



Zing - Medicare Plus

\$1500 Calendar Year Maximum

The following is a complete list of the dental procedures for which benefits are payable under this Plan. Non-listed procedures are not covered. This Plan does not allow alternate benefits. **If elected, Member is responsible for all non-covered procedures.**

CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
	Diagnostic Services			
D0120	Periodic oral evaluation	0%	50%	1 of (D0120, D0160, D0170) every 6 months (D0120) not payable within 6 months of (D0150, D0180)
D0140	Limited oral evaluation	0%	50%	3 (D0140) every calendar year; not allowed with routine services
D0150	Comprehensive oral evaluation	0%	50%	1 of (D0150, D0180) every 3 calendar years per provider/location. Not payable within 6 months of (D0120)
D0160	Oral evaluation, problem focused	0%	50%	1 of (D0120, D0160, D0170) every 6 months
D0170	Re-evaluation, limited, problem focused	0%	50%	
D0180	Comprehensive periodontal evaluation	0%	50%	1 of (D0150, D0180) every 3 calendar years per provider/location. Not payable within 6 months of (D0120)
D0210	Intraoral, comprehensive series of radiographic images	0%	50%	1 of (D0210, D0330, D0277) every 5 calendar years
D0220	Intraoral, periapical, first radiographic image	0%	50%	1 (D0220) per date of service
D0230	Intraoral, periapical, each add 'l' radiographic image	0%	50%	
D0240	Intraoral, occlusal radiographic image	0%	50%	2 (D0240) every calendar year
D0270	Bitewing, single radiographic image	0%	50%	1 of (D0270-D0274) every calendar year
D0272	Bitewings, two radiographic images	0%	50%	
D0273	Bitewings, three radiographic images	0%	50%	
D0274	Bitewings, four radiographic images	0%	50%	
D0277	Vertical bitewings, 7 to 8 radiographic images	0%	50%	1 of (D0210, D0330, D0277) every 5 calendar years
D0330	Panoramic radiographic image	0%	50%	
	Preventive Services			
D1110	Prophylaxis, adult	0%	50%	2 of (D1110, D4346) every calendar year
D1206	Topical application of fluoride varnish	0%	50%	1 of (D1206, D1208) every calendar year
D1208	Topical application of fluoride, excluding varnish	0%	50%	
	Restorative Services			
D2140	Amalgam, one surface, primary or permanent	0%	50%	Not payable when crown has been performed on same tooth
D2150	Amalgam, two surfaces, primary or permanent	0%	50%	
D2160	Amalgam, three surfaces, primary or permanent	0%	50%	
D2161	Amalgam, four or more surfaces, primary or permanent	0%	50%	
D2330	Resin-based composite, one surface, anterior	0%	50%	
D2331	Resin-based composite, two surfaces, anterior	0%	50%	
D2332	Resin-based composite, three surfaces, anterior	0%	50%	Not payable when crown has been performed on same tooth
D2335	Resin-based composite, four or more surfaces	0%	50%	
D2390	Resin-based composite crown, anterior	0%	50%	
D2391	Resin-based composite, one surface, posterior	0%	50%	
D2392	Resin-based composite, two surfaces, posterior	0%	50%	
D2393	Resin-based composite, three surfaces, posterior	0%	50%	
D2394	Resin-based composite, four or more surfaces, posterior	0%	50%	
D2710	Crown, resin-based composite (indirect)	0%	50%	
D2712	Crown, ¾ resin-based composite (indirect)	0%	50%	
D2720	Crown, resin with high noble metal	0%	50%	
D2721	Crown, resin with predominantly base metal	0%	50%	
D2722	Crown, resin with noble metal	0%	50%	
D2740	Crown, porcelain/ceramic	0%	50%	
D2750	Crown, porcelain fused to high noble metal	0%	50%	
D2751	Crown, porcelain fused to predominantly base metal	0%	50%	
D2752	Crown, porcelain fused to noble metal	0%	50%	
D2753	Crown, porcelain fused to titanium and titanium alloys	0%	50%	
D2780	Crown, ¾ cast high noble metal	0%	50%	
D2781	Crown, ¾ cast predominantly base metal	0%	50%	
D2782	Crown, ¾ cast noble metal	0%	50%	
D2783	Crown, ¾ porcelain/ceramic	0%	50%	
D2790	Crown, full cast high noble metal	0%	50%	
D2791	Crown, full cast predominantly base metal	0%	50%	
D2792	Crown, full cast noble metal	0%	50%	
D2794	Crown, titanium and titanium alloys	0%	50%	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	0%	50%	Payable 6 months after initial placement
D2920	Re-cement or re-bond crown	0%	50%	
D2921	Reattachment of tooth fragment, incisal edge or cusp	0%	50%	
D2931	Prefabricated stainless steel crown, permanent tooth	0%	50%	
D2940	Placement of interim direct restoration	0%	50%	
D2949	Restorative foundation for an indirect restoration	0%	50%	
D2950	Core buildup, including any pins when required	0%	50%	Not payable when performed with resin or amalgam restoration
D2951	Pin retention, per tooth, in addition to restoration	0%	50%	Inclusive with D2950, D2952, D2954
D2952	Post and core in addition to crown, indirectly fabricated	0%	50%	Not payable when performed with resin or amalgam restoration
D2953	Each additional indirectly fabricated post, same tooth	0%	50%	
D2954	Prefabricated post and core in addition to crown	0%	50%	Not payable when performed with resin or amalgam restoration
D2955	Post removal	0%	50%	
D2957	Each additional prefabricated post, same tooth	0%	50%	
D2971	Additional procedure to customize new crown, existing partial denture frame	0%	50%	
D2980	Crown repair necessitated by restorative material failure	0%	50%	
D2990	Resin infiltration of incipient smooth surface lesions	0%	50%	Not payable when crown has been performed on same tooth



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Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)	0%	50%	
D3120	Pulp cap, indirect (excluding final restoration)	0%	50%	
D3221	Pulpal debridement, primary and permanent teeth	0%	50%	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	50%	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	0%	50%	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0%	50%	
D3331	Treatment of root canal obstruction; non-surgical access	0%	50%	
D3332	Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth	0%	50%	
D3333	Internal root repair of perforation defects	0%	50%	
D3346	Retreatment of previous root canal therapy, anterior	0%	50%	
D3347	Retreatment of previous root canal therapy, premolar	0%	50%	
D3348	Retreatment of previous root canal therapy, molar	0%	50%	
D3351	Apexification/recalcification, initial visit	0%	50%	
D3352	Apexification/recalcification, interim medication replacement	0%	50%	
D3353	Apexification/recalcification, final visit	0%	50%	
D3410	Apicoectomy, anterior	0%	50%	
D3421	Apicoectomy, premolar (first root)	0%	50%	
D3425	Apicoectomy, molar (first root)	0%	50%	
D3426	Apicoectomy, (each additional root)	0%	50%	
D3430	Retrograde filling, per root	0%	50%	
D3450	Root amputation, per root	0%	50%	
D3460	Endodontic endosseous implant	0%	50%	
D3470	Intentional reimplantation (including necessary splinting)	0%	50%	
D3910	Surgical procedure for isolation of tooth with rubber dam	0%	50%	
D3920	Hemisection, not including root canal therapy	0%	50%	
Periodontal Services				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	0%	50%	
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	0%	50%	
D4230	Anatomical crown exposure, four or more contiguous teeth per quadrant	0%	50%	
D4231	Anatomical crown exposure, one to three teeth per quadrant	0%	50%	
D4240	Gingival flap procedure, four or more teeth per quadrant	0%	50%	
D4241	Gingival flap procedure, one to three teeth per quadrant	0%	50%	
D4249	Clinical crown lengthening, hard tissue	0%	50%	
D4260	Osseous surgery, four or more teeth per quadrant	0%	50%	
D4261	Osseous surgery, one to three teeth per quadrant	0%	50%	
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	0%	50%	
D4264	Bone replacement graft, retained natural tooth, each additional site	0%	50%	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	0%	50%	
D4266	Guided tissue regeneration, natural teeth, resorbable barrier, per site	0%	50%	
D4267	Guided tissue regeneration, natural teeth, non-resorbable barrier, per site	0%	50%	
D4270	Pedicle soft tissue graft procedure	0%	50%	
D4273	Autogenous connective tissue graft procedure, first tooth	0%	50%	
D4274	Mesial/distal wedge procedure, single tooth	0%	50%	
D4275	Non-autogenous connective tissue graft, first tooth	0%	50%	
D4276	Combined connective tissue and pedicle graft	0%	50%	
D4277	Free soft tissue graft, first tooth	0%	50%	
D4278	Free soft tissue graft, each additional tooth	0%	50%	
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	0%	50%	
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	0%	50%	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%	50%	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%	50%	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%	50%	2 of (D1110, D4346) every calendar year
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	0%	50%	
D4381	Localized delivery of antimicrobial agent/per tooth	0%	50%	
D4910	Periodontal maintenance	0%	50%	Not payable within 3 months of (D1110, D4346)
D4920	Unscheduled dressing change (other than treating dentist or staff)	0%	50%	
D4921	Gingival irrigation with a medicinal agent, per quadrant	0%	50%	
Removable Prosthodontic Services				
D5110	Complete denture, maxillary	0%	50%	
D5120	Complete denture, mandibular	0%	50%	
D5130	Immediate denture, maxillary	0%	50%	
D5140	Immediate denture, mandibular	0%	50%	
D5211	Maxillary partial denture, resin base	0%	50%	
D5212	Mandibular partial denture, resin base	0%	50%	
D5213	Maxillary partial denture, cast metal, resin base	0%	50%	
D5214	Mandibular partial denture, cast metal, resin base	0%	50%	
D5221	Immediate maxillary partial denture, resin base	0%	50%	
D5222	Immediate mandibular partial denture, resin base	0%	50%	
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	0%	50%	
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	0%	50%	
D5225	Maxillary partial denture, flexible base	0%	50%	
D5226	Mandibular partial denture, flexible base	0%	50%	
D5227	Immediate maxillary partial denture, flexible base	0%	50%	
D5228	Immediate mandibular partial denture, flexible base	0%	50%	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary	0%	50%	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular	0%	50%	



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
	Removable Prosthodontic Services (continued)			
D5410	Adjust complete denture, maxillary	0%	50%	Payable 6 months after initial placement
D5411	Adjust complete denture, mandibular	0%	50%	
D5421	Adjust partial denture, maxillary	0%	50%	
D5422	Adjust partial denture, mandibular	0%	50%	
D5511	Repair broken complete denture base, mandibular	0%	50%	Payable 6 months after initial placement
D5512	Repair broken complete denture base, maxillary	0%	50%	
D5520	Replace missing or broken teeth, complete denture, per tooth	0%	50%	Payable 6 months after initial placement
D5611	Repair resin partial denture base, mandibular	0%	50%	Payable 6 months after initial placement
D5612	Repair resin partial denture base, maxillary	0%	50%	
D5621	Repair cast partial framework, mandibular	0%	50%	
D5622	Repair cast partial framework, maxillary	0%	50%	
D5630	Repair or replace broken retentive clasping materials, per tooth	0%	50%	
D5640	Replace missing or broken teeth, partial denture, per tooth	0%	50%	
D5650	Add tooth to existing partial denture, per tooth	0%	50%	
D5660	Add clasp to existing partial denture, per tooth	0%	50%	
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	0%	50%	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%	50%	
D5710	Rebase complete maxillary denture	0%	50%	Payable 6 months after initial placement
D5711	Rebase complete mandibular denture	0%	50%	
D5720	Rebase maxillary partial denture	0%	50%	
D5721	Rebase mandibular partial denture	0%	50%	
D5730	Reline complete maxillary denture, direct	0%	50%	
D5731	Reline complete mandibular denture, direct	0%	50%	
D5740	Reline maxillary partial denture, direct	0%	50%	
D5741	Reline mandibular partial denture, direct	0%	50%	
D5750	Reline complete maxillary denture, indirect	0%	50%	
D5751	Reline complete mandibular denture, indirect	0%	50%	
D5760	Reline maxillary partial denture, indirect	0%	50%	
D5761	Reline mandibular partial denture, indirect	0%	50%	
D5810	Interim complete denture, maxillary	0%	50%	
D5811	Interim complete denture, mandibular	0%	50%	
D5820	Interim partial denture, maxillary	0%	50%	
D5821	Interim partial denture, mandibular	0%	50%	
D5850	Tissue conditioning, maxillary	0%	50%	Not payable within 5 calendar years of initial placement
D5851	Tissue conditioning, mandibular	0%	50%	
D5863	Overdenture, complete, maxillary	0%	50%	
D5864	Overdenture, partial, maxillary	0%	50%	
D5865	Overdenture, complete, mandibular	0%	50%	
D5866	Overdenture, partial, mandibular	0%	50%	
D5867	Replacement of part of semi-precision, precision attachment, per attachment	0%	50%	
D5875	Modification of removable prosthesis following implant surgery	0%	50%	
D5876	Add metal substructure to acrylic full denture (per arch)	0%	50%	Only payable when performed with D5110, D5120, D5130, D5140
	Fixed Prosthodontic Services			
D6205	Pontic, indirect resin based composite	0%	50%	
D6210	Pontic, cast high noble metal	0%	50%	
D6211	Pontic, cast predominantly base metal	0%	50%	
D6212	Pontic, cast noble metal	0%	50%	
D6214	Pontic, titanium, and titanium alloys	0%	50%	
D6240	Pontic, porcelain fused to high noble metal	0%	50%	
D6241	Pontic, porcelain fused to predominantly base metal	0%	50%	
D6242	Pontic, porcelain fused to noble metal	0%	50%	
D6243	Pontic, porcelain fused to titanium and titanium alloys	0%	50%	
D6245	Pontic, porcelain/ceramic	0%	50%	
D6250	Pontic, resin with high noble metal	0%	50%	
D6251	Pontic, resin with predominantly base metal	0%	50%	
D6252	Pontic, resin with noble metal	0%	50%	
D6253	Interim pontic	0%	50%	
D6545	Retainer, cast metal for resin bonded fixed prosthesis	0%	50%	
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	0%	50%	
D6549	Resin retainer, for resin bonded fixed prosthesis	0%	50%	
D6602	Retainer inlay, cast high noble metal, two surfaces	0%	50%	
D6603	Retainer inlay, cast high noble metal, three or more surfaces	0%	50%	
D6604	Retainer inlay, cast base metal, two surfaces	0%	50%	
D6605	Retainer inlay, cast base metal, three or more surfaces	0%	50%	
D6606	Retainer inlay, cast noble metal, two surfaces	0%	50%	
D6607	Retainer inlay, cast noble metal, three or more surfaces	0%	50%	
D6608	Retainer onlay, porcelain/ceramic, two surfaces	0%	50%	
D6609	Retainer onlay, porcelain/ceramic, three or more surfaces	0%	50%	
D6610	Retainer onlay, cast high noble metal, two surfaces	0%	50%	
D6611	Retainer onlay, cast high noble metal, three or more surfaces	0%	50%	
D6612	Retainer onlay, cast base metal, two surfaces	0%	50%	
D6613	Retainer onlay, cast base metal, three or more surfaces	0%	50%	
D6614	Retainer onlay, cast noble metal, two surfaces	0%	50%	
D6615	Retainer onlay, cast noble metal three or more surfaces	0%	50%	
D6624	Retainer inlay, titanium	0%	50%	
D6634	Retainer onlay, titanium	0%	50%	
D6710	Retainer crown, indirect resin based composite	0%	50%	



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CDT Code	Description	In Network Member Responsibility	Out of Network Member Responsibility	Limitations
	Fixed Prosthodontic Services (continued)			
D6720	Retainer crown, resin with high noble metal	0%	50%	
D6721	Retainer crown, resin with predominantly base metal	0%	50%	
D6722	Retainer crown, resin with noble metal	0%	50%	
D6740	Retainer crown, porcelain/ceramic	0%	50%	
D6750	Retainer crown, porcelain fused to high noble metal	0%	50%	
D6751	Retainer crown, porcelain fused to predominantly base metal	0%	50%	
D6752	Retainer crown, porcelain fused to noble metal	0%	50%	
D6753	Retainer crown, porcelain fused to titanium and titanium alloys	0%	50%	
D6780	Retainer crown, ¾ cast high noble metal	0%	50%	
D6781	Retainer crown, ¾ cast predominantly base metal	0%	50%	
D6782	Retainer crown, ¾ cast noble metal	0%	50%	
D6783	Retainer crown, ¾ porcelain/ceramic	0%	50%	
D6784	Retainer crown ¾, titanium and titanium alloys	0%	50%	
D6790	Retainer crown, full cast high noble metal	0%	50%	
D6791	Retainer crown, full cast predominantly base metal	0%	50%	
D6792	Retainer crown, full cast noble metal	0%	50%	
D6793	Interim retainer crown	0%	50%	
D6794	Retainer crown, titanium and titanium alloys	0%	50%	
D6930	Re-cement or re-bond fixed partial denture	0%	50%	Payable after 6 months of initial placement
D6980	Fixed partial denture repair, restorative material failure	0%	50%	
	Oral Surgery Services			
D7140	Extraction, erupted tooth or exposed root	0%	50%	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%	50%	
D7220	Removal of impacted tooth, soft tissue	0%	50%	
D7230	Removal of impacted tooth, partially bony	0%	50%	
D7240	Removal of impacted tooth, completely bony	0%	50%	
D7241	Removal impacted tooth, complete bony, complication	0%	50%	
D7250	Removal of residual tooth roots (cutting procedure)	0%	50%	
D7260	Oroantral fistula closure	0%	50%	
D7261	Primary closure of a sinus perforation	0%	50%	
D7270	Tooth reimplantation and/or stabilization, accident	0%	50%	
D7272	Tooth transplantation	0%	50%	
D7280	Exposure of an unerupted tooth	0%	50%	
D7282	Mobilization of erupted/malpositioned tooth	0%	50%	
D7283	Placement, device to facilitate eruption, impaction	0%	50%	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	0%	50%	
D7286	Incisional biopsy of oral tissue, soft	0%	50%	
D7287	Exfoliative cytological sample collection	0%	50%	
D7288	Brush biopsy, transepithelial sample collection	0%	50%	
D7290	Surgical repositioning of teeth	0%	50%	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	0%	50%	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	0%	50%	
D7293	Placement of temporary anchorage device requiring flap	0%	50%	
D7294	Placement of temporary anchorage device without flap	0%	50%	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	50%	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%	50%	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%	50%	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%	50%	
D7472	Removal of torus palatinus	0%	50%	
D7473	Removal of torus mandibularis	0%	50%	
D7510	Incision & drainage of abscess, intraoral soft tissue	0%	50%	
D7520	Incision & drainage of abscess, extraoral soft tissue	0%	50%	
D7961	Buccal/labial frenectomy (frenulectomy)	0%	50%	
D7962	Lingual frenectomy (frenulectomy)	0%	50%	
D7963	Frenuloplasty	0%	50%	
D7970	Excision of hyperplastic tissue, per arch	0%	50%	
	Adjunctive General Services			
D9110	Palliative treatment of dental pain, per visit	0%	50%	
D9120	Fixed partial denture sectioning	0%	50%	
D9210	Local anesthesia not in conjunction, operative or surgical procedures	0%	50%	
D9211	Regional block anesthesia	0%	50%	
D9212	Trigeminal division block anesthesia	0%	50%	
D9215	Local anesthesia in conjunction with operative or surgical procedures	0%	50%	
D9222	Deep sedation/general anesthesia, first 15 minute increment	0%	50%	Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered, complex oral surgery and when dispensed in a dental office by a practitioner acting within the scope of his/her licensure.
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	0%	50%	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0%	50%	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	0%	50%	Deep sedation/general anesthesia is a covered benefit only when in conjunction with covered, complex oral surgery and when dispensed in a dental office by a practitioner acting within the scope of his/her licensure.
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	0%	50%	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	0%	50%	
D9310	Consultation, other than requesting dentist	0%	50%	
D9311	Consultation with a medical health care professional	0%	50%	



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	Adjunctive General Services (continued)			
D9410	House/extended care facility call	0%	50%	
D9420	Hospital or ambulatory surgical center call	0%	50%	
D9430	Office visit, observation, regular hours, no other services	0%	50%	
D9440	Office visit, after regularly scheduled hours	0%	50%	
D9450	Case presentation, subsequent, detailed, extensive treatment planning	0%	50%	
D9610	Therapeutic parenteral drug, single administration	0%	50%	
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	0%	50%	
D9630	Drugs or medicaments dispensed in the office for home use	0%	50%	
D9910	Application of desensitizing medicament	0%	50%	
D9911	Application of desensitizing resin for cervical, root surface, per tooth	0%	50%	
D9920	Behavior management, by report	0%	50%	
D9930	Treatment of complications, post surgical, unusual, by report	0%	50%	
D9942	Repair and/or reline of occlusal guard	0%	50%	
D9944	Occlusal guard, hard appliance, full arch	0%	50%	
D9945	Occlusal guard, soft appliance, full arch	0%	50%	
D9946	Occlusal guard, hard appliance, partial arch	0%	50%	
D9950	Occlusion analysis, mounted case	0%	50%	
D9951	Occlusal adjustment, limited	0%	50%	
D9952	Occlusal adjustment, complete	0%	50%	
D9985	Sales Tax	0%	50%	
D9986	Missed appointment	0%	50%	
D9987	Cancelled appointment	0%	50%	
D9991	Dental case management, addressing appointment compliance barriers	0%	50%	
D9992	Dental case management, care coordination	0%	50%	
D9993	Dental case management, motivational interviewing	0%	50%	
D9994	Dental case management, patient education to improve oral health literacy	0%	50%	
D9995	Teledentistry, synchronous; real-time encounter	0%	50%	
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%	50%	