

\$750 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
D0140	Limited oral evaluation	0%	(D0120) not payable within 6 months of (D0150, D0180) 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%	1 of (D0150, D0180) every 3 calendar years per provider/location
D0180	Comprehensive periodontal evaluation	0%	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 D0230	Intraoral, periapical, first radiographic image Intraoral, periapical, each add 'l radiographic image	0%	1 (D0220) per date of service
	Intraoral, occlusal radiographic image	0%	2 (D0240) every calendar year
	Bitewing, single radiographic image	0%	
	Bitewings, two radiographic images	0%	1 of (D0270-D0274) every calendar year
	Bitewings, three radiographic images	0%	1 OI (DO270-DO274) every calendar year
	Bitewings, four radiographic images	0%	
	Vertical bitewings, 7 to 8 radiographic images	0%	1 of (D0210, D0330, D0277) every 5 calendar years
D0330	Panoramic radiographic image	0%	
	Preventive Services		
	Prophylaxis, adult Topical application of fluoride varnish	0%	2 of (D1110, D4346) every calendar year
D1206 D1208	Topical application of fluoride, excluding varnish	0%	1 of (D1206, D1208) every calendar year
D1208	Restorative Services	0/8	
D2140	Amalgam, one surface, primary or permanent	0%	
	Amalgam, two surfaces, primary or permanent	0%	
D2150	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%	Not payable when crown has been performed on same tooth
D2331	Resin-based composite, two surfaces, anterior	0%	
	Resin-based composite, three surfaces, anterior	0%	
	Resin-based composite, four or more surfaces, involving incisal angle	0%	
	Resin-based composite crown, anterior	0%	
	Resin-based composite, one surface, posterior	0%	
	Resin-based composite, two surfaces, posterior Resin-based composite, three surfaces, posterior	0%	Not payable when crown has been performed on same tooth
	Resin-based composite, four or more surfaces, posterior	0%	
	Crown, resin-based composite (indirect)	0%	
	Crown, ¾ resin-based composite (indirect)	0%	
D2720	Crown, resin with high noble metal	0%	
	Crown, resin with predominantly base metal	0%	
	Crown, resin with noble metal	0%	
	Crown, porcelain/ceramic	0%	
	Crown, porcelain fused to high noble metal	0%	
	Crown, porcelain fused to predominantly base metal Crown, porcelain fused to noble metal	0%	
	Crown, porcelain fused to fibble metal Crown, porcelain fused to titanium and titanium alloys	0%	
	Crown, % cast high noble metal	0%	
D2781	Crown, ¾ cast predominantly base metal	0%	
	Crown, ¾ cast noble metal	0%	
	Crown, ¾ porcelain/ceramic	0%	
	Crown, full cast high noble metal	0%	
	Crown, full cast predominantly base metal Crown, full cast noble metal	0%	
	Crown, full cast hoble metal Crown, titanium and titanium alloys	0%	
	Re-cement or re-bond indirectly fabricated/prefabricated post & core	0%	
	Re-cement or re-bond crown	0%	Payable 6 months after initial placement
D2921	Reattachment of tooth fragment, incisal edge or cusp	0%	Effective 8.1.2022
D2931	Prefabricated stainless steel crown, permanent tooth	0%	Effective 8.1.2022
	Protective restoration	0%	
	Restorative foundation for an indirect restoration	0%	Effective 8.1.2022
	Core buildup, including any pins when required	0%	Not payable when performed with resin or amalgam restoration
	Pin retention, per tooth, in addition to restoration Post and core in addition to crown, indirectly fabricated	0%	Inclusive with D2950, D2952, D2954
UZ307	רסא מות נסרפ ווו מתתונוסו נס נוסאוו, וותוופננוץ ומטוונמנפט		Not payable when performed with resin or amalgam restoration
D2953	Each additional indirectly fabricated post, same tooth	0%	



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D4355Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit0%D4381Localized delivery of antimicrobial agent/per tooth0%Effective 8.1.2022D4910Periodontal maintenance0%Not payable within 3 months of (D1110, D4346)D4920Unscheduled dressing change (other than treating dentist or staff)0%Effective 8.1.2022D4921Gingival irrigation with a medicinal agent, per quadrant0%Effective 8.1.2022D4921Complete denture, maxillary0%Effective 8.1.2022D5110Complete denture, maxillary0%Effective 8.1.2022D5130Immediate denture, maxillary0%Effective 8.1.2022D5140Immediate denture, mandibular0%Effective 8.1.2022D5111Maxillary partial denture, resin base0%Effective 8.1.2022				2 of (D1110, D4346) every calendar year
subsequent visitConstructionConstructionD4381Localized delivery of antimicrobial agent/per tooth0%Effective 8.1.2022D4910Periodontal maintenance0%Not payable within 3 months of (D1110, D4346)D4920Unscheduled dressing change (other than treating dentist or staff)0%Effective 8.1.2022D4921Gingival irrigation with a medicinal agent, per quadrant0%Effective 8.1.2022D4921Complete denture, maxillary0%Effective 8.1.2022D5110Complete denture, maxillary0%Effective 8.1.2022D5130Immediate denture, maxillary0%Effective 8.1.2022D5140Immediate denture, maxillary0%Effective 8.1.2022D5110Karafia denture, maxillary0%Effective 8.1.2022D5130Immediate denture, maxillary0%Effective 8.1.2022D5140Immediate denture, maxillary0%Effective 8.1.2022D5111Maxillary partial denture, resin base0%Effective 8.1.2022	D4255	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis,	0%	
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D5120Complete denture, mandibular0%D5130Immediate denture, maxillary0%D5140Immediate denture, mandibular0%D5211Maxillary partial denture, resin base0%	DE110		00/	
D5130Immediate denture, maxillary0%D5140Immediate denture, mandibular0%D5211Maxillary partial denture, resin base0%				
D5140Immediate denture, mandibular0%D5211Maxillary partial denture, resin base0%				
D5212 Mandibular partial denture, resin base 0%	D5211			
	D5212	Mandibular partial denture, resin base	0%	



CDT Code	Description	Member Responsibility	Limitations
	Removable Prosthodontic Services (continued)		
	Maxillary partial denture, cast metal, resin base	0%	
	Mandibular partial denture, cast metal, resin base	0%	
	Immediate maxillary partial denture, resin base	0%	
	Immediate mandibular partial denture, resin base Immediate maxillary partial denture, cast metal framework, resin denture base	0% 0%	
	Immediate maximaly partial denture, cast metal framework, resin denture base	0%	
	Maxillary partial denture, flexible base	0%	
	Mandibular partial denture, flexible base	0%	
	Immediate maxillary partial denture, flexible base	0%	Effective 8.1.2022
D5228	Immediate mandibular partial denture, flexible base	0%	Effective 8.1.2022
	Removable unilateral partial denture, one piece cast metal, maxillary	0%	Effective 8.1.2022
	Removable unilateral partial denture, one piece cast metal, mandibular	0%	Effective 8.1.2022
	Adjust complete denture, maxillary	0%	-
	Adjust complete denture, mandibular	0%	Payable 6 months after initial placement
	Adjust partial denture, maxillary Adjust partial denture, mandibular	0%	4
	Repair broken complete denture base, mandibular	0%	
	Repair broken complete denture base, maxillary	0%	Payable 6 months after initial placement
	Replace missing or broken teeth, complete denture	0%	Payable 6 months after initial placement
	Repair resin partial denture base, mandibular	0%	
	Repair resin partial denture base, maxillary	0%	Daughla 6 months often initial also servers
	Repair cast partial framework, mandibular	0%	Payable 6 months after initial placement
D5622	Repair cast partial framework, maxillary	0%	
	Repair or replace broken retentive clasping materials, per tooth	0%	
	Replace broken teeth, per tooth	0%	
	Add tooth to existing partial denture	0%	
	Add clasp to existing partial denture, per tooth	0%	
	Replace all teeth & acrylic on cast metal frame, maxillary	0%	Effective 8.1.2022
	Replace all teeth & acrylic on cast metal frame, mandibular	0%	Effective 8.1.2022
	Rebase complete maxillary denture Rebase complete mandibular denture	0%	4
	Rebase complete mandibular denture Rebase maxillary partial denture	0%	•
	Rebase mandibular partial denture	0%	
	Reline complete maxillary denture, direct	0%	
	Reline complete mandibular denture, direct	0%	
	Reline maxillary partial denture, direct	0%	Payable 6 months after initial placement
D5741	Reline mandibular partial denture, direct	0%	
D5750	Reline complete maxillary denture, indirect	0%	
	Reline complete mandibular denture, indirect	0%	
	Reline maxillary partial denture, indirect	0%	
	Reline mandibular partial denture, indirect	0%	
	Interim complete denture, maxillary	0%	Effective 8.1.2022
	Interim complete denture, mandibular Interim partial denture, maxillary	0%	Effective 8.1.2022
	Interim partial denture, maximary	0%	Effective 8.1.2022 Effective 8.1.2022
	Tissue conditioning, maxillary	0%	
	Tissue conditioning, mandibular	0%	Not payable within 5 calendar years of initial placement
	Overdenture, complete, maxillary	0%	
	Overdenture, partial, maxillary	0%	
	Overdenture, complete, mandibular	0%	
	Overdenture, partial, mandibular	0%	
	Replacement of part of semi-precision, precision attachment, per attachment	0%	Effective 8.1.2022
	Modification of removable prosthesis following implant surgery	0%	Effective 8.1.2022
	Add metal substructure to acrylic full denture (per arch)	0%	Only payable when performed with D5110, D5120, D5130, D5140
	Fixed Prosthodontic Services		
	Pontic, indirect resin based composite	0%	
	Pontic, cast high noble metal	0%	
	Pontic, cast predominantly base metal	0%	
	Pontic, cast noble metal Pontic, titanium, and titanium alloys	0%	
	Pontic, porcelain fused to high noble metal	0%	
	Pontic, porcelain fused to predominantly base metal	0%	
	Pontic, porcelain fused to noble metal	0%	
	Pontic, porcelain fused to titanium and titanium alloys	0%	
	Pontic, porcelain/ceramic	0%	
	Pontic, resin with high noble metal	0%	
	Pontic, resin with predominantly base metal	0%	
D6252	Pontic, resin with noble metal	0%	
	Interim pontic	0%	Effective 8.1.2022
D6545	Retainer, cast metal for resin bonded fixed prosthesis	0%	
	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	0%	



CDT Code	Description	Member Responsibility	Limitations
	Fixed Prosthodontic Services (continued)		
D6549	Resin retainer, for resin bonded fixed prosthesis	0%	
	Retainer inlay, cast high noble metal, two surfaces	0%	
	Retainer inlay, cast high noble metal, three or more surfaces	0%	
	Retainer inlay, cast base metal, two surfaces	0%	
	Retainer inlay, cast base metal, three or more surfaces Retainer inlay, cast noble metal, two surfaces	0% 0%	
	Retainer inlay, cast noble metal, two surfaces Retainer inlay, cast noble metal, three or more surfaces	0%	
	Retainer onlay, porcelain/ceramic, two surfaces	0%	
	Retainer onlay, porcelain/ceramic, three or more surfaces	0%	
	Retainer onlay, cast high noble metal, two surfaces	0%	
D6611	Retainer onlay, cast high noble metal, three or more surfaces	0%	
	Retainer onlay, cast base metal, two surfaces	0%	
	Retainer onlay, cast base metal, three or more surfaces	0%	
	Retainer onlay, cast noble metal, two surfaces	0%	
	Retainer onlay, cast noble metal three or more surfaces Retainer inlay, titanium	0% 0%	
	Retainer onlay, titanium	0%	
	Retainer crown, indirect resin based composite	0%	
	Retainer crown, resin with high noble metal	0%	
	Retainer crown, resin with predominantly base metal	0%	
	Retainer crown, resin with noble metal	0%	
D6740	Retainer crown, porcelain/ceramic	0%	
	Retainer crown, porcelain fused to high noble metal	0%	
	Retainer crown, porcelain fused to predominantly base metal	0%	
	Retainer crown, porcelain fused to noble metal	0%	
	Retainer crown, porcelain fused to titanium and titanium alloys	0%	
	Retainer crown, ¾ cast high noble metal Retainer crown, ¾ cast predominantly base metal	0% 0%	
	Retainer crown, ¼ cast piedominantiy base metai	0%	
	Retainer crown, ¾ porcelain/ceramic	0%	Effective 8.1.2022
	Retainer crown ¾, titanium and titanium alloys	0%	
	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%	
	Interim retainer crown	0%	
	Retainer crown, titanium and titanium alloys	0%	
	Re-cement or re-bond fixed partial denture Fixed partial denture repair, restorative material failure	0% 0%	Payable after 6 months of initial placement
D6980		0%	
D7140	Oral Surgery Services Extraction, erupted tooth or exposed root	0%	
	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%	
	Removal of impacted tooth, soft tissue	0%	
	Removal of impacted tooth, partially bony	0%	
D7240	Removal of impacted tooth, completely bony	0%	
	Removal impacted tooth, complete bony, complication	0%	
	Removal of residual tooth roots (cutting procedure)	0%	
	Oroantral fistula closure	0%	Effective 8.1.2022
	Primary closure of a sinus perforation	0%	Effective 8.1.2022
	Tooth reimplantation and/or stabilization, accident Tooth transplantation	0% 0%	Effective 8.1.2022 Effective 8.1.2022
	Exposure of an unerupted tooth	0%	Effective 8.1.2022
	Mobilization of erupted/malpositioned tooth	0%	Effective 8.1.2022
	Placement, device to facilitate eruption, impaction	0%	Effective 8.1.2022
	Incisional biopsy of oral tissue, hard (bone, tooth)	0%	Effective 8.1.2022
	Incisional biopsy of oral tissue, soft	0%	Effective 8.1.2022
	Exfoliative cytological sample collection	0%	Effective 8.1.2022
	Brush biopsy, transepithelial sample collection	0%	Effective 8.1.2022
	Surgical repositioning of teeth Transseptal fiberotomy/supra crestal fiberotomy, by report	0% 0%	Effective 8.1.2022 Effective 8.1.2022
	Placement of temporary anchorage device [screw retained plate] requiring flap	0%	Effective 8.1.2022 Effective 8.1.2022
	Placement of temporary anchorage device requiring flap	0%	Effective 8.1.2022
	Placement of temporary anchorage device without flap	0%	Effective 8.1.2022
	Alveoloplasty with extractions, four or more teeth per quadrant	0%	Effective 8.1.2022
	Alveoloplasty with extractions, one to three teeth per quadrant	0%	Effective 8.1.2022
	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%	Effective 8.1.2022
	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%	Effective 8.1.2022
	Removal of torus palatinus	0%	Effective 8.1.2022
	Removal of torus mandibularis	0% 0%	Effective 8.1.2022 Effective 8.1.2022
	Incision & drainage of abscess, intraoral soft tissue Incision & drainage of abscess, extraoral soft tissue	0%	Effective 8.1.2022 Effective 8.1.2022
	Buccal/labial frenectomy (frenulectomy)	0%	Effective 8.1.2022
2.001			



CDT	Description	Member	Limitations
Code	Description	Responsibility	Limitations
	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
	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
	Deep sedation/general anesthesia, first 15 minute increment		Effective 8.1.2022
D9222		0%	Deep sedation/general anesthesia is a covered benefit only when
			in conjunction with covered, complex oral surgery and when
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	0%	dispensed in a dental office by a practitioner acting within the
			scope of his/her licensure.
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0%	Effective 8.1.2022
			Effective 8.1.2022
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	0%	Deep sedation/general anesthesia is a covered benefit only when
			in conjunction with covered, complex oral surgery and when
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	0%	dispensed in a dental office by a practitioner acting within the
20210		0,0	scope of his/her licensure.
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
	Drugs or medicaments dispensed in the office for home use	0%	Effective 8.1.2022
	Application of desensitizing medicament	0%	Effective 8.1.2022
	Application of desensitizing resin for cervical, root surface, per tooth	0%	Effective 8.1.2022
	Behavior management, by report	0%	Effective 8.1.2022
	Treatment of complications, post surgical, unusual, by report	0%	Effective 8.1.2022
	Repair and/or reline of occlusal guard	0%	Effective 8.1.2022
	Occlusal guard, hard appliance, full arch	0%	Effective 8.1.2022
	Occlusal guard, soft appliance, full arch	0%	Effective 8.1.2022
	Occlusal guard, hard appliance, partial arch	0%	Effective 8.1.2022
	Occlusion analysis, mounted case	0%	Effective 8.1.2022
	Occlusal adjustment, limited	0%	Effective 8.1.2022
	Occlusal adjustment, complete	0%	Effective 8.1.2022
	Sales Tax	0%	Effective 8.1.2022
	Missed appointment	0%	Effective 8.1.2022
	Cancelled appointment	0%	Effective 8.1.2022
	Dental case management, addressing appointment compliance barriers	0%	Effective 8.1.2022
	Dental case management, care coordination	0%	Effective 8.1.2022
	Dental case management, motivational interviewing Dental case management, patient education to improve oral health literacy	0% 0%	Effective 8.1.2022 Effective 8.1.2022
11999/	i Denitai case management, Datient equication to improve oral nealth literacy	0%	Effective 8.1.2022
D9995	Teledentistry, synchronous; real-time encounter	0%	