



## Troy - Comprehensive Dental 2

**\$3,000 CALENDAR YEAR MAXIMUM**

*The following is a complete list of dental procedures for which benefits are payable under this Plan. 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	Pre-Auth Required	Limitations	Documentation/X-Rays Required
	Diagnostic Services				
D0120	Periodic oral evaluation	0%		2 of (D0120-D0180) every calendar year	
D0140	Limited oral evaluation	0%			
D0150	Comprehensive oral evaluation	0%			
D0160	Oral evaluation, problem focused	0%			
D0170	Re-evaluation, limited, problem focused	0%			
D0171	Re-evaluation, post operative office visit	0%			
D0180	Comprehensive periodontal evaluation	0%			
D0210	Intraoral, comprehensive series of radiographic images	0%		1 of (D0210, D0330) every 3 calendar years	
D0220	Intraoral, periapical, first radiographic image	0%			
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-D0277) 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%			
D0330	Panoramic radiographic image	0%		1 of (D0210, D0330) every 3 calendar years	
	Preventive Services				
D1110	Prophylaxis, adult	0%		2 of (D1110, D4346, D4910) 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%		1 of (D2140-D2335, D2391-D2394) per tooth every 3 calendar years	
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	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%			
D2740	Crown, porcelain/ceramic	0%	Y	1 (D2740-D2792, D6210 - D6792) per tooth every 5 calendar years	Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D2750	Crown, porcelain fused to high noble metal	0%	Y		
D2751	Crown, porcelain fused to predominantly base metal	0%	Y		
D2752	Crown, porcelain fused to noble metal	0%	Y		
D2790	Crown, full cast high noble metal	0%	Y		
D2791	Crown, full cast predominantly base metal	0%	Y		
D2792	Crown, full cast noble metal	0%	Y		



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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/X-Rays Required
	Restorative Services (continued)				
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	0%			
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	0%			
D2920	Re-cement or re-bond crown	0%			
D2940	Protective restoration	0%			
D2950	Core buildup, including any pins when required	0%			
D2951	Pin retention, per tooth, in addition to restoration	0%		1 (D2951) per tooth every 5 calendar years	
D2952	Post and core in addition to crown, indirectly fabricated	0%		1 (D2952) per tooth every 5 calendar years	
D2954	Prefabricated post and core in addition to crown	0%		1 (D2954) per tooth every 5 calendar years	
D2955	Post removal	0%			
	Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)	0%			
D3120	Pulp cap, indirect (excluding final restoration)	0%			
D3220	Therapeutic pulpotomy (excluding final restoration)	0%			
D3221	Pulpal debridement, primary and permanent teeth	0%			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	0%	Y	1 of (D3310 - D3330) per tooth in a lifetime	Pre-op x-ray upon pre-authorization submission (must see whole tooth) and post-op x-ray required with claim submission.
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	0%	Y		
D3330	Endodontic therapy, molar tooth (excluding final restoration)	0%	Y		
D3346	Retreatment of previous root canal therapy, anterior	0%	Y	1 of (D3346 - D3348) per tooth in a lifetime	
D3347	Retreatment of previous root canal therapy, premolar	0%	Y		
D3348	Retreatment of previous root canal therapy, molar	0%	Y		
D3351	Apexification/recalcification, initial visit	0%	Y	1 (D3351) per tooth in a lifetime	
D3352	Apexification/recalcification, interim medication replacement	0%	Y	1 (D3352) per tooth in a lifetime	
D3353	Apexification/recalcification, final visit	0%	Y	1 (D3353) per tooth in a lifetime	
D3410	Apicoectomy, anterior	0%	Y	1 of (D3410-D3425) per tooth in a lifetime	
D3421	Apicoectomy, premolar (first root)	0%	Y		
D3425	Apicoectomy, molar (first root)	0%	Y		
D3426	Apicoectomy, (each additional root)	0%	Y	1 (D3426) per tooth in a lifetime	
D3430	Retrograde filling, per root	0%	Y	1 (D3430) per tooth in a lifetime	
D3450	Root amputation, per root	0%	Y		
D3920	Hemisection, not including root canal therapy	0%	Y		
	Periodontal Services				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	0%	Y	1 of (D4210, D4211) per site/quadrant every 2 calendar years	Diagnostic full mouth x-rays or photos. Perio charting and narrative required with pre-authorization submission.
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	0%	Y		
D4240	Gingival flap procedure, four or more teeth per quadrant	0%	Y	1 of (D4240, D4241) per site/quadrant every 2 calendar years	
D4241	Gingival flap procedure, one to three teeth per quadrant	0%	Y		
D4260	Osseous surgery, four or more teeth per quadrant	0%	Y	1 of (D4260, D4261) per site/quadrant every 3 calendar years	
D4261	Osseous surgery, one to three teeth per quadrant	0%	Y		
D4270	Pedicle soft tissue graft procedure	0%	Y	1 (D4270) per tooth every 2 calendar years	
D4273	Autogenous connective tissue graft procedure, first tooth	0%	Y		
D4275	Non-autogenous connective tissue graft, first tooth	0%	Y		
D4283	Autogenous connective tissue graft procedure, each additional tooth, per site	0%	Y		
D4285	Non-autogenous connective tissue graft procedure, each additional tooth, per site	0%	Y		
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	0%		1 of (D4341, D4342) per site/quadrant every 2 calendar years	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	0%			



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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/X-Rays Required
	<b>Periodontal Services (continued)</b>				
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	0%		1 (D4355) every 3 calendar years	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	0%		2 of (D1110, D4346, D4910) every calendar year	
D4910	Periodontal maintenance	0%			
	<b>Removable Prosthodontic Services</b>				
D5110	Complete denture, maxillary	0%	Y	1 of (D5110-D5224) per arch every 5 calendar years	Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D5120	Complete denture, mandibular	0%	Y		
D5130	Immediate denture, maxillary	0%	Y		
D5140	Immediate denture, mandibular	0%	Y		
D5211	Maxillary partial denture, resin base	0%	Y		
D5212	Mandibular partial denture, resin base	0%	Y		
D5213	Maxillary partial denture, cast metal, resin base	0%	Y		
D5214	Mandibular partial denture, cast metal, resin base	0%	Y		
D5221	Immediate maxillary partial denture, resin base	0%	Y		
D5222	Immediate mandibular partial denture, resin base	0%	Y		
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base	0%	Y		
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base	0%	Y		
D5410	Adjust complete denture, maxillary	0%		1 of (D5410-D5422) per arch every calendar year	
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%		1 of (D5511, D5512, D5520) per arch every calendar year	
D5512	Repair broken complete denture base, maxillary	0%			
D5520	Replace missing or broken teeth, complete denture	0%			
D5611	Repair resin partial denture base, mandibular	0%			
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%			
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	0%			
D5710	Rebase complete maxillary denture	0%		1 of (D5710-D5761) per arch every 2 calendar years	
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%			



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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/X-Rays Required
<b>Removable Prosthodontic Services (continued)</b>					
D5760	Reline maxillary partial denture, indirect	0%		1 of (D5710-D5761) per arch every 2 calendar years	
D5761	Reline mandibular partial denture, indirect	0%			
D5810	Interim complete denture, maxillary	0%	Y	1 of (D5810 - D5821) per arch every 5 calendar years	Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D5811	Interim complete denture, mandibular	0%	Y		
D5820	Interim partial denture, maxillary	0%	Y		
D5821	Interim partial denture, mandibular	0%	Y		
D5850	Tissue conditioning, maxillary	0%		1 of (D5850, D5851) per arch every calendar year	
D5851	Tissue conditioning, mandibular	0%			
<b>Fixed Prosthodontic Services</b>					
D6210	Pontic, cast high noble metal	0%	Y	1 of (D2740-D2792, D6210 - D6792) per tooth every 5 calendar years	Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D6211	Pontic, cast predominantly base metal	0%	Y		
D6212	Pontic, cast noble metal	0%	Y		
D6240	Pontic, porcelain fused to high noble metal	0%	Y		
D6241	Pontic, porcelain fused to predominantly base metal	0%	Y		
D6242	Pontic, porcelain fused to noble metal	0%	Y		
D6245	Pontic, porcelain/ceramic	0%	Y		
D6250	Pontic, resin with high noble metal	0%	Y		
D6251	Pontic, resin with predominantly base metal	0%	Y		
D6252	Pontic, resin with noble metal	0%	Y		
D6545	Retainer, cast metal for resin bonded fixed prosthesis	0%	Y		
D6548	Retainer, porcelain/ceramic, resin bonded fixed prosthesis	0%	Y		
D6549	Resin retainer, for resin bonded fixed prosthesis	0%	Y		
D6720	Retainer crown, resin with high noble metal	0%	Y		
D6721	Retainer crown, resin with predominantly base metal	0%	Y		
D6722	Retainer crown, resin with noble metal	0%	Y		
D6740	Retainer crown, porcelain/ceramic	0%	Y		
D6750	Retainer crown, porcelain fused to high noble metal	0%	Y		
D6751	Retainer crown, porcelain fused to predominantly base metal	0%	Y		
D6752	Retainer crown, porcelain fused to noble metal	0%	Y		
D6780	Retainer crown, ¾ cast high noble metal	0%	Y		
D6781	Retainer crown, ¾ cast predominantly base metal	0%	Y		
D6782	Retainer crown, ¾ cast noble metal	0%	Y		
D6783	Retainer crown, ¾ porcelain/ceramic	0%	Y		
D6790	Retainer crown, full cast high noble metal	0%	Y		
D6791	Retainer crown, full cast predominantly base metal	0%	Y		
D6792	Retainer crown, full cast noble metal	0%	Y		
D6930	Re-cement or re-bond fixed partial denture	0%			
D6980	Fixed partial denture repair, restorative material failure	0%		1 (D6980) per arch every 2 calendar years	
<b>Oral &amp; Maxillofacial Services</b>					
D7111	Extraction, coronal remnants, primary tooth	0%			
D7140	Extraction, erupted tooth or exposed root	0%			
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	0%	Y		Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D7220	Removal of impacted tooth, soft tissue	0%	Y		
D7230	Removal of impacted tooth, partially bony	0%	Y		
D7240	Removal of impacted tooth, completely bony	0%	Y		



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CDT Code	Description	Member Responsibility	Pre-Auth Required	Limitations	Documentation/X-Rays Required
	Oral & Maxillofacial Services (continued)				
D7241	Removal impacted tooth, complete bony, complication	0%	Y		Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D7250	Removal of residual tooth roots (cutting procedure)	0%	Y		
D7260	Oroantral fistula closure	0%	Y		
D7261	Primary closure of a sinus perforation	0%	Y		
D7280	Exposure of an unerupted tooth	0%	Y	1 (D7280) per tooth every 5 calendar years	
D7282	Mobilization of erupted/malpositioned tooth	0%			
D7283	Placement, device to facilitate eruption, impaction	0%			
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	0%	Y	1 of (D7285, D7286) per tooth every 5 calendar years	Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D7286	Incisional biopsy of oral tissue, soft	0%	Y		
D7287	Exfoliative cytological sample collection	0%			
D7288	Brush biopsy, transepithelial sample collection	0%	Y		Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	0%	Y	1 of (D7310 - D7321) per site/quad every 5 calendar years	
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	0%	Y		
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	0%	Y		
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	0%	Y		
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	0%	Y		
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	0%	Y		
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	0%	Y		
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	0%	Y		
D7471	Removal of lateral exostosis, maxilla or mandible	0%	Y	1 of (D7471 - D7473) in a lifetime	
D7472	Removal of torus palatinus	0%	Y		
D7473	Removal of torus mandibularis	0%	Y		
D7485	Reduction of osseous tuberosity	0%	Y		
D7510	Incision & drainage of abscess, intraoral soft tissue	0%			
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	0%			
D7520	Incision & drainage of abscess, extraoral soft tissue	0%			
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	0%			
D7530	Remove foreign body, mucosa, skin, tissue	0%	Y		Diagnostic full mouth or panoramic x-rays and radiographs. Narrative and photographs if unable to take x-rays.
D7961	Buccal/labial frenectomy (frenulectomy)	0%	Y		
D7962	Lingual frenectomy (frenulectomy)	0%	Y		
D7963	Frenuloplasty	0%	Y		
D7970	Excision of hyperplastic tissue, per arch	0%	Y	Not payable with D7310, D7311, D7320, or D7321 on same date of service	
D7971	Excision of pericoronal gingiva	0%	Y	1 (D7971) in a lifetime	
D7972	Surgical reduction of fibrous tuberosity	0%	Y	1 (D7972) in a lifetime	
	Adjunctive General Services				
D9110	Palliative treatment of dental pain, per visit	0%		1 (D9110) every calendar year	
D9120	Fixed partial denture sectioning	0%		1 (D9120) every calendar year	
D9210	Local anesthesia not in conjunction, operative or surgical procedures	0%			
D9211	Regional block anesthesia	0%			
D9212	Trigeminal division block anesthesia	0%			
D9215	Local anesthesia in conjunction with operative or surgical procedures	0%			



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	<b>Adjunctive General Services (continued)</b>				
D9222	Deep sedation/general anesthesia, first 15 minute increment	0%	Y	Maximum of 5 units per day not to exceed 75 minutes. Not covered with D9230, D9239, D9243, and D9248 on same date of service	Narrative required showing need for service.
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	0%	Y		
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	0%		3 (D9230) every calendar year. Not covered with D9222, D9223, D9239, D9243, and D9248 on same date of service	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	0%	Y	Maximum of 6 units per day not to exceed 90 minutes. Not covered with D9222, D9223, D9230, and D9248 on same date of service	Narrative required showing need for service.
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	0%	Y		
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	0%		3 (D9248) every calendar year. Not covered with D9222, D9223, D9230, D9239, and D9243 on same date of service	
D9995	Teledentistry, synchronous; real-time encounter	0%		2 of (D9995, D9996) every calendar year	
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	0%			