



Zing - Medicare Plus

\$2500 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. Members must visit a contracted provider to utilize covered benefits. **If elected, Member is responsible for all non-covered procedures.**

| CDT Code | Description | Member Responsibility | Limitations |
|-----------------------------|---|-----------------------|---|
| Diagnostic Services | | | |
| D0120 | Periodic oral evaluation | 0% | 1 of (D0120, D0160, D0170) every 6 months (D0120) not payable within 6 months of (D0150, D0180) |
| D0140 | Limited oral evaluation | 0% | 3 (D0140) every calendar year; not allowed with routine services |
| D0150 | Comprehensive oral evaluation | 0% | 1 of (D0150, D0180) every 3 calendar years per provider/location. Not payable within 6 months of (D0120) |
| D0160 | Oral evaluation, problem focused | 0% | 1 of (D0120, D0160, D0170) every 6 months |
| D0170 | Re-evaluation, limited, problem focused | 0% | |
| D0180 | Comprehensive periodontal evaluation | 0% | 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% | 1 of (D0210, D0330, D0277) every 5 calendar years |
| D0220 | Intraoral, periapical, first radiographic image | 0% | 1 (D0220) per date of service |
| D0230 | Intraoral, periapical, each add 'l' radiographic image | 0% | |
| D0240 | Intraoral, occlusal radiographic image | 0% | 2 (D0240) every calendar year |
| D0270 | Bitewing, single radiographic image | 0% | 1 of (D0270-D0274) every calendar year |
| D0272 | Bitewings, two radiographic images | 0% | |
| D0273 | Bitewings, three radiographic images | 0% | |
| D0274 | Bitewings, four radiographic images | 0% | |
| D0277 | Vertical bitewings, 7 to 8 radiographic images | 0% | 1 of (D0210, D0330, D0277) every 5 calendar years |
| D0330 | Panoramic radiographic image | 0% | |
| Preventive Services | | | |
| D1110 | Prophylaxis, adult | 0% | 2 of (D1110, D4346) every calendar year |
| D1206 | Topical application of fluoride varnish | 0% | 1 of (D1206, D1208) every calendar year |
| D1208 | Topical application of fluoride, excluding varnish | 0% | |
| Restorative Services | | | |
| D2140 | Amalgam, one surface, primary or permanent | 0% | Not payable when crown has been performed on same tooth |
| D2150 | Amalgam, two surfaces, primary or permanent | 0% | |
| D2160 | Amalgam, three surfaces, primary or permanent | 0% | |
| D2161 | Amalgam, four or more surfaces, primary or permanent | 0% | |
| D2330 | Resin-based composite, one surface, anterior | 0% | |
| D2331 | Resin-based composite, two surfaces, anterior | 0% | |
| D2332 | Resin-based composite, three surfaces, anterior | 0% | |
| D2335 | Resin-based composite, four or more surfaces, involving incisal angle | 0% | Not payable when crown has been performed on same tooth |
| D2390 | Resin-based composite crown, anterior | 0% | |
| D2391 | Resin-based composite, one surface, posterior | 0% | |
| D2392 | Resin-based composite, two surfaces, posterior | 0% | |
| D2393 | Resin-based composite, three surfaces, posterior | 0% | |
| D2394 | Resin-based composite, four or more surfaces, posterior | 0% | |
| D2710 | Crown, resin-based composite (indirect) | 0% | |
| D2712 | Crown, ¾ resin-based composite (indirect) | 0% | |
| D2720 | Crown, resin with high noble metal | 0% | |
| D2721 | Crown, resin with predominantly base metal | 0% | |
| D2722 | Crown, resin with noble metal | 0% | |
| D2740 | Crown, porcelain/ceramic | 0% | |
| D2750 | Crown, porcelain fused to high noble metal | 0% | |
| D2751 | Crown, porcelain fused to predominantly base metal | 0% | |
| D2752 | Crown, porcelain fused to noble metal | 0% | Payable 6 months after initial placement |
| D2753 | Crown, porcelain fused to titanium and titanium alloys | 0% | |
| D2780 | Crown, ¾ cast high noble metal | 0% | Effective 8.1.2022 |
| D2781 | Crown, ¾ cast predominantly base metal | 0% | |
| D2782 | Crown, ¾ cast noble metal | 0% | Effective 8.1.2022 |
| D2783 | Crown, ¾ porcelain/ceramic | 0% | |
| D2790 | Crown, full cast high noble metal | 0% | Effective 8.1.2022 |
| D2791 | Crown, full cast predominantly base metal | 0% | |
| D2792 | Crown, full cast noble metal | 0% | Not payable when performed with resin or amalgam restoration |
| D2794 | Crown, titanium and titanium alloys | 0% | |
| D2915 | Re-cement or re-bond indirectly fabricated/prefabricated post & core | 0% | Inclusive with D2950, D2952, D2954 |
| D2920 | Re-cement or re-bond crown | 0% | |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | 0% | Not payable when performed with resin or amalgam restoration |
| D2931 | Prefabricated stainless steel crown, permanent tooth | 0% | |
| D2940 | Protective restoration | 0% | Not payable when performed with resin or amalgam restoration |
| D2949 | Restorative foundation for an indirect restoration | 0% | |
| D2950 | Core buildup, including any pins when required | 0% | Not payable when performed with resin or amalgam restoration |
| D2951 | Pin retention, per tooth, in addition to restoration | 0% | |
| D2952 | Post and core in addition to crown, indirectly fabricated | 0% | Not payable when performed with resin or amalgam restoration |
| D2953 | Each additional indirectly fabricated post, same tooth | 0% | |
| D2954 | Prefabricated post and core in addition to crown | 0% | Not payable when performed with resin or amalgam restoration |



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| | Restorative Services (continued) | | |
| D2955 | Post removal | 0% | Effective 8.1.2022 |
| D2957 | Each additional prefabricated post, same tooth | 0% | Effective 8.1.2022 |
| D2971 | Additional procedure to customize new crown, existing partial denture frame | 0% | Effective 8.1.2022 |
| D2980 | Crown repair necessitated by restorative material failure | 0% | |
| D2990 | Resin infiltration of incipient smooth surface lesions | 0% | Not payable when crown has been performed on same tooth |
| | Endodontic Services | | |
| D3110 | Pulp cap, direct (excluding final restoration) | 0% | Effective 8.1.2022 |
| D3120 | Pulp cap, indirect (excluding final restoration) | 0% | Effective 8.1.2022 |
| D3221 | Pulpal debridement, primary and permanent teeth | 0% | Effective 8.1.2022 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | 0% | |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | 0% | |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | 0% | |
| D3331 | Treatment of root canal obstruction; non-surgical access | 0% | |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable, fractured tooth | 0% | Effective 8.1.2022 |
| D3333 | Internal root repair of perforation defects | 0% | Effective 8.1.2022 |
| D3346 | Retreatment of previous root canal therapy, anterior | 0% | |
| D3347 | Retreatment of previous root canal therapy, premolar | 0% | |
| D3348 | Retreatment of previous root canal therapy, molar | 0% | |
| D3351 | Apexification/recalcification, initial visit | 0% | Effective 8.1.2022 |
| D3352 | Apexification/recalcification, interim medication replacement | 0% | Effective 8.1.2022 |
| D3353 | Apexification/recalcification, final visit | 0% | Effective 8.1.2022 |
| D3410 | Apicoectomy, anterior | 0% | Effective 8.1.2022 |
| D3421 | Apicoectomy, premolar (first root) | 0% | Effective 8.1.2022 |
| D3425 | Apicoectomy, molar (first root) | 0% | Effective 8.1.2022 |
| D3426 | Apicoectomy, (each additional root) | 0% | Effective 8.1.2022 |
| D3430 | Retrograde filling, per root | 0% | Effective 8.1.2022 |
| D3450 | Root amputation, per root | 0% | Effective 8.1.2022 |
| D3460 | Endodontic endosseous implant | 0% | Effective 8.1.2022 |
| D3470 | Intentional reimplantation (including necessary splinting) | 0% | Effective 8.1.2022 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | 0% | Effective 8.1.2022 |
| D3920 | Hemisection, not including root canal therapy | 0% | Effective 8.1.2022 |
| | Periodontal Services | | |
| D4210 | Gingivectomy or gingivoplasty, four or more teeth per quadrant | 0% | Effective 8.1.2022 |
| D4211 | Gingivectomy or gingivoplasty, one to three teeth per quadrant | 0% | Effective 8.1.2022 |
| D4230 | Anatomical crown exposure, four or more contiguous teeth per quadrant | 0% | Effective 8.1.2022 |
| D4231 | Anatomical crown exposure, one to three teeth per quadrant | 0% | Effective 8.1.2022 |
| D4240 | Gingival flap procedure, four or more teeth per quadrant | 0% | Effective 8.1.2022 |
| D4241 | Gingival flap procedure, one to three teeth per quadrant | 0% | Effective 8.1.2022 |
| D4249 | Clinical crown lengthening, hard tissue | 0% | Effective 8.1.2022 |
| D4260 | Osseous surgery, four or more teeth per quadrant | 0% | Effective 8.1.2022 |
| D4261 | Osseous surgery, one to three teeth per quadrant | 0% | Effective 8.1.2022 |
| D4263 | Bone replacement graft, retained natural tooth, first site, quadrant | 0% | Effective 8.1.2022 |
| D4264 | Bone replacement graft, retained natural tooth, each additional site | 0% | Effective 8.1.2022 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | 0% | Effective 8.1.2022 |
| D4266 | Guided tissue regeneration, natural teeth, resorbable barrier, per site | 0% | Effective 8.1.2022 |
| D4267 | Guided tissue regeneration, natural teeth, non-resorbable barrier, per site | 0% | Effective 8.1.2022 |
| D4270 | Pedicle soft tissue graft procedure | 0% | Effective 8.1.2022 |
| D4273 | Autogenous connective tissue graft procedure, first tooth | 0% | Effective 8.1.2022 |
| D4274 | Mesial/distal wedge procedure, single tooth | 0% | Effective 8.1.2022 |
| D4275 | Non-autogenous connective tissue graft, first tooth | 0% | Effective 8.1.2022 |
| D4276 | Combined connective tissue and pedicle graft | 0% | Effective 8.1.2022 |
| D4277 | Free soft tissue graft, first tooth | 0% | Effective 8.1.2022 |
| D4278 | Free soft tissue graft, each additional tooth | 0% | Effective 8.1.2022 |
| D4283 | Autogenous connective tissue graft procedure, each additional tooth, per site | 0% | Effective 8.1.2022 |
| D4285 | Non-autogenous connective tissue graft procedure, each additional tooth, per site | 0% | Effective 8.1.2022 |
| D4341 | Periodontal scaling and root planing, four or more teeth per quadrant | 0% | |
| D4342 | Periodontal scaling and root planing, one to three teeth per quadrant | 0% | |
| D4346 | Scaling in presence of moderate or severe inflammation, full mouth after evaluation | 0% | 2 of (D1110, D4346) every calendar year |
| D4355 | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit | 0% | |
| D4381 | Localized delivery of antimicrobial agent/per tooth | 0% | Effective 8.1.2022 |
| D4910 | Periodontal maintenance | 0% | Not payable within 3 months of (D1110, D4346) |
| D4920 | Unscheduled dressing change (other than treating dentist or staff) | 0% | Effective 8.1.2022 |
| D4921 | Gingival irrigation with a medicinal agent, per quadrant | 0% | Effective 8.1.2022 |
| | Removable Prosthodontic Services | | |
| D5110 | Complete denture, maxillary | 0% | |
| D5120 | Complete denture, mandibular | 0% | |
| D5130 | Immediate denture, maxillary | 0% | |
| D5140 | Immediate denture, mandibular | 0% | |
| D5211 | Maxillary partial denture, resin base | 0% | |
| D5212 | Mandibular partial denture, resin base | 0% | |



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| CDT Code | Description | Member Responsibility | Limitations |
|----------|--|-----------------------|---|
| | Removable Prosthodontic Services (continued) | | |
| D5213 | Maxillary partial denture, cast metal, resin base | 0% | |
| D5214 | Mandibular partial denture, cast metal, resin base | 0% | |
| D5221 | Immediate maxillary partial denture, resin base | 0% | |
| D5222 | Immediate mandibular partial denture, resin base | 0% | |
| D5223 | Immediate maxillary partial denture, cast metal framework, resin denture base | 0% | |
| D5224 | Immediate mandibular partial denture, cast metal framework, resin denture base | 0% | |
| D5225 | Maxillary partial denture, flexible base | 0% | |
| D5226 | Mandibular partial denture, flexible base | 0% | |
| D5227 | Immediate maxillary partial denture, flexible base | 0% | Effective 8.1.2022 |
| D5228 | Immediate mandibular partial denture, flexible base | 0% | Effective 8.1.2022 |
| D5282 | Removable unilateral partial denture, one piece cast metal, maxillary | 0% | Effective 8.1.2022 |
| D5283 | Removable unilateral partial denture, one piece cast metal, mandibular | 0% | Effective 8.1.2022 |
| D5410 | Adjust complete denture, maxillary | 0% | Payable 6 months after initial placement |
| D5411 | Adjust complete denture, mandibular | 0% | |
| D5421 | Adjust partial denture, maxillary | 0% | |
| D5422 | Adjust partial denture, mandibular | 0% | |
| D5511 | Repair broken complete denture base, mandibular | 0% | Payable 6 months after initial placement |
| D5512 | Repair broken complete denture base, maxillary | 0% | |
| D5520 | Replace missing or broken teeth, complete denture | 0% | Payable 6 months after initial placement |
| D5611 | Repair resin partial denture base, mandibular | 0% | Payable 6 months after initial placement |
| D5612 | Repair resin partial denture base, maxillary | 0% | |
| D5621 | Repair cast partial framework, mandibular | 0% | |
| D5622 | Repair cast partial framework, maxillary | 0% | |
| D5630 | Repair or replace broken retentive clasping materials, per tooth | 0% | |
| D5640 | Replace broken teeth, per tooth | 0% | |
| D5650 | Add tooth to existing partial denture | 0% | |
| D5660 | Add clasp to existing partial denture, per tooth | 0% | |
| D5670 | Replace all teeth & acrylic on cast metal frame, maxillary | 0% | Effective 8.1.2022 |
| D5671 | Replace all teeth & acrylic on cast metal frame, mandibular | 0% | Effective 8.1.2022 |
| D5710 | Rebase complete maxillary denture | 0% | Payable 6 months after initial placement |
| D5711 | Rebase complete mandibular denture | 0% | |
| D5720 | Rebase maxillary partial denture | 0% | |
| D5721 | Rebase mandibular partial denture | 0% | |
| D5730 | Reline complete maxillary denture, direct | 0% | |
| D5731 | Reline complete mandibular denture, direct | 0% | |
| D5740 | Reline maxillary partial denture, direct | 0% | |
| D5741 | Reline mandibular partial denture, direct | 0% | |
| D5750 | Reline complete maxillary denture, indirect | 0% | |
| D5751 | Reline complete mandibular denture, indirect | 0% | |
| D5760 | Reline maxillary partial denture, indirect | 0% | |
| D5761 | Reline mandibular partial denture, indirect | 0% | |
| D5810 | Interim complete denture, maxillary | 0% | Effective 8.1.2022 |
| D5811 | Interim complete denture, mandibular | 0% | Effective 8.1.2022 |
| D5820 | Interim partial denture, maxillary | 0% | Effective 8.1.2022 |
| D5821 | Interim partial denture, mandibular | 0% | Effective 8.1.2022 |
| D5850 | Tissue conditioning, maxillary | 0% | Not payable within 5 calendar years of initial placement |
| D5851 | Tissue conditioning, mandibular | 0% | |
| D5863 | Overdenture, complete, maxillary | 0% | |
| D5864 | Overdenture, partial, maxillary | 0% | |
| D5865 | Overdenture, complete, mandibular | 0% | |
| D5866 | Overdenture, partial, mandibular | 0% | |
| D5867 | Replacement of part of semi-precision, precision attachment, per attachment | 0% | Effective 8.1.2022 |
| D5875 | Modification of removable prosthesis following implant surgery | 0% | Effective 8.1.2022 |
| D5876 | Add metal substructure to acrylic full denture (per arch) | 0% | Only payable when performed with D5110, D5120, D5130, D5140 |
| | Fixed Prosthodontic Services | | |
| D6205 | Pontic, indirect resin based composite | 0% | |
| D6210 | Pontic, cast high noble metal | 0% | |
| D6211 | Pontic, cast predominantly base metal | 0% | |
| D6212 | Pontic, cast noble metal | 0% | |
| D6214 | Pontic, titanium, and titanium alloys | 0% | |
| D6240 | Pontic, porcelain fused to high noble metal | 0% | |
| D6241 | Pontic, porcelain fused to predominantly base metal | 0% | |
| D6242 | Pontic, porcelain fused to noble metal | 0% | |
| D6243 | Pontic, porcelain fused to titanium and titanium alloys | 0% | |
| D6245 | Pontic, porcelain/ceramic | 0% | |
| D6250 | Pontic, resin with high noble metal | 0% | |
| D6251 | Pontic, resin with predominantly base metal | 0% | |
| D6252 | Pontic, resin with noble metal | 0% | |
| D6253 | Interim pontic | 0% | Effective 8.1.2022 |
| D6545 | Retainer, cast metal for resin bonded fixed prosthesis | 0% | |
| D6548 | Retainer, porcelain/ceramic, resin bonded fixed prosthesis | 0% | |



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|----------|--|-----------------------|---|
| | Fixed Prosthodontic Services (continued) | | |
| D6549 | Resin retainer, for resin bonded fixed prosthesis | 0% | |
| D6602 | Retainer inlay, cast high noble metal, two surfaces | 0% | |
| D6603 | Retainer inlay, cast high noble metal, three or more surfaces | 0% | |
| D6604 | Retainer inlay, cast base metal, two surfaces | 0% | |
| D6605 | Retainer inlay, cast base metal, three or more surfaces | 0% | |
| D6606 | Retainer inlay, cast noble metal, two surfaces | 0% | |
| D6607 | Retainer inlay, cast noble metal, three or more surfaces | 0% | |
| D6608 | Retainer onlay, porcelain/ceramic, two surfaces | 0% | |
| D6609 | Retainer onlay, porcelain/ceramic, three or more surfaces | 0% | |
| D6610 | Retainer onlay, cast high noble metal, two surfaces | 0% | |
| D6611 | Retainer onlay, cast high noble metal, three or more surfaces | 0% | |
| D6612 | Retainer onlay, cast base metal, two surfaces | 0% | |
| D6613 | Retainer onlay, cast base metal, three or more surfaces | 0% | |
| D6614 | Retainer onlay, cast noble metal, two surfaces | 0% | |
| D6615 | Retainer onlay, cast noble metal three or more surfaces | 0% | |
| D6624 | Retainer inlay, titanium | 0% | |
| D6634 | Retainer onlay, titanium | 0% | |
| D6710 | Retainer crown, indirect resin based composite | 0% | |
| D6720 | Retainer crown, resin with high noble metal | 0% | |
| D6721 | Retainer crown, resin with predominantly base metal | 0% | |
| D6722 | Retainer crown, resin with noble metal | 0% | |
| D6740 | Retainer crown, porcelain/ceramic | 0% | |
| D6750 | Retainer crown, porcelain fused to high noble metal | 0% | |
| D6751 | Retainer crown, porcelain fused to predominantly base metal | 0% | |
| D6752 | Retainer crown, porcelain fused to noble metal | 0% | |
| D6753 | Retainer crown, porcelain fused to titanium and titanium alloys | 0% | |
| D6780 | Retainer crown, ¾ cast high noble metal | 0% | |
| D6781 | Retainer crown, ¾ cast predominantly base metal | 0% | |
| D6782 | Retainer crown, ¾ cast noble metal | 0% | |
| D6783 | Retainer crown, ¾ porcelain/ceramic | 0% | Effective 8.1.2022 |
| D6784 | Retainer crown ¾, titanium and titanium alloys | 0% | |
| D6790 | Retainer crown, full cast high noble metal | 0% | |
| D6791 | Retainer crown, full cast predominantly base metal | 0% | |
| D6792 | Retainer crown, full cast noble metal | 0% | |
| D6793 | Interim retainer crown | 0% | |
| D6794 | Retainer crown, titanium and titanium alloys | 0% | |
| D6930 | Re-cement or re-bond fixed partial denture | 0% | Payable after 6 months of initial placement |
| D6980 | Fixed partial denture repair, restorative material failure | 0% | |
| | Oral Surgery Services | | |
| D7140 | Extraction, erupted tooth or exposed root | 0% | |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth | 0% | |
| D7220 | Removal of impacted tooth, soft tissue | 0% | |
| D7230 | Removal of impacted tooth, partially bony | 0% | |
| D7240 | Removal of impacted tooth, completely bony | 0% | |
| D7241 | Removal impacted tooth, complete bony, complication | 0% | |
| D7250 | Removal of residual tooth roots (cutting procedure) | 0% | |
| D7260 | Oroantral fistula closure | 0% | Effective 8.1.2022 |
| D7261 | Primary closure of a sinus perforation | 0% | Effective 8.1.2022 |
| D7270 | Tooth reimplantation and/or stabilization, accident | 0% | Effective 8.1.2022 |
| D7272 | Tooth transplantation | 0% | Effective 8.1.2022 |
| D7280 | Exposure of an unerupted tooth | 0% | Effective 8.1.2022 |
| D7282 | Mobilization of erupted/malpositioned tooth | 0% | Effective 8.1.2022 |
| D7283 | Placement, device to facilitate eruption, impaction | 0% | Effective 8.1.2022 |
| D7285 | Incisional biopsy of oral tissue, hard (bone, tooth) | 0% | Effective 8.1.2022 |
| D7286 | Incisional biopsy of oral tissue, soft | 0% | Effective 8.1.2022 |
| D7287 | Exfoliative cytological sample collection | 0% | Effective 8.1.2022 |
| D7288 | Brush biopsy, transepithelial sample collection | 0% | Effective 8.1.2022 |
| D7290 | Surgical repositioning of teeth | 0% | Effective 8.1.2022 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | 0% | Effective 8.1.2022 |
| D7292 | Placement of temporary anchorage device [screw retained plate] requiring flap | 0% | Effective 8.1.2022 |
| D7293 | Placement of temporary anchorage device requiring flap | 0% | Effective 8.1.2022 |
| D7294 | Placement of temporary anchorage device without flap | 0% | Effective 8.1.2022 |
| D7310 | Alveoloplasty with extractions, four or more teeth per quadrant | 0% | Effective 8.1.2022 |
| D7311 | Alveoloplasty with extractions, one to three teeth per quadrant | 0% | Effective 8.1.2022 |
| D7320 | Alveoloplasty, w/o extractions, four or more teeth per quadrant | 0% | Effective 8.1.2022 |
| D7321 | Alveoloplasty, w/o extractions, one to three teeth per quadrant | 0% | Effective 8.1.2022 |
| D7472 | Removal of torus palatinus | 0% | Effective 8.1.2022 |
| D7473 | Removal of torus mandibularis | 0% | Effective 8.1.2022 |
| D7510 | Incision & drainage of abscess, intraoral soft tissue | 0% | Effective 8.1.2022 |
| D7520 | Incision & drainage of abscess, extraoral soft tissue | 0% | Effective 8.1.2022 |
| D7961 | Buccal/labial frenectomy (frenulectomy) | 0% | Effective 8.1.2022 |



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|----------|--|-----------------------|---|
| | Oral Surgery Services (continued) | | |
| D7962 | Lingual frenectomy (frenulectomy) | 0% | Effective 8.1.2022 |
| D7963 | Frenuloplasty | 0% | Effective 8.1.2022 |
| D7970 | Excision of hyperplastic tissue, per arch | 0% | Effective 8.1.2022 |
| | Adjunctive General Services | | |
| D9110 | Palliative treatment of dental pain, per visit | 0% | Effective 8.1.2022 |
| D9120 | Fixed partial denture sectioning | 0% | Effective 8.1.2022 |
| D9210 | Local anesthesia not in conjunction, operative or surgical procedures | 0% | Effective 8.1.2022 |
| D9211 | Regional block anesthesia | 0% | Effective 8.1.2022 |
| D9212 | Trigeminal division block anesthesia | 0% | Effective 8.1.2022 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | 0% | Effective 8.1.2022 |
| D9222 | Deep sedation/general anesthesia, first 15 minute increment | 0% | Effective 8.1.2022 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% | |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | 0% | Effective 8.1.2022 |
| D9239 | Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment | 0% | Effective 8.1.2022 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% | |
| D9248 | Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation | 0% | Effective 8.1.2022 |
| D9310 | Consultation, other than requesting dentist | 0% | Effective 8.1.2022 |
| D9311 | Consultation with a medical health care professional | 0% | Effective 8.1.2022 |
| D9410 | House/extended care facility call | 0% | Effective 8.1.2022 |
| D9420 | Hospital or ambulatory surgical center call | 0% | Effective 8.1.2022 |
| D9430 | Office visit, observation, regular hours, no other services | 0% | Effective 8.1.2022 |
| D9440 | Office visit, after regularly scheduled hours | 0% | Effective 8.1.2022 |
| D9450 | Case presentation, subsequent, detailed, extensive treatment planning | 0% | Effective 8.1.2022 |
| D9610 | Therapeutic parenteral drug, single administration | 0% | Effective 8.1.2022 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different meds. | 0% | Effective 8.1.2022 |
| D9630 | Drugs or medicaments dispensed in the office for home use | 0% | Effective 8.1.2022 |
| D9910 | Application of desensitizing medicament | 0% | Effective 8.1.2022 |
| D9911 | Application of desensitizing resin for cervical, root surface, per tooth | 0% | Effective 8.1.2022 |
| D9920 | Behavior management, by report | 0% | Effective 8.1.2022 |
| D9930 | Treatment of complications, post surgical, unusual, by report | 0% | Effective 8.1.2022 |
| D9942 | Repair and/or reline of occlusal guard | 0% | Effective 8.1.2022 |
| D9944 | Occlusal guard, hard appliance, full arch | 0% | Effective 8.1.2022 |
| D9945 | Occlusal guard, soft appliance, full arch | 0% | Effective 8.1.2022 |
| D9946 | Occlusal guard, hard appliance, partial arch | 0% | Effective 8.1.2022 |
| D9950 | Occlusion analysis, mounted case | 0% | Effective 8.1.2022 |
| D9951 | Occlusal adjustment, limited | 0% | Effective 8.1.2022 |
| D9952 | Occlusal adjustment, complete | 0% | Effective 8.1.2022 |
| D9985 | Sales Tax | 0% | Effective 8.1.2022 |
| D9986 | Missed appointment | 0% | Effective 8.1.2022 |
| D9987 | Cancelled appointment | 0% | Effective 8.1.2022 |
| D9991 | Dental case management, addressing appointment compliance barriers | 0% | Effective 8.1.2022 |
| D9992 | Dental case management, care coordination | 0% | Effective 8.1.2022 |
| D9993 | Dental case management, motivational interviewing | 0% | Effective 8.1.2022 |
| D9994 | Dental case management, patient education to improve oral health literacy | 0% | Effective 8.1.2022 |
| D9995 | Teledentistry, synchronous; real-time encounter | 0% | |
| D9996 | Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review | 0% | |