including clasps and teeth), mandibular	50%	Not Covered	1 per consecutive 60 months
D5284	removable unil. part denture – one piece flex. base (incl. retentive/clasping materials, rests, and teeth), per quadrant	50%	Not Covered	1 per consecutive 60 months
D5286	removable unil. part denture – one piece resin (incl. retentive/clasping materials, rests, and teeth), per quadrant	50%	Not Covered	1 per consecutive 60 months
D5410	adjust complete denture - maxillary	50%	Not Covered	1 per consecutive 6 months
D5411	adjust complete denture - mandibular	50%	Not Covered	1 per consecutive 6 months
D5421	adjust partial denture - maxillary	50%	Not Covered	1 per consecutive 6 months
D5422	adjust partial denture - mandibular	50%	Not Covered	1 per consecutive 6 months
D5511	repair broken complete denture base, mandibular	50%	Not Covered	1 per consecutive 6 months
D5512	repair broken complete denture base, maxillary	50%	Not Covered	1 per consecutive 6 months
D5520	replace missing or broken teeth - complete denture - per tooth	50%	Not Covered	1 per consecutive 6 months
D5611	repair resin partial denture base, mandibular	50%	Not Covered	1 per consecutive 6 months
D5612	repair resin partial denture base, maxillary	50%	Not Covered	1 per consecutive 6 months
D5621	repair cast partial framework, mandibular	50%	Not Covered	1 per consecutive 6 months
D5622	repair cast partial framework, maxillary	50%	Not Covered	1 per consecutive 6 months
D5630	repair or replace broken clasp - per tooth	50%	Not Covered	1 per consecutive 6 months
D5640	replace missing or broken teeth – partial denture – per tooth	50%	Not Covered	1 per consecutive 6 months
D5650	add tooth to existing partial denture – per tooth	50%	Not Covered	1 per consecutive 6 months
D5660	add clasp to existing partial denture - per tooth	50%	Not Covered	1 per consecutive 6 months
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	50%	Not Covered	1 per consecutive 6 months

D5671	replace all teeth and acrylic on cast metal framework (mandibular)	50%	Not Covered	1 per consecutive 6 months
D5710	rebase complete maxillary denture	50%	Not Covered	1 per consecutive 12 months
D5711	rebase complete mandibular denture	50%	Not Covered	1 per consecutive 12 months
D5720	rebase maxillary partial denture	50%	Not Covered	1 per consecutive 12 months
D5721	rebase mandibular partial denture	50%	Not Covered	1 per consecutive 12 months
D5725	rebase hybrid prosthesis	50%	Not Covered	1 per consecutive 12 months
D5730	reline complete maxillary denture (chairside)	50%	Not Covered	1 per consecutive 12 months
D5731	reline complete mandibular denture (chairside)	50%	Not Covered	1 per consecutive 12 months
D5740	reline maxillary partial denture (chairside)	50%	Not Covered	1 per consecutive 12 months
D5741	reline mandibular partial denture (chairside)	50%	Not Covered	1 per consecutive 12 months
D5750	reline complete maxillary denture (laboratory)	50%	Not Covered	1 per consecutive 12 months
D5751	reline complete mandibular denture (laboratory)	50%	Not Covered	1 per consecutive 12 months
D5760	reline maxillary partial denture (laboratory)	50%	Not Covered	1 per consecutive 12 months
D5761	reline mandibular partial denture (laboratory)	50%	Not Covered	1 per consecutive 12 months
D5765	soft liner for complete or partial removable denture – indirect	50%	Not Covered	1 per consecutive 12 months
D5810	interim complete denture (maxillary)	50%	Not Covered	1 per consecutive 60 months
D5811	interim complete denture (mandibular)	50%	Not Covered	1 per consecutive 60 months
D5820	interim partial denture (maxillary)	50%	Not Covered	1 per consecutive 60 months
D5821	interim partial denture (mandibular)	50%	Not Covered	1 per consecutive 60 months
D5850	tissue conditioning, maxillary	50%	Not Covered	1 per consecutive 12 months
D5851	tissue conditioning, mandibular	50%	Not Covered	1 per consecutive 12 months
D5863	Overdenture-complete maxillary	50%	Not Covered	1 per consecutive 60 months
D5864	Overdenture-partial maxillary	50%	Not Covered	1 per consecutive 60 months

D5865	Overdenture - complete mandibular	50%	Not Covered	1 per consecutive 60 months
D5866	Overdenture-partial mandibular	50%	Not Covered	1 per consecutive 60 months
<b>Crowns &amp; Bridges</b>				
D6205	pontic - indirect resin based composite	50%	Not Covered	1 per consecutive 60 months
D6210	pontic - cast high noble metal	50%	Not Covered	1 per consecutive 60 months
D6211	pontic - cast predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D6212	pontic - cast noble metal	50%	Not Covered	1 per consecutive 60 months
D6214	pontic - titanium	50%	Not Covered	1 per consecutive 60 months
D6240	pontic - porcelain fused to high noble metal	50%	Not Covered	1 per consecutive 60 months
D6241	pontic - porcelain fused to predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D6242	pontic - porcelain fused to noble metal	50%	Not Covered	1 per consecutive 60 months
D6243	pontic - porcelain fused to titanium and titanium alloys	50%	Not Covered	1 per consecutive 60 months
D6245	pontic-porcelain/ceramic	50%	Not Covered	1 per consecutive 60 months
D6250	pontic - resin with high noble metal	50%	Not Covered	1 per consecutive 60 months
D6251	pontic - resin with predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D6252	pontic - resin with noble metal	50%	Not Covered	1 per consecutive 60 months
D6253	interim pontic - further treatment or completion of diagnosis necessary prior to final impression	50%	Not Covered	1 per consecutive 60 months
D6545	retainer - cast metal for resin bonded fixed prosthesis	50%	Not Covered	1 per consecutive 60 months
D6548	retainer-porcelain/ceramic for resin bonded fixed prosthesis	50%	Not Covered	1 per consecutive 60 months
D6549	resin retainer - for resin bonded fixed prosthesis	50%	Not Covered	1 per consecutive 60 months
D6600	retainer inlay-porcelain/ceramic, two surfaces	50%	Not Covered	1 per consecutive 60 months
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D6602	retainer inlay - cast high noble metal, two surfaces	50%	Not Covered	1 per consecutive 60 months



D6603	retainer inlay - cast high noble metal, three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D6604	retainer inlay - cast predominantly base metal, two surfaces	50%	Not Covered	1 per consecutive 60 months
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D6606	retainer inlay - cast noble metal, two surfaces	50%	Not Covered	1 per consecutive 60 months
D6607	retainer inlay - cast noble metal, three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D6608	retainer onlay - porcelain/ceramic, two surfaces	50%	Not Covered	1 per consecutive 60 months
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D6610	retainer onlay - cast high noble metal, two surfaces	50%	Not Covered	1 per consecutive 60 months
D6611	retainer onlay - cast high noble metal, three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D6612	retainer onlay - cast predominantly base metal, two surfaces	50%	Not Covered	1 per consecutive 60 months
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D6614	retainer onlay - cast noble metal, two surfaces	50%	Not Covered	1 per consecutive 60 months
D6615	retainer onlay - cast noble metal, three or more surfaces	50%	Not Covered	1 per consecutive 60 months
D6624	retainer inlay - titanium	50%	Not Covered	1 per consecutive 60 months
D6634	retainer onlay - titanium	50%	Not Covered	1 per consecutive 60 months
D6710	retainer crown - indirect resin based composite (not to be used as a temporary or provisional crown)	50%	Not Covered	1 per consecutive 60 months
D6720	retainer crown - resin with high noble metal	50%	Not Covered	1 per consecutive 60 months
D6721	retainer crown - resin with predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D6722	retainer crown - resin with noble metal	50%	Not Covered	1 per consecutive 60 months
D6740	retainer crown-porcelain/ceramic	50%	Not Covered	1 per consecutive 60 months
D6750	retainer crown - porcelain fused to high noble metal	50%	Not Covered	1 per consecutive 60 months
D6751	retainer crown - porcelain fused to predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D6752	retainer crown - porcelain fused to noble metal	50%	Not Covered	1 per consecutive 60 months

D6753	retainer crown - porcelain fused to titanium and titanium alloys	50%	Not Covered	1 per consecutive 60 months
D6780	retainer crown - 3/4 cast high noble metal	50%	Not Covered	1 per consecutive 60 months
D6781	retainer crown-3/4 cast predominately based metal	50%	Not Covered	1 per consecutive 60 months
D6782	retainer crown-3/4 cast noble metal	50%	Not Covered	1 per consecutive 60 months
D6783	retainer crown-3/4 porcelain/ceramic	50%	Not Covered	1 per consecutive 60 months
D6784	retainer crown 3/4 - titanium and titanium alloys	50%	Not Covered	1 per consecutive 60 months
D6790	retainer crown - full cast high noble metal	50%	Not Covered	1 per consecutive 60 months
D6791	retainer crown - full cast predominantly base metal	50%	Not Covered	1 per consecutive 60 months
D6792	retainer crown - full cast noble metal	50%	Not Covered	1 per consecutive 60 months
D6793	interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	50%	Not Covered	1 per consecutive 60 months
D6794	retainer crown - titanium	50%	Not Covered	1 per consecutive 60 months
D6930	recement or re-bond fixed partial denture	0%	Not Covered	1 per consecutive 6 months
D6980	fixed partial denture repair, necessitated by restorative material failure	50%	Not Covered	1 per consecutive 6 months
<b>Oral &amp; Maxillofacial Surgery</b>				
D7111	extraction, coronal remnants - primary tooth	50%	Not Covered	1 time per tooth per lifetime
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	50%	Not Covered	1 time per tooth per lifetime
D7210	extraction, erupted tooth req removal of bone,sectioning of tooth and including elevation of mucoperiosteal flap	50%	Not Covered	1 time per tooth per lifetime
D7220	removal of impacted tooth - soft tissue	50%	Not Covered	1 time per tooth per lifetime
D7230	removal of impacted tooth - partially bony	50%	Not Covered	1 time per tooth per lifetime
D7240	removal of impacted tooth - completely bony	50%	Not Covered	1 time per tooth per lifetime
D7241	removal of impacted tooth - completely bony, with unusual surgical	50%	Not Covered	1 time per tooth per lifetime
D7250	removal of residual tooth roots (cutting procedure)	50%	Not Covered	1 time per tooth per lifetime
D7251	Coronectomy – intentional partial tooth removal	50%	Not Covered	Unlimited

D7260	oroantral fistula closure	50%	Not Covered	1 per site per visit
D7261	primary closure of a sinus perforation	50%	Not Covered	1 time per lifetime
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50%	Not Covered	1 time per site per lifetime
D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	50%	Not Covered	1 time per tooth per lifetime
D7280	exposure of an unerupted tooth	50%	Not Covered	1 time per tooth per lifetime
D7282	mobilization of erupted or malpositioned tooth to aid eruption	50%	Not Covered	1 time per tooth per lifetime
D7283	placement of device to facilitate eruption of impacted tooth	50%	Not Covered	1 time per tooth per lifetime
D7285	incisional biopsy of oral tissue - hard (bone, tooth)	50%	Not Covered	1 biopsy per site per visit
D7286	incisional biopsy of oral tissue - soft (all others)	50%	Not Covered	1 biopsy per site per visit
D7287	exfoliative cytological sample collection	50%	Not Covered	1 biopsy per site per visit
D7288	brush biopsy - transepithelial sample collection	50%	Not Covered	1 biopsy per site per visit
D7290	Surgical repositioning of teeth	50%	Not Covered	Unlimited
D7291	transseptal fiberotomy/supra crestal fiberotomy, by report	50%	Not Covered	1 time per tooth per lifetime
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50%	Not Covered	No frequency limitation
D7311	alveoplasty in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	50%	Not Covered	No frequency limitation
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	50%	Not Covered	No frequency limitation
D7321	alveoplasty not in conjunction with extraction - one to three teeth or tooth spaces, per quadrant	50%	Not Covered	No frequency limitation
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	50%	Not Covered	1 per consecutive 60 months
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment)	50%	Not Covered	1 per consecutive 60 months
D7410	excision of benign lesion up to 1.25 cm	50%	Not Covered	1 per site per visit
D7411	excision of benign lesion greater than 1.25 cm	50%	Not Covered	1 per site per visit
D7412	excision of benign lesion, complicated	50%	Not Covered	1 per site per visit
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	50%	Not Covered	1 per site per visit

D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	50%	Not Covered	1 per site per visit
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	50%	Not Covered	1 per site per visit
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	50%	Not Covered	1 per site per visit
D7472	removal of torus palatinus	50%	Not Covered	1 per site per visit
D7473	removal of torus mandibularis	50%	Not Covered	1 per site per visit
D7509	marsupialization of odontogenic cyst	50%	Not Covered	1 per site per visit
D7510	incision and drainage of abscess - intraoral soft tissue	50%	Not Covered	1 per site per visit
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	50%	Not Covered	1 per site per visit
D7520	incision and drainage of abscess - extraoral soft tissue	50%	Not Covered	1 per site per visit
D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	50%	Not Covered	1 per site per visit
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	50%	Not Covered	1 per site per visit
D7540	removal of reaction-producing foreign bodies - musculoskeletal system	50%	Not Covered	1 per site per visit
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone	50%	Not Covered	1 per site per visit
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	50%	Not Covered	1 per site per visit
D7881	occlusal orthotic device adjustment	50%	Not Covered	1 per consecutive 6 months
D7910	Suture of recent small wounds up to 5 cm	50%	Not Covered	Unlimited
D7953	Bone replacement graft for ridge preservation - per site	50%	Not Covered	1 per site per lifetime
D7956	guided tissue regeneration, edentulous area - resorbable barrier, per site	50%	Not Covered	1 per site per consecutive 36 months
D7957	guided tissue regeneration, edentulous area - non-resorbable barrier, per site	50%	Not Covered	1 per site per consecutive 36 months
D7961	buccal / labial frenectomy (frenulectomy)	50%	Not Covered	No frequency limitation
D7962	lingual frenectomy (frenulectomy)	50%	Not Covered	No frequency limitation
D7963	frenuloplasty	50%	Not Covered	No frequency limitation

D7970	excision of hyperplastic tissue - per arch	50%	Not Covered	1 per site per consecutive 36 months
D7971	excision of pericoronal gingiva	50%	Not Covered	1 per site per consecutive 36 months
D7972	surgical reduction of fibrous tuberosity	50%	Not Covered	No frequency limitation
D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar	50%	Not Covered	1 per appliance per lifetime
D7999	Unspecified oral surgery procedure, by report	50%	Not Covered	Unlimited
<b>Adjunctive General Services</b>				
D9110	palliative (emergency) treatment of dental pain - minor procedure	0%	0%	No frequency limitation
D9120	fixed partial denture sectioning	0%	Not Covered	1 per consecutive 60 months
D9210	local anesthesia not in conjunction with operative or surgical procedures	0%	Not Covered	No frequency limitation
D9215	local anesthesia in conjunction with operative or surgical procedures	0%	Not Covered	No frequency limitation
D9219	evaluation for deep sedation or general anesthesia	0%	Not Covered	4 times per consecutive 12 months
D9222	deep sedation/general anesthesia - first 15 minutes	0%	Not Covered	No frequency limitation
D9223	deep sedation/general anesthesia-each subsequent 15 minute increment	0%	Not Covered	No frequency limitation
D9230	inhalation of nitrous oxide/anxiolysis analgesia	0%	Not Covered	No frequency limitation
D9239	intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	0%	Not Covered	No frequency limitation
D9243	intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	0%	Not Covered	No frequency limitation
D9248	non-intravenous conscious sedation. This includes non-iv minimal and moderate sedation.	0%	Not Covered	No frequency limitation
D9310	consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	0%	Not Covered	4 per consecutive 12 months
D9610	therapeutic parenteral drug, single administration	0%	Not Covered	1 per visit
D9612	therapeutic parenteral drugs, two or more administrations, different medications	0%	Not Covered	1 per visit

D9630	drugs orbmedicaments, dispensed in the office for home use	0%	Not Covered	1 per visit
D9910	application of desensitizing medicament	0%	Not Covered	No frequency limitation
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	0%	Not Covered	No frequency limitation
D9912	pre-visit patient screening	0%	Not Covered	2 per calendar year
D9942	repair and/or reline of occlusal guards	0%	Not Covered	1 per consecutive 12 months
D9943	occlusal adjustment	0%	Not Covered	1 per consecutive 6 months
D9944	occlusal guard - hard appliance, full arch	0%	Not Covered	1 per site per consecutive 36 months
D9945	occlusal guard - soft appliance, full arch	0%	Not Covered	1 per site per consecutive 36 months
D9946	occlusal guard - hard appliance, partial arch	0%	Not Covered	1 per site per consecutive 36 months
D9947	custom sleep apnea appliance fabrication and placement	0%	Not Covered	1 per site per consecutive 36 months
D9948	adjustment of custom sleep apnea appliance	0%	Not Covered	1 per consecutive 6 months
D9949	repair of custom sleep apnea appliance	0%	Not Covered	1 per consecutive 12 months
D9950	occlusion analysis - mounted case	0%	Not Covered	1 per consecutive 60 months
D9951	occlusal adjustment - limited	0%	Not Covered	No frequency limitation
D9952	occlusal adjustment - complete	0%	Not Covered	No frequency limitation
D9953	reline custom sleep apnea appliance (indirect)	0%	Not Covered	1 per consecutive 12 months
D9954	fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	0%	Not Covered	1 per site per consecutive 36 months
D9955	oral appliance therapy (OAT) titration visit	0%	Not Covered	1 per consecutive 6 months
D9956	administration of home sleep apnea test	0%	Not Covered	1 per consecutive 6 months
D9957	screening for sleep related breathing disorders	0%	Not Covered	1 per consecutive 6 months
D9959	unspecified sleep apnea services procedure, by report	0%	Not Covered	1 per consecutive 12 months

D9995	teledentistry - synchronous; real-time encounter	0%	0%	2 per calendar year
D9996	teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	0%	0%	2 per calendar year

## DENTAL LIMITATIONS & EXCLUSIONS

### LIMITATIONS

1. Dental services are covered at the least costly, clinically accepted treatment. The following benefits are automatically covered under an Alternate Benefit: Posterior Composites, Gold Foil Restorations, Metallic, Porcelain/Ceramic, and Resin-based Composite Inlays alt benefit to Amalgam Fillings Porcelain/Ceramic Onlays alt benefit to Metallic Onlays High Noble, Porcelain, Porcelain/Ceramic or Titanium Crowns, Inlays, Onlays and Pontics alt benefit to noble metal Crowns, Inlays, Onlays and Pontics Resin-based Composite Crowns alt benefit to a provisional crown Post and Cores alt benefit to Prefabricated Post and Cores Manually alt benefited services are listed under Utilization Review in Section 1.
2. Oral Evaluations (D0120-D0170, D0180) are limited to 2 times per 12 consecutive months.
3. Intraoral-Complete Series, Vertical Bitewings and Panorex Radiographs (D0210, D0277 and D0330) are limited to 1 time per consecutive 36 months. Vertical bitewings cannot be billed in conjunction with a complete series.
4. Intraoral – Periapical radiographs (D0220, D0230) are limited to a total of 8 films per plan year. Intraoral – Occlusal radiograph (D0240) is limited to 2 per consecutive 6 months.
5. Extra-oral Radiographs (D0250 and D0251) are limited to 2 films per plan year.
6. Bitewing Radiographs (D0270, D0272, D0273 and D0274) are limited to 1 series of films per plan year.
7. Oral/Facial Photographic Image Obtained Intraorally or Extraorally (D0350-D0351) is limited to 1 time per consecutive 36 months.
8. Cone Beams (D0364-D0367) are limited to 1 time per consecutive 60 months and are covered in Major Services.
9. Oral Cancer Screening (Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures) (D0431) is limited to 1 time per consecutive 12 months.
10. Pulp Vitality Tests (D0460) is limited to 1 charge per visit regardless of how many teeth are tested.
11. Diagnostic Casts (D0470) are limited to 1 time per consecutive 24 months.
12. Dental Prophylaxis (D1110 and D1120) is limited to 2 times per 12 consecutive months. Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (D4346) is limited to 2 times per 12 months.
13. Multiple Restorations on 1 surface (D2140, D2330 and D2391) will be treated as a single filling. D2391 Alt Benefits as per Section 7.1
14. Inlays\* (D2510 – D2530, D2610 – D2630, D2650 – D2652) & Onlays (D2542 – D2544, D2642\* – D2644\*, D2662 – D2664) are limited to 1 time per 60 consecutive months. Covered only when a filling cannot restore the tooth; not covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes. \*D2510 – D2530, D2610 – D2630, D2650 – D2652 & D2642 – D2644 Alt Benefited as per Section 7.1
15. Recement Inlays/Onlays (D2910), Crowns (D2920), Bridges (D6930) and Post and Core (D2915) are limited to those performed more than 12 months after the initial insertion. Recements of inlays, onlays, post and cores and crowns are limited to 1 time per consecutive 12 months. Recements of bridges are limited to 1 time per consecutive 6 months.

16. Crowns (D2390, D2710 - D2792, D2794, D2799 and D2930-D2933) are limited to 1 per consecutive 60 months. Covered only when a filling cannot restore the tooth; not covered if done in conjunction with any other inlay, onlay and crown codes except post and core buildup codes. Prefabricated Esthetic Coated Stainless Steel Crown (D2934) is limited to primary anterior teeth and has a frequency limit of 1 per consecutive 60 months. (Tooth Range C-H and M-R). *D2710, D2720, D2740, D2750, D2780, D2783, D2790 & D2794 Alt Benefit as per Section 7.1
17. Posts and Cores (D2952 – D2954, D2957) are covered only for teeth that have had root canal therapy. Limited to 1 per 60 consecutive months. *D2952 & D2953 Alt Benefit as per Section 7.1
18. Protective Restorations (D2940) are covered as a separate benefit only if no other service other than X-rays and exam, were done on the same tooth during the visit.
19. Core Buildup, including any pins when required (D2950) is limited to 1 per consecutive 60 months.
20. Pin Retention (D2951) is not covered in addition to Cast Restoration. Cast Restoration is defined as inlays and onlays. Limited to 1 time per consecutive 60 months.
21. Labial Veneers (D2960-D2962) are limited to 1 per consecutive 60 months.
22. Coping (D2975) is limited to 1 per tooth per consecutive 60 months and is not covered if done at the same time as a crown on the same tooth.
23. Pulp Caps–Direct/Indirect-excluding final restoration (D3110 and D3120) are not covered if utilized solely as a liner or base underneath a restoration.
24. Therapeutic Pulpotomy (D3220) is limited to 1 time per primary or secondary tooth per lifetime. Pulpal Therapy/Resorbable Filling (D3230 and D3240) is limited to 1 time per tooth per lifetime; covered for anterior or posterior teeth only.
25. Pulpal Debridement and Partial Pulpotomy for Apexogenesis (D3221 and D3222) are limited to 1 time per tooth per lifetime. Not covered on the same day as other endodontic services.
26. Root Canal Therapy (D3310 - D3333) is limited to 1 per tooth per lifetime. The dentist who performed the original root canal should not be reimbursed for the retreatment (D3346, D3347, D3348) for the first 12 months. Retreatment of Root Canals is limited to 1 time per lifetime.
27. Apexification (D3351, D3352, D3353), Pulpal Regeneration (D3355, D3356, D3357) Apicoectomy (D3410, D3421, D3425), Retrograde filling (D3430), Root Resection/Amputation (D3450) are limited to 1 time per tooth per lifetime. Apicoectomy – each additional root (D3426) and periradicular surgery without apicoectomy (D3427) is limited to 2 times per tooth per lifetime.
28. Hemisection (D3920) is limited to 1 time per tooth per lifetime.
29. Crown Lengthening (D4249), Gingivectomy/Gingivoplasty (D4210, D4211), Anatomical Crown Exposure (D4230, D4231), Gingival Flap Procedure (D4240, D4241, D4245), Osseous Graft (D4263, D4264, D4265), Osseous Surgery (D4260, D4261), Guided Tissue Regeneration (D4266, D4267), Soft Tissue Surgery (D4270, D4273, D4274, D4275, D4276, D4277; D4283, D4285) are limited to 1 per quadrant or site per consecutive 36 months. Provisional Splinting (D4320, D4321) is limited to 1 per consecutive 36 months and cannot be used to restore vertical dimension or as part of full mouth rehabilitation; should not include use of laboratory based crowns and/or fixed partial dentures (bridges); exclusion of laboratory based crowns or bridges for the purposes of provisional splinting. (D4346 is listed with Prophy, see D1110 & D1120 above)
30. Surgical Revision Procedure (D4268) is limited to 1 per consecutive 36 months
31. Scaling and Root Planing (D4341 and D4342) are limited to 1 time per quadrant per consecutive 24 months.
32. Full Mouth Debridement (D4355) is limited to 1 time per consecutive 36 months.
33. Localized Delivery of Antimicrobial Agents (D4381) is limited to 3 sites per quadrant or 12 sites total per lifetime for refractory pockets or in conjunction with Periodontal Scaling and Root Planing (D4341 and D4342).



34. Periodontal Maintenance (D4910) is limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement (D4355).
35. Complete Dentures (D5110 and D5120), Immediate Dentures (D5130) and D5140), Interim Complete Dentures (D5810 and D5811) and Overdentures (D5863, D5865) are limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
36. Partial Dentures (D5211-D5286), Interim Partial Dentures (D5820 and D5821), Fixed Partial Denture Pontics (D6205-D6253), Interim Pontic D6254), Fixed Partial Denture Retainers-Inlays/Onlays (D6545-D6634) and Fixed Partial Denture Retainer Crowns (D6710-D6794, Fixed Partial Denture Sectioning D9120 & Overdentures D5864 & D5866 are limited to 1 per consecutive 60 months. There are no additional allowances for precision or semi precision attachments (D5862, D5867, D6950). *The following Alt Benefit per 7.1: D6210, D6214, D6240, D6243, D6245, D6250, D6548, D6600 – D6603, D6608 – D6611, D6624, D6634, D6720, D6740, D6750, D6753, D6780, D6783, D6784, D6790 & D6794.
37. Repairs and Adjustments to Full Dentures (D5410, D5411, D5511-D5512 and D5520) or Partial Fixed or Removable Dentures (D5421, D5422, D5611-D5612, D5621-D5622, D5630-D5671 and D6980 and Crowns/Inlay/Onlay (D2980-D2982) are limited to those done more than 12 months after the initial insertion and limited to 1 per consecutive 6 months. Reattachment of tooth fragment, incisal edge or cusp (D2921) is limited to 1 per consecutive 6 months.
38. Relining and Rebasing Dentures (D5710 – D5761) is limited to relining/rebasing performed more than 6 months after the initial insertions. Limited to 1 time per consecutive 12 months. Add metal substructure to acrylic full denture (D5876) is limited to 1 time per consecutive 12 months.
39. Tissue Conditioning – Maxillary or Mandibular (D5850 and D5851) is limited to 1 per consecutive 12 months.
40. Simple Extractions (D7111, D7140), Extraction of Erupted Tooth (D7210), Surgical Extraction of Impacted Teeth (D7220, D7230, D7240, D7241) Root Removal (D7250) are limited to 1 time per tooth per lifetime.
41. Oroantral Fistula Closure (D7260) is limited to 1 per site per visit.
42. Primary Closure of a Sinus Perforation (D7261), Placement of Device to Facilitate Eruption of Impacted Tooth (D7283) and Transseptal Fiberotomy/Supra Crestal Fiberotomy, by report (D7291) are limited to 1 per tooth per lifetime.
43. Tooth Reimplantation and/or Transplantation Services (D3470, D7270 and D7272) are limited to 1 per site per lifetime.
44. Exposure of an Unerupted Tooth (D7280) is limited to 1 time per tooth per lifetime.
45. Mobilization of erupted or malpositioned tooth to aid eruption (D7282) is limited to 1 time per tooth per lifetime.
46. Biopsy (D7285-D7288) is limited to 1 biopsy per site per visit.
47. Vestibuloplasty (D7340 and D7350) is limited to 1 time per site per consecutive 60 months.
48. Removal of a Benign Cyst/Lesion (D7410–D7412, D7450-D7461) is limited to 1 per site per visit.
49. Removal of Torus (D7472 and D7473) is limited to 1 per site per visit.
50. Surgical Incision (D7510-D7560) is limited to 1 time per site per visit.
51. Bone Replacement Graft for Ridge Preservation – per site (D7953) is limited to 1 per site per lifetime and is not covered if done in conjunction with other bone graft replacement procedures.
52. Excision of Hyperplastic Tissue or Pericoronal Gingivitis (D7970 and D7971) is limited to 1 per site per consecutive 36 months.
53. Appliance Removal (D7997) is limited to once per appliance per lifetime; includes removal of arch bar. Not covered if performed by the dentist who placed the appliance.

54. Palliative Treatment (D9110) is covered as a separate benefit only if no other service, other than radiographs and exam, were done on the same tooth during the visit.
55. Deep Sedation/General Anesthesia (D9223) Analgesia (D9230), Intravenous Moderate Sedation and Analgesia (D9243), Deep sedation/general anesthesia – first 15 minutes (D9222), intravenous moderate (conscious) sedation/anesthesia – first 15 minutes (D9239) and Non-Intravenous Conscious Sedation (D9248) are covered when necessary in conjunction with covered dental services; if required for patients under 6 years of age or patients with behavioral problems or physical disabilities or if it is clinically necessary. Covered for patients over age of 6 if it is clinically necessary (refer to Section 9). Evaluation for deep sedation or general anesthesia (D9219) Limitation of 4 evaluations per consecutive 12 months
56. Consultation (D9310) is limited to 4 per consecutive 12 months.
57. Occlusal Guards (D9944-D9946) are covered only if prescribed to control habitual grinding and are limited to 1 guard per consecutive 36 months. Occlusal Analysis – mounted case (D9950) is limited to 1 per consecutive 60 months.
58. Occlusal Guard Reline and Repair (D9942) MUST be performed more than 6 months after initial insertion and is limited to 1 time per consecutive 12 months. Occlusal Guard Adjustments (D9943) are limited to those done more than 12 months after the initial insertion and limited to 1 per consecutive 6 months.
59. Teledentistry (D9995-D9996) is limited to 2 times per 12 consecutive months.
<b>EXCLUSIONS</b>
1. Dental Services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons. Cosmetic procedures are those procedures that improve physical appearance.
4. Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures that began prior to the Covered Person becoming enrolled under the Policy.
10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
12. Foreign services are not covered unless required as an emergency.

13. Replacement of crowns, bridges, dentures, fixed or removable prosthetic appliances and implants, implant crowns and prosthesis inserted prior to plan coverage unless the patient has been eligible under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 month period, the plan is responsible only for the procedures associated with the addition. NOTE: This Exclusion does NOT apply if the plan has NO waiting periods for Class III services or if the member has their waiting period waived.
14. Replacement of missing natural teeth lost prior to the onset of plan coverage until the patient has been eligible for 12 continuous months. NOTE: This Exclusion does NOT apply if the plan has NO waiting periods for Class III services or if the member has their waiting period waived.
15. Replacement of complete dentures, fixed and removable partial dentures, crowns or implants, implant crowns and prosthesis if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
16. Fixed or removable prosthodontic restoration procedures or implant services for complete oral rehabilitation or reconstruction.
17. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
18. Procedures related to the reconstruction of a patient's correct Vertical Dimension of Occlusion (VDO).
19. Placement of dental implants, implant-supported abutments and prostheses (D6010; D6012-D3019; D6021-D6052 D6055-D6077; D6080-D6199). NOTE: This Exclusion does NOT apply if implant coverage is indicated.
20. Placement of fixed partial dentures (D6205 – D6793, D6920) solely for the purpose of achieving periodontal stability.
21. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or congenital malformations of hard or soft tissue, including excision (D7413-D7415, D7440-D7441, D7490).
22. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue (D7610 – D7780).
23. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral (D7810 – D7899). Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery (D7920-D7949), jaw alignment, or treatment for the temporomandibular joint. NOTE: This Exclusion does NOT apply if TMJ coverage is indicated.
24. Acupuncture; acupressure and other forms of alternative treatment whether or not used as anesthesia.
25. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
26. Occlusal guards (D9941) used as safety items or to affect performance primarily in sports-related activities.
27. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
28. Local Anesthesia (D9215) is not covered in conjunction with operative or surgical procedures.
29. Consultation (D9310) is not covered if done with exams or professional visits (D0120, D0140, D0145, D0150, D0160, D0170 and D0180)

30. In the event that a Non-Network Dentist routinely waives Copayments and/or the Deductible for a particular Dental Service, the Dental Service for which the Copayments and/or Deductible are waived is reduced by the amount waived by the Non-Network provider.
31. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
32. The following exclusion only applies to plans that cover orthodontia: Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.

### **SECTION 1: UTILIZATION REVIEW**

1. Onlays and Crowns – reviewed for necessity and least costly alternative. This includes exclusion due to placement for cosmetic purposes. Note: If root canal on same tooth is already approved per review, then crown is automatically approved. Requires submission of x-rays.
2. Crown Build-up. Review for necessity. Denied if adequate tooth structure is present to retain crown or when a crown is not necessary. X-ray required.
3. Post and Cores. Approved when root canal is performed and there is no reason not to place a crown on the tooth. Denied when the tooth has a poor prognosis and the crown is to be denied (periodontal disease, root fracture, etc.).
4. Veneers – reviewed for dental necessity and least costly alternative. This includes exclusion due to placement for cosmetic purposes. X-ray required, photo recommended.
5. Retreatment of Root canals, Apicoectomy/Periapical Services and Hemisection. Review for clinical necessity.
6. Periodontal Surgery. Review for dental necessity. Requires submission of probe charting and x-rays. Only D4230 – D4231 & D4249 – D4270; D4272-D4277 require Review. (D4210, D4211, D4240 – D4245 do not require review)
7. Fixed Partial Denture Services. Review for necessity and least costly alternative. X-rays required.
8. Anesthesia (D9222, D9223, D9230, D9239, D9243 and D9248) review for clinical necessity. Clinical necessity determined by the type, extent and duration of the service for which anesthesia is being administered. Covered when necessary in conjunction with covered dental services. If required for patients under 6 years of age or patients with behavioral problems or physical disabilities or if it is clinically necessary. Covered for patients over 6 years of age if it is clinically necessary.
9. Implants and/or Implant Services (D6010; D6012-D6019; D6021-D6052 D6055-D6077; D6080-D6199). Review for necessity and appropriateness; x-rays and narrative required.
10. Therapeutic Parenteral Drugs (D9610 & D9612) review for clinical necessity.
11. Impacted Tooth Extractions. Review for up-coding. X-rays required.