

CDT Guide 2026

Florida Combined Life Dental Procedure and Guidelines And Claim Submission Requirements



**Florida
Combined Life**
An Independent Licensee of the
Blue Cross and Blue Shield Association

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ABOUT THIS GUIDEBOOK

This guide is organized according to the latest and most current edition of the American Dental Association (ADA) Current Dental Terminology (CDT) procedure codes. We accept only coding that is consistent with the verbal descriptors of CDT. **However, the presence of a code in CDT does not mean that a subscriber has coverage available. We determine member benefits based on our administrative policies and the terms of the subscriber's certificate. As always, we remind you to check benefits and eligibility before performing services.**

Some of the categories of service have introductory sections to explain what information you need to provide to facilitate our claim processing. For a more complete description of procedures, please refer to the *American Dental Association, Current Dental Terminology 2026*.

We have designed these administrative guidelines and policies to promote our members' long-term oral health. We review our policies on an ongoing basis to determine clinical appropriateness and to reflect significant technical advances.

For each code, we have provided specific guidelines and recommendations with respect to time, age, or other contractual limitations or exclusions. We have also noted when procedures are not covered benefits. We also indicate procedure codes that require radiographic (X-ray) imaging documentation and other supplementary documentation. Please use this guide to determine the correct code to describe the service you provided to your patient. We hope that making our policies and guidelines clear and easily available will enable your office to receive the appropriate compensation for the services provided to our members, your patients.

If you need additional information on how to submit a claim, you can:

- ✓ Refer to the FCL Dental Administrative Manual
- ✓ Go to [Plans and documents | Florida Blue Dental](#) to access administrative information
- ✓ Call our Dental Customer Service at (866) 445-5148.

UTILIZATION MANAGEMENT

While we continue to conduct utilization review on submitted claims, we will no longer routinely require submission of radiographs or periodontal charting from participating Florida Combined Life PPO providers. Please refer to the *Submission Requirements* column for any specific requirements needed when submitting claims for treatment.

What is “Necessary and Appropriate Treatment?”

Our members’ subscriber certificates specify that all dental care must be “necessary and appropriate to diagnose or treat your dental condition” and defines dental care as “inclusive of services, procedures, supplies, and appliances.” The member’s subscriber certificates identify the following criteria used to determine whether dental care is necessary and appropriate for the member. The dental care must be:

- ✓ Consistent with the prevention and treatment of oral disease or with the diagnosis and treatment of teeth that are decayed or fractured, or where the supporting structure is weakened by disease (including periodontal, endodontic, and related diseases).
- ✓ Furnished in accordance with standards of good dental practice.
- ✓ Not solely for the member’s or dentist’s convenience.

How Do We Determine Necessity and Appropriateness of Treatment?

Based on a review of the submitted procedure documentation, our dental consultants determine available benefits for certain types of procedures, including, but not limited to, cast restorations, periodontal services, oral surgery services, and fixed and removable prosthetics. A dental consultant reviews the treatment plan objectively and determines whether the services are within the scope of benefits, and whether these services appear to be necessary and appropriate for the member. Based on these findings, we may determine that a service is not *necessary and appropriate* for the member, even if a dentist has recommended, approved, prescribed, ordered, or furnished the service.

Services That Are Non-Covered Due to Contractual Limitations

There are situations in which specific services are not covered regardless of whether the procedure is a covered benefit. These are considered contractual limitations and are outlined in the Subscriber Certificate under “Limitations and Exclusions.” Examples include a service performed for cosmetic purposes rather than for tooth decay or fracture or a service that is exploratory in nature.

Information We Need to Review a Procedure

We review procedures including, but not limited to, cast restorations, periodontal services, oral surgery services, and fixed and removable prosthetics. To thoroughly review a procedure, we may need pertinent documentation supporting your patient’s treatment. This *Guide* identifies the information you must submit for each procedure that requires review. **In cases where we request a detailed narrative, please supply details about the patient’s condition that will help us evaluate your claim and reimburse you appropriately.**

4 **NOTE:** These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber’s plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage. Not all Benefit plans include Enhanced benefits.

When Documentation Is Requested

While we continue to conduct utilization review on submitted claims, we will no longer routinely require submission of radiographic images or periodontal charting from participating Florida Combined Life providers. Please refer to the *Submission Requirements* column for any specific requirements needed when submitting claims for treatment.

When we do request documentation, please remember that radiographic images must be:

- ✓ Preoperative radiographic images that are current and dated
- ✓ Labeled "left" or "right" side if they are duplicates
- ✓ Mounted if they are a full series
- ✓ Of diagnostic quality

Please remember to include:

- ✓ The member's name and subscriber ID
- ✓ The dentist's name and treating address

Refer to the specific CDT codes to determine what additional documentation is required.

Diagnostic D0120 to D0999

		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0120	Periodic oral evaluation	Only two (2) evaluation codes in any combination are allowed per member per benefit period	Only two (2) evaluation codes in any combination are allowed per member per benefit period.	This includes an oral cancer evaluation, periodontal screening where indicated and may require interpretation of information acquired through additional diagnostic procedures. The findings are discussed with the patient. Report additional diagnostic procedures separately	None
D0140	Limited oral evaluation: problem-focused	As needed, no frequency limitation	As needed, no frequency limitation	These may require interpretation of information acquired through additional diagnostic procedures. Definitive procedures may be required on the same date as the evaluation	
D0145	Oral evaluation for a patient less than three (3) years of age and counseling with primary caregiver	Two (2) per benefit period, up to 3rd birthday	Two (2) per benefit period, up to 3rd birthday	Preferably within the first six (6) months of the eruption of the first primary tooth, including recording the oral and physical health history, especially of caries susceptibility, development of an appropriate preventive oral health regime and communication with and counseling of the child's parent, legal guardian and/or primary caregiver	

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0150	Comprehensive oral evaluation, new or established patient	Once per lifetime, per dentist/provider. Not covered when performed on the same date, same provider as D4355.	Once per lifetime, per dentist/provider. Not covered when performed on the same date, same provider as D4355.	<p>The exam is a thorough evaluation and recording of the extraoral hard and soft tissues. This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment.</p> <p>In addition, the exam would include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc. It may also require interpretation of information acquired through additional diagnostic procedures. This procedure applies to new patients or established patients who have been absent from active treatment thirty-six (36) or more months. The procedure also applies to established patients who have had a significant change in health conditions or other unusual circumstances</p>	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0160	Detailed, extensive oral evaluation: problem-focused, by report	No limitations. Not covered when performed on the same date, same provider as D4355.	Not a covered benefit	A detailed and extensive problem focused evaluation entails extensive diagnosis and cognitive modalities based on the findings of a comprehensive oral evaluations. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, sleep related breathing disorders, conditions requiring multi-disciplinary consultation, etc.	None
D0170	Re-evaluation: limited, problem focused (established patient, not post-operative visit)	Two (2) per benefit period	Not a covered benefit	None	None
D0171	Re-evaluation – post-operative office visit	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0180	Comprehensive periodontal evaluation: new or established patient	Only two (2) evaluation codes in any combination allowed per member per benefit period. Minimum age eighteen (18). Not covered when performed on the same date, same provider as D4355.	Only two (2) evaluation codes in any combination allowed per member per benefit period. Minimum age eighteen (18). Not covered when performed on the same date, same provider as D4355.	A comprehensive evaluation of periodontal conditions, including full mouth probing and periodontal charting. Indicated for patients exhibiting signs or symptoms of periodontal disease, systemic medical conditions, or patients with social risk factors. It includes an evaluation for oral cancer, an evaluation of the patient's medical history, a general wellness assessment., and includes an evaluation of current dental conditions Minimum age eighteen (18)	None
PRE-DIAGNOSTIC SERVICES					
D0190	Screening of a patient	Not a covered benefit	Not a covered benefit	A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis	None
D0191	Assessment of a patient	Not a covered benefit	Not a covered benefit	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment	None
DIAGNOSTIC IMAGING: Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third parties for copies of records					
IMAGE CAPTURE WITH INTERPRETATION					

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0210	Intraoral complete series of radiographic images. A radiographic survey of the whole mouth, intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.	One (1) in a thirty-six (36) month period D0210 or D0330	One (1) in a thirty-six (36) month period D0210 or D0330	Covered based on the last service date once every thirty-six (36) months	None
D0220	Intraoral periapical - first radiographic image	No limitations	No limitations	Periapical films, for diagnostic purposes, covered subject to clinical necessity. Intra-operative "working" radiographs are included with complete root canal therapy	None
D0230	Intraoral periapical - each additional radiographic image				None
D0240	Intraoral occlusal radiographic image	Not a covered benefit	Not a covered benefit	Not payable as a substitute for children's complete series of intraoral radiographs	Arch identification
D0250	Extraoral - 2Dprojection radiographic image created using a stationary radiation source, and detector				None
D0251	Extra-oral posterior dental radiographic image				
D0270	Bitewing - single radiographic image	Once per benefit period	Once per benefit period	Plan benefits include an annual set of bitewings per benefit period. Any of these codes constitute a set of bitewings	None
D0272	Bitewings - two (2) radiographic images				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0273	Bitewings - three (3) radiographic images	Once per benefit period	Once per benefit period	Plan benefits include an annual set of bitewings per benefit period. Any of these codes constitute a set of bitewings	None
D0274	Bitewings - four (4) radiographic images				
D0277	Vertical bitewings - seven (7) to eight (8) radiographic images				
D0310	Sialography	Not a covered benefit	Not a covered benefit	None	None
D0320	Temporomandibular joint arthrogram, including injection	Not a covered benefit	Not a covered benefit	None	None
D0321	Other temporomandibular joint radiographic images, by report				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0322	Tomographic survey	Not a covered benefit	Not a covered benefit	None	None
D0330	Panoramic radiographic image	One (1) in a thirty-six (36) month benefit period D0330 or D0210	One (1) in a thirty-six (36) month benefit period D0330 or D0210	Panoramic imaging is allowable in place of a complete series (D0210) based on the last service date, with the frequency depending upon the terms of the dental plan. Allowance for a complete series one (1) in a thirty-six (36) month benefit period. Additional panoramic film may be allowed for oral surgeons	None
D0340	Cephalometric radiographic image	One (1) in a thirty-six (36) month period in conjunction with orthodontic services	Not a covered benefit	Cephalometric imaging is allowable in conjunction with orthodontic services one (1) per thirty-six (36) month period	None
D0350	2D oral/facial photographic image obtained intraorally or extra orally	Not a covered benefit	Not a covered benefit	None	None
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	Not a covered benefit	Not a covered benefit	None	None
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium				
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium				
D0368	Cone beam CT capture and interpretation for TMJ series including two (2) or more exposures				
D0369	Maxillofacial MRI capture and interpretation				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0370	Maxillofacial ultrasound capture and interpretation	Not a covered benefit	Not a covered benefit	None	None
D0371	Sialo endoscopy capture and interpretation				
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images.	Alternate Benefit (L.E.A.T.) D0210	Alternate Benefit (L.E.A.T.) D0210	None	None
D0373	Intraoral tomosynthesis - bitewing radiographic image	Cover as L.E.A.T. benefit for D0270 BWXR	Cover as L.E.A.T. benefit for D0270 BWXR	None	None
D0374	Intraoral tomosynthesis - periapical radiographic image	Cover as L.E.A.T. benefit for D0220 PAXR	Cover as L.E.A.T. benefit for D0220 PAXR	None	None
IMAGE CAPTURE ONLY: Capture by a practitioner not associated with interpretation and report					
D0380	Cone beam CT image capture with limited field of view - less than one (1) whole jaw	Not a covered benefit	Not a covered benefit	None	None
D0381	Cone beam CT image capture and interpretation with field of view of one (1) full dental arch - mandible				
D0382	Cone beam CT image capture and interpretation with field of view of one (1) full dental arch - maxilla, with or without cranium				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	Not a covered benefit	Not a covered benefit	None	None
D0384	Cone beam CT image capture for TMJ series including two or more exposures				
D0385	Maxillofacial MRI image capture				
D0386	Maxillofacial ultrasound image capture				
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture				
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only				
D0389	Intraoral tomosynthesis - periapical radiographic image - image capture only				
INTERPRETATION AND REPORT ONLY: Interpretation and report by a practitioner not associated with image capture					
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0393	Virtual treatment simulation using 3D image volume or surface scan Virtual simulation of treatment including, but not limited to, dental implant placement, prosthetic reconstruction, orthognathic surgery and orthodontic tooth movement	Not a covered benefit	Not a covered benefit	None	None
D0394	Digital subtraction of two (2) or more images or image volumes of the same modality				
D0395	Fusion of two or more 3D image volumes of one or more modalities				
D0396	3D printing of a 3D dental surface scan	Subject to clinical necessity, no limitations	Not a covered benefit	None	None
TESTS AND EXAMINATIONS					
D0411	HbA1c in-office point of service testing	Not a covered benefit	Not a covered benefit	None	None
D0412	Blood glucose level test-in- office using a glucose meter				
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report				
D0415	Collection of microorganisms for culture and sensitivity				
D0416	Viral Culture				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0417	Collection and preparation of saliva sample for laboratory analysis	Not a covered benefit	Not a covered benefit	None	None
D0418	Analysis of saliva sample - laboratory				
D0419	Assessment of salivary flow by measurement				
D0422	Collection and preparation of genetic sample material for laboratory analysis and report				
D0423	Genetic test for susceptibility to diseases - specimen analysis				
D0425	Caries susceptibility tests				
D0426	Collection, preparation, and analysis of saliva sample - point-of-care				
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities in including premalignant and malignant lesions; and not to include cytology or biopsy procedures.	Not a covered benefit *Note: If a member has oral cancer or Sjogren's Syndrome and is enrolled in Oral Health for Overall Health, D0431 is covered once every six (6) months.	Not a covered benefit *Note: If a member has oral cancer or Sjogren's® Syndrome and is enrolled in Oral Health for Overall Health, D0431 is covered once every six (6) months.		
D0460	Pulp vitality tests	Not a covered benefit	Not a covered benefit		
D0461	Testing for cracked tooth	Integral	Integral		

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D0470	Diagnostic casts	Subject to clinical necessity, no limitations	Not a covered benefit	None	None
D0472	Accession of tissue, gross examination, preparation, and transmission of written report	Not a covered benefit	Not a covered benefit	None	None
D0473	Accession of tissue, gross and microscopic examination, preparation, and transmission of written report				
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report				
D0475	Decalcification procedure				
D0476	Special stains for microorganisms				

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D0477	Special stains, not for microorganisms	Not a covered benefit	Not a covered benefit	None	None
D0478	Immunohistochemical stains				
D0479	Tissue in-situ hybridization, including Interpretation				
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report				
D0481	Electron microscopy				
D0482	Direct immunofluorescence				

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D0483	Indirect immunofluorescence	Not a covered benefit	Not a covered benefit	None	None
D0484	Consultation on slides prepared elsewhere				
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source				
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report				
D0502	Other oral pathology procedures, by report				

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D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	Not a covered benefit	Not a covered benefit	None	None
D0601	Caries risk assessment and documentation, with a finding of low risk				
D0602	Caries risk assessment and documentation, with a finding of moderate risk				
D0604	Antigen testing for a public health related pathogen including coronavirus				
D0605	Antibody testing for a public health related pathogen including coronavirus	Not a covered benefit	Not a covered benefit	None	None
D0701	Panoramic radiographic Image - image capture only	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D0702	2-D cephalometric radiographic image - image capture only	Not a covered benefit	Not a covered benefit	None	None
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Not a covered benefit	Not a covered benefit	None	None
D0705	Extra-oral posterior dental radiographic image - image capture only	Not a covered benefit	Not a covered benefit	None	None
D0706	Intraoral - occlusal radiographic image - image capture only	Not a covered benefit	Not a covered benefit	None	None
D0707	Intraoral - periapical radiographic image - image capture only	Not a covered benefit	Not a covered benefit	None	None

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D0708	Intraoral - bitewing radiographic image - image capture only. Image axis may be horizontal or vertical.	Not a covered benefit	Not a covered benefit	None	None
D0709	Intraoral - comprehensive series of radiographic images - image capture only. A radiographic survey of the whole mouth, intended to display the crowns and roots of all teeth, periapical area, interproximal areas, and alveolar bone including edentulous areas.	Not a covered benefit	Not a covered benefit	None	None
D0801	3D intraoral surface scan - direct				
D0802	3D dental surface scan - indirect				
D0803	3D facial surface scan - direct				
D0804	3D facial surface scan - indirect				
D0999	Unspecified diagnostic procedure, by report	Not a covered benefit	Not a covered Benefit	Detailed Narrative	Detailed Narrative

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Preventive D1110 to D1999

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
DENTAL PROPHYLAXIS					
D1110	Prophylaxis - adult Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.	Twice per calendar year age thirteen (13) and older *Note: If a member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 is covered once every three (3) months.	Twice per calendar year age thirteen (13) and older *Note: If a member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 is covered once every three (3) months.	Code D1110 may be used for member's age thirteen (13) and older. At age eighteen (18) code D1110 can be used in combination with D4910 up to a total of two (2) per benefit period	None
D1120	Prophylaxis - child, Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.	Twice per benefit period age twelve (12) and younger *Note: If a member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 is covered once every three (3) months.	Twice per benefit period age twelve (12) and younger *Note: If a member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 is covered once every three (3) months.	Code D1120 should be used for children age twelve (12) and younger	

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
TOPICAL FLUORIDE TREATMENT OFFICE PROCEDURE					
D1206	Topical application of fluoride varnish	Twice per benefit period. Maximum age thirteen (13) *Note: If a member has oral cancer or Sjogren's® Syndrome and is enrolled in Oral Health for Overall Health, D1206 or D1208 is covered once every three (3) months	Twice per benefit period. Maximum age thirteen (13) *Note: If a member has oral cancer or Sjogren's® Syndrome and is enrolled in Oral Health for Overall Health, D1206 or D1208 is covered once every three (3) months	Coverage is twice per benefit period Fluoride varnish, code D1206, can be used in combination with D1208 up to a total of two (2), topical or varnish fluoride applications per benefit period. The patient maximum age thirteen (13). Fluoride applications usually accompany prophylaxis and/or oral evaluation	None
D1208	Topical application of fluoride- excluding varnish	Twice per benefit period age thirteen (13) and younger *Note: If a member has oral cancer or Sjogren's® Syndrome and is enrolled in Oral Health for Overall Health, D1206 or D1208 is covered once every three (3) months	Twice per benefit period age thirteen (13) and younger *Note: If a member has oral cancer or Sjogren's® Syndrome and is enrolled in Oral Health for Overall Health, D1206 or D1208 is covered once every three (3) months		

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D1301	Immunization counseling A review of a patient's vaccine and medical history, and discussion of the vaccine benefits, risks, and consequences of not obtaining the vaccine. Counseling also includes a discussion of questions and concerns the patient, family, or caregiver may have and suggestions on where the patient can obtain the vaccine.	Not a covered benefit	Not a covered benefit	None	None
D1310	Nutritional counseling for control of dental disease	Not a covered benefit	Not a covered benefit	None	None
D1320	Tobacco counseling for control and prevention of oral disease				
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injecting, inhaling and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, nicotine, cannabis, methamphetamine and other pharmaceuticals				
D1330	Oral Hygiene Instructions	Not a covered Benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D1351	Sealant - per tooth	Sealants are limited to the first and second molars for primary teeth and the bicuspid and molars for the permanent teeth of dependent children, through age sixteen (16)	Sealants are limited to the first and second molars for primary teeth and the bicuspid and molars for the permanent teeth of dependent children, through age sixteen (16)	Sealants covered for permanent molars and premolars only. Must be age sixteen (16) years and under. Tooth cannot have prior restorative history	Tooth identification
D1353	Sealant repair - per tooth	Not a covered benefit	Not a covered benefit	If sealant fails within twelve (12) months of initial placement procedure will deny as provider liability.	Date of initial placement
D1354	Application of caries arresting medicament - per tooth. Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.	Two (2) applications per tooth per year for members - No age limit	Two (2) applications per tooth per year for members - No age limit	Two (2) per tooth per calendar year. Excludes 3rd molars.	None
D1355	Caries arresting medicament application - per tooth			None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
SPACE MAINTENANCE (PASSIVE APPLIANCES): Designed to prevent tooth movement					
D1510	Space maintainer - fixed, unilateral	Once per arch per lifetime age thirteen (13) and younger.	Once per arch per lifetime age thirteen (13) and younger.	Once per lifetime. Must be age thirteen (13) or younger.	Quadrant identification (D1510 & D1520) Arch identification (D1516, D1517, D1526 & D1527)
D1516	Space maintainer - fixed, bilateral, maxillary				
D1517	Space maintainer - fixed, bilateral, mandibular				
D1520	Space maintainer - removable, unilateral				
D1526	Space maintainer - removable- bilateral, maxillary				
D1527	Space maintainer - removable- bilateral, mandibular				
D1551	Re-cement or re-bond bi-lateral space maintainer - maxillary	Once per benefit period, age thirteen (13) and younger	Not a covered benefit	Re-cementation is allowed if more than six (6) months have passed since insertion. Must be age thirteen (13) or younger.	Arch identification
D1552	Re-cement or re-bond bi-lateral space maintainer - mandibular	Once per benefit period, age thirteen (13) and younger	Not a covered benefit	Re-cementation is allowed if more than six (6) months have passed since insertion. Must be age thirteen (13) or younger.	Arch identification
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	Once per benefit period, age thirteen (13) and younger	Not a covered benefit	Re-cementation is allowed if more than six (6) months have passed since insertion. Must be age thirteen (13) or younger.	Quadrant identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D1556	Removal of fixed unilateral space maintainer - per quadrant	Covered only when a dentist or practice that did not place the original appliance performs procedure. No limitations	Covered only when a dentist or practice that did not place the original appliance performs procedure. No limitations	Removal of fixed space maintainer by the dentist or practice where the appliance was originally delivered is not a covered benefit, it is considered integral to original placement	Quadrant identification Arch identification
D1557	Removal of fixed bilateral space maintainer - maxillary	Covered only when a dentist or practice that did not place the original appliance performs procedure. No limitations	Covered only when a dentist or practice that did not place the original appliance performs procedure. No limitations	Removal of fixed space maintainer by the dentist or practice where the appliance was originally delivered is not a covered benefit, it is considered integral to original placement	Quadrant identification Arch identification
D1558	Removal of fixed bilateral space maintainer - mandibular	Covered only when a dentist or practice that did not place the original appliance performs procedure. No limitations	Covered only when a dentist or practice that did not place the original appliance performs procedure. No limitations	Removal of fixed space maintainer by the dentist or practice where the appliance was originally delivered is not a covered benefit, it is considered integral to original placement	Quadrant identification Arch identification
D1575	Distal shoe space maintainer- fixed, unilateral	Once per arch per lifetime age thirteen (13) and younger.	Not covered	Once per lifetime. Either D1510 or D1575. Must be age thirteen (13) or younger	Quadrant identification Arch identification
D1708	Pfizer-BioNTech Covid- 19 vaccine administration - third dose	Not a covered Benefit		None	None
D1709	Pfizer-BioNTech Covid- 19 vaccine administration - Booster dose				
D1710	Moderna Covid-19 vaccine administration - third dose				
D1711	Moderna Covid-19 vaccine administration - Booster dose				

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	Not a covered Benefit	Not a covered Benefit	None	None
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric -second dose	Not a covered Benefit	Not a covered Benefit	None	None
D1720	Influenza vaccine administration	Covered - will be added to the fee schedules- allowance once per plan/ Calendar Year	Covered - will be added to the fee schedules- allowance once per plan/ Calendar Year	None	None
D1781	Vaccine administration - human papillomavirus - Dose 1	Not a covered Benefit	Not a covered Benefit	None	None
D1782	Vaccine administration - human papillomavirus - Dose 2	Not a covered Benefit	Not a covered Benefit	None	None
D1783	Vaccine administration - human papillomavirus - Dose 3	Not a covered Benefit	Not a covered Benefit	None	None
D1999	Unspecified preventive procedure by report	Not a covered Benefit	Not a covered Benefit	None	None

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Restorative D2140 to D2999

		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
<p>AMALGAM RESTORATIONS (INCLUDING POLISHING): Amalgam restorations include tooth preparation, localized tissue removal, base, indirect pulp cap, local anesthesia all adhesives (including amalgam bonding agents), liners, and bases are included as part of the restoration. If used, pins should be reported separately (see D2951). Restorations only allowed for fracture or decay. Restorations for erosion, attrition, or abrasion are not covered benefits.</p>					
D2140	Amalgam - one (1) surface, permanent or primary	One (1) restoration per surface per tooth per twelve (12) month period	One (1) restoration per surface per tooth per twelve (12) month period	Coverage includes polishing. Limited to one (1) surface (O, M, D, B, and L) per twelve (12) month period regardless of materials used and how many separate restorations share the same surface. Example: Two (2) separate restorations, an MO and DO will be paid as a D2160 MOD. There is a twelve (12) month waiting period between services	Tooth identification, Surface identification
D2150	Amalgam - two (2) surfaces, permanent or primary				
D2160	Amalgam - three (3) surfaces, permanent or primary				
D2161	Amalgam - four (4) or more surfaces, permanent or primary				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
<p>RESIN-BASED COMPOSITE RESTORATIONS: Resin refers to a broad category of materials including, but not limited to, composites. May include bonded composite, light-cured composite, etc. Tooth preparation, acid-etching, adhesives (including resin bonding agents) liners, and bases and curing are included as part of the restoration. Resin restorations include tooth preparation, localized tissue removal, base, indirect pulp cap and local anesthesia. Glass ionomers, when used as restorations, should be reported with these codes. If pins are used, please report them separately (see D2951). Restorations are only allowed for fracture or decay. Restorations for erosion, attrition, or abrasion are not covered benefits.</p>					
D2330	Resin-based composite, one (1) surface, anterior	One (1) restoration per surface per tooth per twelve (12) month period	One (1) restoration per surface per tooth per twelve (12) month period	Limited to one (1) surface (I, M, D, B, and L) per twelve (12) month period regardless of materials used and how many separate restorations share the same surface. Example: Two (2) separate restorations, an ML and DL will be paid as a D2332 MLD, or MFD.	Tooth identification, Surface identification
D2331	Resin-based composite, two (2) surfaces, anterior				
D2332	Resin-based composite three (3) surfaces, anterior				
D2335	Resin-based composite, four (4) or more surfaces or involving incisal angle, anterior				
D2390	Resin-based composite crown, anterior	One (1) restoration per surface per tooth per twelve (12) month period	Not covered	Limited to anterior teeth, not to be used as a temporary crown for a routine prosthetic restoration	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2391	Resin-based composite, one surface, posterior, permanent or primary	One (1) restoration per surface per tooth per twelve (12) month period	One (1) restoration per surface per tooth per twelve (12) month period	Specify surfaces and tooth numbers. Limited to one (1) surface (O, M, D, B, L) per twelve (12) month period regardless of materials used and how many separate restorations share the same surface. Example: Two (2) separate restorations, an MO and DO will be paid as a D2393 MOD. There is a twelve (12) month waiting period between services	Tooth identification, Surface identification
D2392	Resin-based composite, two (2) surfaces posterior. Permanent, or primary				
D2393	Resin-based composite 3 three (3) surfaces posterior, permanent or primary				
D2394	Resin-based composite, four (4) or more surfaces, posterior permanent, or primary				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
GOLD FOIL RESTORATIONS					
D2410	Gold foil, one (1) surface	Not covered	Not covered	None	None
D2420	Gold foil, two (2) surfaces				
D2430	Gold foil, three (3) surfaces				
INLAY/ONLAY RESTORATIONS					
When services are covered:					
To restore fractured or severely diseased teeth that cannot properly be restored by direct amalgam or resin restorations. Teeth must be endodontically and periodontally sound. Onlays are defined as needing buccal and or lingual cusp reduction and coverage.					
When services are not covered:					
Cosmetic purposes or to restore or treat complications of non-covered procedures. To treat TMJ dysfunction. Increase vertical dimension. Restore occlusion lost through erosion, abrasion, or attrition. Correction of congenital or developmental abnormalities.					
Benefit criteria and limitations:					
Restoration is covered only once every five (5) years. Members fifteen (15) years or older. Permanent teeth only. Service or completion date is the cementation date. Service includes preparation of teeth, indirect pulp caps, bases, liners, laboratory costs, temporary crowns/bridges, cementation, and local anesthesia. If an alternate benefit is paid, the member is responsible for the difference between The Plan allowance and provider's billed charge. Gingivectomy performed in conjunction with an inlay/onlay is considered a part of the procedure and cannot be billed separately.					

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2510	Inlay - metallic, one (1) surface	One (1) per tooth per twelve (12) months	One (1) per tooth per twelve (12) months	Metallic onlays may be covered when clinical conditions such as extensive caries or fractures do not permit direct restoration. Coverage is for permanent teeth only. The patient must be age fourteen (14) or older. Service or completion date is the cementation date	Tooth identification, Surface identification
D2520	Inlay - metallic, two (2) surfaces	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years		
D2530	Inlay - metallic, three (3) or more surfaces	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years		
D2542	Onlay - metallic, two (2) surfaces	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years		
D2543	Onlay - metallic, three (3) surfaces	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years	Coverage is for permanent teeth only. There is a five (5) year waiting period between services. Not payable in conjunction with procedure codes D2510, D2520, D2530	Tooth identification, Surface identification
D2544	Onlay - metallic, four (4) or more surfaces				
D2610	Inlay - porcelain/ceramic, one (1) surface	One (1) restoration per surface per tooth per twelve (12) month period	One (1) restoration per surface per tooth per twelve (12) month period	Coverage is for permanent teeth only.	Tooth identification, Surface identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2620	Inlay - porcelain/ceramic, two (2) surfaces	One (1) restoration per surface per tooth per five (5) year period	One (1) restoration per surface per tooth per five (5) year period	Coverage is for permanent teeth only	Tooth identification, Surface identification
D2630	Inlay - porcelain/ceramic, three (3) or more surfaces				
D2642	Onlay - porcelain/ceramic, two (2) surfaces				
D2643	Onlay - porcelain/ceramic, three (3) surfaces				
D2644	Onlay - porcelain/ceramic, four (4) or more surfaces				
D2650	Inlay - resin-based composite, one (1) surface	Not a covered benefit	Not a covered benefit	None	None
D2651	Inlay - resin-based composite, two (2) surfaces				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2652	Inlay - resin-based composite, three (3) or more surfaces	Not a covered benefit	Not a covered benefit	None	None
D2662	Onlay - resin-based composite, two (2) surfaces				
D2663	Onlay - resin-based composite, three (3) surfaces				
D2664	Onlay - resin-based composite, four (4) or more surfaces				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
CROWNS, SINGLE RESTORATIONS ONLY					
<p>When services are not covered: Cosmetic purposes or to restore or treat complications of non-covered procedures. To treat TMJ dysfunction. Increase vertical dimension. Restore occlusion lost through erosion, abrasion, or attrition. Correction of congenital or developmental abnormalities.</p> <p>When services are covered: To restore fractured or severely diseased teeth which cannot properly be restored by direct amalgam or resin restorations. Teeth must be endodontically and periodontally sound.</p> <p>Benefit criteria and limitations: Restorations are covered only once every five (5) years Members fifteen (15) years or older. Only Applies to Crown Codes D2710-2799 Permanent teeth only. Service or completion date is the cementation date. Service includes preparation of teeth, indirect pulp cap, bases, liners, laboratory costs, temporary crowns/bridges, cementation, and local anesthesia. Gingivectomy performed in conjunction with a crown preparation is considered a part of the procedure and cannot be billed separately.</p>					
D2710	Crown - resin-based composite (indirect)	Once per tooth per five (5) years for permanent teeth only.	Once per tooth per five (5) years for permanent teeth only.	Crowns are covered as a result of extensive caries or fracture; the tooth cannot be restored with direct restoration. Indirect crowns placed on primary teeth are paid at the stainless- steel rate, except where the permanent tooth is congenitally missing. Sixty (60) month waiting period between services. Service or completion date is the cementation date	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2712	Crown - ¾ resin-based composite (indirect) does not include facial veneers	Once per tooth per five (5) years for permanent teeth only	Not a covered benefit.	None	None
D2720	Crown - resin with high-noble metal	Not a covered benefit			
D2721	Crown - resin with predominantly base metal				
D2722	Crown - resin with noble metal				
D2740	Crown - porcelain/ceramic	Once per tooth per five (5) years for permanent teeth only	Once per tooth per five (5) years for permanent teeth only	Crowns are covered when because of extensive caries or fracture; the tooth cannot be restored with direct restoration. Five (5) year waiting period between services. Service or completion date is the cementation date	Tooth identification
D2750	Crown - porcelain fused to high noble metal				
D2751	Crown - porcelain fused to predominantly base metal				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2752	Crown – porcelain fused to noble metal	Once per tooth per five (5) years for permanent teeth only	Once per tooth per five (5) years for permanent teeth only	Crowns are covered when because of extensive caries or fracture; the tooth cannot be restored with direct restoration. Five (5) year waiting period between services. Service or completion date is the cementation date	Tooth identification
D2753	Crown – porcelain fused to titanium and titanium alloys	Once per tooth per five (5) years for permanent teeth only	Once per tooth per five (5) years for permanent teeth only	Crowns are covered when because of extensive caries or fracture; the tooth cannot be restored with direct restoration. Five (5) year waiting period between services. Service or completion date is the cementation date	Tooth identification
D2780	Crown – ¾ cast high noble metal	Not a covered benefit	Not a covered benefit	None	None
D2781	Crown – ¾ cast predominantly base metal	Once per tooth per five (5) years for permanent teeth only			
D2782	Crown – ¾ cast noble metal	Not a covered benefit			
D2783	Crown – ¾ porcelain/ceramic (not veneers)	Not a covered benefit			
D2790	Crown – full cast high noble metal	Once per tooth per five (5) years for permanent teeth only	Once per tooth per five (5) years for permanent teeth only	None	None
D2791	Crown – full cast predominantly base metal	Once per tooth per five (5) years for permanent teeth only	Once per tooth per five (5) years for permanent teeth only	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2792	Crown - full cast noble metal	Once per tooth per five (5) years for permanent teeth only	Once per tooth per five (5) years for permanent teeth only	None	None
D2794	Crown - titanium	Not a covered benefit	Not a covered benefit	None	None
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression. Not to be used as a temporary crown for routine prosthetic restoration.				
OTHER RESTORATIVE SERVICES					
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Subject to clinical necessity, no frequency limitations Veneers are not a covered benefit	Subject to clinical necessity, no frequency limitations Veneers are not a covered benefit	None	Tooth identification
D2915	Re-cement cast or re-bond indirectly fabricated post and core	Not a covered benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2920	Re-cement or re-bond crown	One (1) six (6) months past insertion date	One (1) six (6) months past insertion date	Maximum two (2) per restoration in a sixty (60) month period with a twelve (12) month waiting period between each service	Tooth identification
D2921	Reattachment of tooth fragment, incisal edge or cusp	Not covered	Not covered	None	None
D2928	Prefabricated porcelain / ceramic crown - permanent tooth	Not covered	Not covered	None	None
D2929	Prefabricated porcelain/ceramic crown- primary tooth	Subject to clinical necessity, no frequency limitations	Not covered	Limited to primary, anterior teeth, not to be used as a temporary crown for routine prosthetic restoration	Tooth identification
D2930	Prefabricated stainless steel crown - primary tooth	One (1) per primary tooth per two (2) year period, up to the fourteenth (14) birthday	One (1) per primary tooth per two (2) year period, up to the fourteenth (14) birthday	Coverage includes indirect pulp caps, bases, liners, and local anesthesia. Prefabricated stainless steel or resin crowns are not covered if used as temporary crowns	Tooth identification
D2931	Prefabricated stainless steel crown - permanent tooth	Not covered	Not covered	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2932	Prefabricated resin crown	One (1) per primary tooth per two (2) year period, up to the fourteenth (14) birthday	Not a covered benefit	Coverage includes indirect pulp caps, bases, liners, and local anesthesia. Prefabricated stainless steel or resin crowns are not covered if used as temporary crowns	Tooth identification
D2933	Prefabricated stainless steel crown with resin window	Not a covered benefit	Not a covered benefit	None	None
D2934	Prefabricated esthetic coated stainless-steel crown - primary tooth	One (1) per primary tooth per twenty-four (24) month period, up to the fourteenth (14) birthday	Not a covered benefit	Coverage includes indirect pulp caps, bases, liners, and local anesthesia. Prefabricated stainless steel or resin crowns are not covered if used as temporary crowns	Tooth identification
D2940	Placement of interim direct restoration	Subject to clinical necessity, no frequency limitations	Subject to clinical necessity, no frequency limitations	Direct placement of restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or a base or liner restoration.	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2949	Restorative foundation for an indirect restoration	Not a covered benefit	Not a covered benefit	Always integral to the restorative procedure	None
D2950	Core buildup, including any pins when required	One (1) per tooth per five (5) years for permanent teeth	One (1) per tooth per five (5) years for permanent teeth	Core buildup is allowed for endodontically treated teeth. Core buildup is covered for vital teeth when more than 50% of the coronal tooth structure is missing. One (1) every sixty (60) months. When combined in a claim with a cast or prefabricated post and core (D2952, D2954), core buildup (D2950) is not paid separately	Tooth identification
D2951	Pin retention - per tooth, in addition to restoration	Once (1) per tooth per twelve (12) months	Once (1) per tooth per twelve (12) months	Pins are covered for permanent teeth only. Pin retention is not covered separately when claimed with cast-post and core, prefabricated-post and core, and core buildup (D2952, D2954, and D2950)	Tooth identification
D2952	Post and core in addition to crown; indirectly fabricated	One (1) per tooth per five (5) years for permanent teeth	One (1) per tooth per five (5) years for permanent teeth	Post and core are not included as part of a crown and are eligible for separate payment. Post and core are covered for permanent teeth that have received root canal therapy. Once every sixty (60) months as needed. Core build-up (D2950) and pin retention (D2951) are not covered separately if claimed with D2952, D2954, D6970 or D6972 on same tooth. Service or completion date is the cementation date	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2953	Each additional indirectly fabricated post - same tooth	One (1) per tooth per five (5) years for permanent teeth	Not a covered benefit	None	Tooth identification
D2954	Prefabricated post and core in addition to crown	One (1) per tooth per five (5) years for permanent teeth	One (1) per tooth per five (5) years for permanent teeth	Prefabricated post and core are not included as part of a crown and are eligible for separate payment. Prefabricated post and core are covered for permanent teeth that have received root canal therapy. Replacement once every sixty (60) months as needed. Core build-up (D2950) and pin retention (D2951) are not covered separately if claimed with D2952, D2954, D6970 or D6972 on same tooth. Service or completion date is the cementation date	Tooth identification
D2955	Post removal	Not a covered benefit	Not a covered benefit	None	None
D2956	Removal of an indirect restoration on a natural tooth - Not to be used for temporary or provisional restoration	Integral	Integral	None	None
D2957	Each additional prefabricated post - same tooth	One (1) per tooth per five (5) years for permanent teeth	Not a covered benefit	Additional prefabricated post and core are not included as part of a crown and are eligible for separate payment and are covered for permanent teeth that have received root canal therapy. Replacement once every sixty (60) months as needed. Core build-up (D2950) and pin retention (D2951) are not covered separately if claimed with D2952, D2954, D6970 or D6972 on same tooth. Completion date is the cementation date	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2960	Labial veneer (resin laminate) - direct	Not a covered benefit	Not a covered benefit	None	None
D2961	Labial veneer (resin laminate) - indirect				
D2962	Labial veneer (porcelain laminate) - indirect				
D2971	Additional procedures to customize a crown to fit under existing partial denture framework	One (1) per tooth per sixty (60) month period, must be reported with individual crown	Not a covered benefit	This procedure is in addition to the separate crown procedure documented with its own code.	Tooth identification and detailed narrative
D2975	Coping	Not a covered benefit	Not a covered benefit	None	None
D2976	Band stabilization - per tooth	Not a covered benefit	Not a covered benefit	None	None
D2980	Crown repair necessitated by restorative material failure	By report	By report	None	Tooth identification and detailed narrative
D2981	Inlay repair necessitated by restorative material failure	By report	Not a covered benefit	One (1) per tooth per twelve (12) months	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D2982	Onlay repair necessitated by restorative material failure	By report	Not a covered benefit	One (1) per tooth per twelve (12) months	Tooth identification
D2983	Veneer repair necessitated by restorative material failure	Not a covered benefit	Not a covered benefit	None	None
D2989	Excavation of a tooth resulting in the determination of non-restorability	Not a covered benefit	Not a covered benefit	None	None
D2990	Resin infiltration of incipient smooth surface lesions	One (1) per covered tooth surface. Maximum age sixteen (16)	Not a covered benefit	One surface per twelve (12) month period, limited to B, L, F surfaces. Molars and Premolars only. Not allowed on tooth with prior restorative history	Tooth identification Surface identification
D2991	Application of hydroxyapatite regeneration medicament - per tooth	Not a covered benefit	Not a covered benefit	None	None
D2999	Unspecified restorative procedure, by report	Not a covered benefit	Not a covered benefit	None	None

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Endodontics D3110 to D3999

Please note the following:

- Endodontic procedures include exams, pulp tests, pulpotomy, pulpectomy, extirpation of pulp, and pre-operative, operative, and post-operative radiographs/diagnostic images, filling of canals, bacteriologic cultures, and local anesthesia.
- Endodontic therapy performed specifically for coping or overdenture is not covered.
- Please bill claims for multiple-stage procedures only on the date of completion/insertion.
- Payment for endodontic services does not mean that benefits will be available for subsequent restorative services. Coverage for those services is still subject to exclusions listed under major restorative guidelines.

		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALLFCLPLANS	ALLFCLPLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
PULP CAPPING					
D3110	Pulp cap direct (excluding final restoration)	Not a covered benefit	Not a covered benefit	None	None
D3120	Pulp cap indirect (excluding final restoration)				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
PULPOTOMY: Therapeutic pulpotomy (excluding final restoration)					
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	Once per tooth per lifetime	Once per tooth per lifetime	To be performed on primary and permanent teeth. Not to be construed as the first stage of root canal therapy. Not to be construed as an emergency procedure to relieve pain or "open and broach." Once per tooth per lifetime. If root canal therapy is performed on the same tooth, there is no separate coverage for the therapeutic pulpotomy	Tooth identification
D3221	Pulpal debridement, primary and permanent teeth	Once per tooth per lifetime	Not a covered benefit	None	Tooth identification
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Not a covered benefit	Not a covered benefit	None	None
ENDODONTIC THERAPY ON PRIMARY TEETH					
D3230	Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration)	Once per tooth per lifetime	Not a covered benefit	Anterior primary tooth only, does not include final restoration	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D3240	Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration)	Once per tooth per lifetime	Not a covered benefit	Posterior primary tooth only, does not include final restoration	Tooth identification
ENDODONTIC THERAPY: Including treatment plan, clinical procedures and follow up care					
D3310	Endodontic Therapy anterior tooth (excluding final restoration)	One (1) per permanent tooth, per lifetime	One (1) per permanent tooth, per lifetime	Pulpectomy, D3221, is considered part of the root canal therapy and is not paid separately. Root canal treatment does not include diagnostic evaluation and necessary diagnostic radiographs. These may be billed separately. Once per permanent tooth	Tooth identification
D3320	Endodontic Therapy premolar tooth (Excluding final restoration)				
D3330	Endodontic Therapy molar tooth (excluding final restoration)				
D3331	Treatment of root canal obstruction; non-surgical access in lieu of surgery	One (1) per permanent tooth, per lifetime	Not a covered benefit	Root canal blocked by foreign bodies or calcification of 50% or more of root	Tooth identification
D3332	Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth	No limitations	Not a covered benefit	Once per tooth per lifetime	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D3333	Internal root repair of perforation defects non-surgical seal of perforation caused by resorption and/or decay but not iatrogenic by same provider.	Subject to clinical necessity, no frequency limitations	Not a covered benefit	Once per tooth per lifetime	Tooth identification
ENDODONTIC RETREATMENT					
D3346	Retreatment of previous root canal therapy, anterior	One (1) per tooth per lifetime, twelve (12) months post root canal therapy	One (1) per tooth per lifetime, twelve (12) months post root canal therapy	Due to its complexity, non-surgical root canal re-treatment is most frequently performed by Endodontists. Coverage includes post-operative care and local anesthesia. Payable twelve (12) months post treatment following codes D3310, D3320, D3330. Once per tooth per lifetime. Re-treatment of previous root canal therapy is not payable with apicoectomy / periradicular services (D3410, D3421, D3425, D3426, and D3430) and apexification/re-calcification procedures. Post removal (D2955) not to be used with endodontic re-treatment (D3346, D3347, D3348)	Tooth identification
D3347	Retreatment of previous root canal therapy, premolar				
D3348	Retreatment of previous root canal therapy, molar				
APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES					
D3351	Apexification/recalcification - initial visit (apical closure/ calcific repair of perforations, root resorption, etc.)	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D3352	Apexification/recalcification - interim medication replacement	Not a covered benefit	Not a covered benefit	None	None
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)				
D3355	Pulpal regeneration - initial visit				
D3356	Pulpal regeneration - interim medication replacement				
D3357	Pulpal regeneration - completion of treatment				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
APICOECTOMY/PERIRADICULAR SERVICES: Includes all pre-operative radiographs, bacteriologic cultures, local anesthesia, and routine follow-up care					
D3410	Apicoectomy - anterior	No limitations	No limitations	All pre-operative radiographic images, cultures, anesthesia, and routine follow up care is considered integral to this procedure	Tooth and Root identification
D3421	Apicoectomy -premolar (first root)				
D3425	Apicoectomy - molar (first root)				
D3426	Apicoectomy - (each additional root)				
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	Not a covered benefit	Not a covered benefit	None	None
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D3430	Retrograde filling - per root	One (1) per tooth root per lifetime	One (1) per tooth root per lifetime	One per tooth root (not canal) per lifetime, only covered when reported with D3410, D3421, D3425, D3426	Tooth and Root identification
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Not a covered benefit	Not a covered benefit	None	None
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery				
D3450	Root amputation - per root	One (1) per tooth root	One (1) per tooth root per lifetime	One (1) per tooth per lifetime for multi rooted posterior teeth	Tooth identification
D3460	Endodontic endosseous implant	Not a covered benefit	Not a covered benefit	None	None
D3470	Intentional reimplantation (including necessary splinting)				
D3471	Surgical repair of root resorption - anterior	Basic- One (1) per tooth per lifetime. Eligible for review upon appeal	Not Covered	Denied as Integral if reported with an apicoectomy by the same dentist on same date	None
D3472	Surgical repair of root resorption - premolar				
D3473	Surgical repair of root resorption - molar				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
OTHER ENDODONTIC PROCEDURES					
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Basic - once per tooth root per lifetime. Eligible for review on appeal	Not Covered	Denied as integral if reported with an apicoectomy by the same dentist on the same date or any time after.	None
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Basic - once per tooth root per lifetime. Eligible for review on appeal	Not Covered	Denied as integral if reported with an apicoectomy by the sane dentist on the same date or any time after.	None
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Basic - once per tooth root per lifetime Eligible for review on appeal.	Not Covered	Denied as integral if reported with an apicoectomy by the sane dentist on the same date or any time after.	None
D3910	Surgical procedure for isolation of tooth with rubber dam	Not a covered benefit	Not a covered benefit	None	None
D3911	Intraorifice Barrier not to be used as a final restoration	Not a Covered Benefit	Not a covered Benefit	None	None
D3920	Hemi-section (including any root removal), not including root canal therapy	One (1) per posterior tooth per lifetime	One (1) per posterior tooth per lifetime	Allowance is for permanent teeth only. Root canal therapy for the remaining root is covered separately. May be performed once per tooth. Root canal therapy may be completed before Hemi-section services are claimed. A crown/retainer may be allowed for the remaining crown segment, but a pontic for the resected portion of the tooth and root will not be allowed	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D3921	Decoronation or submergence of an erupted tooth. Intentional removal of coronal tooth structure for preservation of the root and surrounding bone.	Covered same as D7210. Eligible for GA/IV Sedation	Covered same as D7210. Eligible for GA/IV Sedation	None	Tooth Identification
D3950	Canal preparation and fitting of preformed dowel or post	Subject to clinical necessity, no frequency limitation	Not a covered benefit	None	Tooth Identification
D3999	Unspecified endodontic procedure, by Report	Not a covered benefit	Not a covered benefit	None	None

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Periodontics D4210 to D4999

Procedure Billing Guidelines

- A quadrant is defined as four (4) or more contiguous teeth in a quadrant. A partial quadrant is defined as one (1) to three (3) teeth in a quadrant. For billing purposes, sextant is not a recognized designation by the American Dental Association.
- To be covered, alveolar crestal bone loss must be evident radiographically for scaling and root planing.
- When more than one (1) periodontal service (codes D4000-D4999) is completed within the same site or quadrant on the same date of service, the Plan will pay for the more extensive treatment as payment for the total service.
- Benefits for all periodontal services are limited to two (2) quadrants per date of service. If you wish to request an exception due to a medical condition that may require your patient to receive extended treatment, please include a detailed narrative including general or intravenous anesthesia record, medical condition and length of appointment time for consideration.

Payment for Surgical Services

- Payment for definitive periodontal service includes follow-up evaluation for both surgical and non-surgical procedures.
- We provide payment only for one (1) surgical procedure per quadrant, per thirty-six (36) months. No more than two (2) quadrants of surgical or non-surgical services may be covered when done on the same date of service. To request an exception due to a medical condition that may require your patient to receive extended periodontal treatment, please submit a detailed narrative including general or intravenous anesthesia record, medical condition, and length of appointment time for consideration with the claim form.
- When localized procedures are performed in the same quadrant within thirty-six (36) months, the payment will not exceed the full quadrant allowance.
- Periodontal services are benefits when performed for the treatment of periodontal disease around natural teeth. There are no benefits for these procedures when billed in conjunction with or in preparation for implants, ridge augmentation, extractions sites and endodontic surgeries.
- When localized surgical or pre-surgical services are performed in the same quadrants within coverage time guidelines, payment for the services will not exceed the full quadrant allowance.

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES): Coverage includes placement and removal of periodontal pack, suture removal, local anesthesia, and postoperative care.					
D4210	Gingivectomy or gingivoplasty - four (4) or more contiguous teeth or tooth- bounded spaces, per quadrant	One (1) per quadrant in a thirty-six (36) month period, age eighteen (18) and older	One (1) per quadrant in a thirty-six (36) month period, age eighteen (18) and older	Coverage allowed when four (4) or more teeth in a quadrant have periodontal pockets measuring 5mm, allowed once every thirty-six (36) months if needed, age eighteen (18) and older	Quadrant identification
D4211	Gingivectomy or gingivoplasty - one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant	Once per one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant in a thirty-six (36) month period, age eighteen (18) and older	Once per one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant in a thirty-six (36) month period, age eighteen (18) and older	Coverage allowed when one (1) to three (3) contiguous teeth or tooth-bounded spaces in a quadrant have periodontal pockets measuring 5mm, allowed once every thirty-six (36) months if needed, age eighteen (18) and older	Tooth, teeth or tooth-bounded spaces identification
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	One (1) per quadrant in a thirty-six (36) month period, age eighteen (18) and older	One (1) per quadrant in a thirty-six (36) month period, age eighteen (18) and older	Considered integral when done in association with restoration/prostheses services on the same date of service	Quadrant identification
D4230	Anatomical crown exposure - four (4) or more contiguous teeth or tooth bounded spaces per quadrant	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D4231	Anatomical crown exposure - one (1) to three (3) teeth or tooth bounded spaces per quadrant	Not a covered benefit	Not a covered benefit	None	None
D4240	Gingival flap procedure, including root planing - four (4) or more contiguous teeth or tooth- bounded spaces per quadrant	One per quadrant per thirty-six (36) month period, age eighteen (18) or older	One per quadrant per thirty-six (36) month period, age eighteen (18) or older	Coverage of D4240 is allowed when four (4) or more teeth in a quadrant have periodontal pockets measuring four (4) mm or greater. If less than four (4) teeth are involved, use CDT code D4241. May be performed once every thirty-six (36) months if needed. Patient must be eighteen (18) years or older. concurrent to D4240 and should be reported separately using their own unique codes.	Quadrant identification
D4241	Gingival flap procedure - including root planing one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant	One per quadrant per thirty-six (36) month period, age eighteen (18) or older	One per quadrant per thirty-six (36) month period, age eighteen (18) or older	Coverage of D4241 is allowed when one (1) to three (3) in a quadrant have periodontal pockets measuring four (4) mm or greater. May be performed once every thirty-six (36) months if needed. Patient must be eighteen (18) years or older. concurrent to D4240 and should be reported separately using their own unique codes	Tooth identification
D4245	Apically repositioned flap	Not a covered benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALLFCLPLANS	ALLFCLPLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D4249	Clinical crown lengthening- hard tissue	One (1) per tooth per lifetime, age eighteen (18) and older	One (1) per tooth per lifetime, age eighteen (18) and older	One per tooth per lifetime. Procedure must alter the crown to root ratio and be performed in a healthy periodontal environment to be covered. Not covered when performed on the same day and by the same provider as crown preparation/insertion or when performed for aesthetic purposes or in conjunction with osseous surgery in the same quadrant	Tooth identification
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four (4) or more contiguous teeth or tooth- bounded spaces per quadrant	Once per quadrant per thirty-six (36) months, age eighteen (18) and older	Once per quadrant per thirty-six (36) months, age eighteen (18) and older	Osseous surgery is a benefit when four (4) or more teeth in a quadrant have periodontal pockets measuring 5mm or greater. May be performed once in a thirty-six (36) month period. Patient must be eighteen (18) years or older	Quadrant identification
D4261	Osseous surgery, (including elevation of a full thickness flap and closure) one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant	Once per one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant in a thirty- six (36) month period, age eighteen (18) and older	Once per one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant in a thirty- six (36) month period, age eighteen (18) and older	Osseous surgery is a benefit when one (1) to three (3) contiguous teeth or tooth bounded spaces in a quadrant have periodontal pockets measuring 5mm or greater. May be performed once in a thirty-six (36) month period. Patient must be eighteen (18) years or older	Tooth, teeth or tooth- bounded spaces identification
D4263	Bone replacement graft - first site in quadrant	Once per site per quadrant per thirty- six (36) months, age eighteen (18) and older	Once per site per quadrant per thirty-six (36) months, age eighteen (18) and older	One (1) per tooth per thirty-six (36) months, not covered when used in an edentulous space, extraction site or with routine apicoectomy, cystectomy, sinus augmentation, ridge augmentation, mucogingival grafts or implant procedure	Tooth identification
D4264	Bone replacement graft - each additional site in quadrant	Once per site per quadrant per thirty- six (36) months, age eighteen (18) and older	Once per site per quadrant per thirty-six (36) months, age eighteen (18) and older	One (1) per tooth per thirty-six (36) months, not covered when used in an edentulous space, extraction site or with routine apicoectomy, cystectomy, sinus augmentation, ridge augmentation, mucogingival grafts or implant procedure	Tooth identification

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALLFCLPLANS	ALLFCLPLANS
CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site. Biologic materials may be used alone or with other regenerative substrates such as bone and barrier membranes, depending upon their formulation and the presentation of the periodontal defect. This procedure does not include surgical entry and closure, wound debridement, osseous contouring, or the placement of graft materials and/or barrier membranes. Other separate procedures may be required concurrent to D4265 and should be reported using their own unique codes.	Not a covered benefit	Not a covered service	None	None
D4266	Guided tissue regeneration, natural teeth- resorbable barrier, per site This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth	Once per site per thirty-six (36) months, age eighteen (18) and older	Once per site per thirty-six (36) months, age eighteen (18) and older	The patient must be age eighteen (18) or older Dental Advisor review is required	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D4267	Guided tissue regeneration non- resorbable barrier, per site This procedure does not include flap entry and closure, or, when indicated, wound debridement, osseous contouring, bone replacement grafts, and placement of biologic materials to aid in osseous regeneration. This procedure can be used for periodontal defects around natural teeth	Once per site per thirty-six (36) months, age eighteen (18) and older	Once per site per thirty-six (36) months, age eighteen (18) and older	The patient must be age eighteen (18) or older Dental Advisor review is required	None
D4268	Surgical revision procedure, per tooth	Not a covered Benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D4270	Pedicle soft tissue graft procedure	Once per site per thirty-six (36) months, per area age eighteen (18) and older	Once per site per thirty-six (36) months, per area age eighteen (18) and older	Coverage is allowable once per site per thirty-six (36) month period. Services covered in conjunction with natural teeth. The patient must be age eighteen (18) or older. Not covered for cosmetic purposes	Tooth identification
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position				
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures on the same anatomical area)	Not a covered benefit	Not a covered benefit	None	None
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant or edentulous tooth position in graft	Once per site per thirty-six (36) months, per area age eighteen (18) and older	Once per site per thirty-six (36) months, per area age eighteen (18) and older	Coverage is allowable once per site per thirty-six (36) month period. Services covered in conjunction with natural teeth. The patient must be age eighteen (18) or older. Not covered for cosmetic purposes	Tooth identification
D4276	Combined connective tissue and pedicle graft, per tooth. Advanced gingival recession often cannot be corrected with a single procedure. Combined tissue grafting procedures are needed to achieve the desired outcome.				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant, or edentulous tooth position in graft	Once per site per thirty-six (36) months, per area age eighteen (18) and older	Once per site per thirty-six (36) months, per area age eighteen (18) and older	Coverage is allowable once per site per thirty-six (36) months. The patient must be age eighteen (18) or older. Not covered for cosmetic purposes	Tooth identification
D4278	Free soft tissue graft procedure (including recipient and donor site surgical sites), each additional contiguous tooth, implant, or edentulous tooth, position in same graft site				
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Once per site per thirty-six (36) months, per area age eighteen (18) and older	Not a covered benefit	Coverage is allowable once per site per thirty-six (36) months. The patient must be age eighteen (18) or older. Not covered for cosmetic purposes	Tooth identification
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant, or edentulous tooth position in same graft site				
D4286	Removal of non-resorbable barrier	Not a covered benefit	Not a Covered Benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
NON-SURGICAL PERIODONTAL SERVICES					
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns. Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength	Not a covered benefit	Not a covered benefit	None	None
D4323	Splint – Extra-coronal; natural teeth or prosthetic crowns. Additional procedure that physically links individual teeth or prosthetic crowns to provide stabilization and additional strength				
D4341	Periodontal Scaling and Root planning (SRP) four (4) or more teeth Per Quadrant	One (1) per quadrant per twenty-four (24) month period, age eighteen (18) or older *Note: If a member has diabetes, CAD, stroke or is pregnant and enrolled in Oral Health for Overall Health, D4341 or D4342 is covered once per quadrant every twenty-four (24) months.	One (1) per quadrant per twenty-four (24) month period, age eighteen (18) or older *Note: If a member has diabetes, CAD, stroke or is pregnant and enrolled in Oral Health for Overall Health, D4341 or D4342 is covered once per quadrant every twenty-four (24) months.	Periodontal scaling and root planning may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre- surgical procedures in others a benefit when less than four (4) teeth in a quadrant have periodontal pockets measuring 4mm or greater. Once every twenty-four (24) months. Patient must be eighteen (18) years and older. Gross debridement of calculus and polishing of all teeth are considered integral to this procedure	Tooth identification
D4342	Periodontal Scaling and Root planning (SRP) one (1) to three (3) teeth per Quadrant				

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
OTHER PERIODONTAL SERVICES					
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after evaluation	Twice per benefit period age eighteen (18) and older *Note: If a member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 is covered once every three (3) months.	Twice per benefit period age eighteen (18) and older *Note: If a member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 is covered once every three (3) months.	Two (2) per benefit period either D1110 or D4346. Code D4346 may be used for members age eighteen (18) and older.	None
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	One (1) per thirty-six (36) months, age eighteen (18) and older. Not to be completed on the same day as D0150, D0160 or D0180	One (1) per thirty-six (36) months, age eighteen (18) and older. Not to be completed on the same day as D0150, D0160 or D0180	To be used when plaque and calculus interfere with the ability to perform a compressive oral evaluation	None
D4381	Localized delivery of antimicrobial agents via controlled-release vehicle into diseased crevicular tissue, per tooth. Not intended for use in cases of generalized periodontitis	Not a covered benefit	Not a covered benefit	None	None
D4910	Periodontal maintenance	Two (2) per benefit period, includes prophylaxis, age eighteen (18) or older. *Note: If a member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 is covered once every three (3) months.	Two (2) per benefit period, includes prophylaxis, age eighteen (18) or older. *Note: If a member is enrolled in Oral Health for Overall Health, D1110/D1120 or D4346 or D4910 is covered once every three (3) months.	Periodontal maintenance includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site-specific scaling and root planing where indicated, and polishing the teeth. Periodontal maintenance is covered two (2) times per benefit period following surgical and definitive non-surgical therapy. The patient must be age eighteen (18) or older. Periodontal maintenance should not be performed on same day as periodontal surgery	None

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
OTHER PERIODONTAL SERVICES					
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Not a covered benefit	Not a covered benefit	None	None
D4921	Gingival irrigation with a medicinal agent - per quadrant	Not a covered benefit	Not a covered benefit	Integral to D4910, D4342, D4341, D4346, D4355	None
D4999	Unspecified periodontal procedure, by report	Not a covered benefit	Not a covered benefit	None	None

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Prosthodontics, Removable D5110 to D5899

Please bill claims for multiple-stage procedures on the date of completion/insertion. Services may be non-covered for the following conditions:

- Untreated bone loss: An abutment tooth has poor-to-hopeless prognosis from either a restorative or periodontal perspective
- Periapical pathology or unresolved, incomplete, or failed endodontic therapy
- Treatment of TMJ to increase vertical dimension or restore occlusion

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
COMPLETE DENTURES: Including routine post-delivery care					
D5110	Complete denture - maxillary	One (1) in five (5) years	One (1) in five (5) years	Complete denture coverage includes routine post-delivery care	None
D5120	Complete denture - mandibular				
D5130	Immediate denture - maxillary			Immediate dentures are not considered temporary dentures. Coverage includes routine follow-up care. Once every sixty (60) months	
D5140	Immediate denture - mandibular				

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
PARTIAL DENTURES: For the following codes, denture base presumed to include any conventional clasps, rests, and teeth					
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	One (1) in five (5) years	One (1) in five (5) years	Partial denture includes acrylic resin-based denture with resin or wrought wire clasps (D5211, D5212). Coverage includes routine post-delivery care. Precision attachments are not a benefit for removable partial dentures. One (1) partial denture, per arch, in a sixty (60) month period	Arch identification
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)				
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional rests, clasps and teeth)				
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional rests, clasps and teeth)				
D5221	Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	Not a covered benefit	Not a covered benefit	None	None
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One (1) in five (5) years	Not a covered benefit	Partial denture includes acrylic resin-based denture with resin or wrought wire clasps (D5211, D5212). Coverage includes routine post- delivery care. Precision attachments are not a benefit for removable partial dentures. One (1) partial denture, per arch, in a sixty (60) month period	Arch identification
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)				
D5225	Maxillary partial denture - flexible base (including any retentive/clasping materials, rests and teeth)				
D5226	Mandibular partial denture- flexible base (including any retentive/clasping materials, rests and teeth)				
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	Covered, Same as D5221 One (1) in five (5) years	Covered, Same as D5221 One (1) in five (5) years	None	Arch identification
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5282	Removable unilateral partial denture - one (1) piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	Not a covered Benefit	Not a covered benefit	None	None
D5283	Removable unilateral partial denture - one (1) piece cast metal (including retentive clasping materials, rests and teeth), mandibular	Not a Covered Benefit	Not a covered benefit	None	None
D5284	Removable unilateral partial denture - one (1) piece flexible base (including retentive/clasping materials, rest and teeth) per quadrant	Not a covered benefit	Not a covered benefit	None	None
D5286	Removable unilateral partial denture - one (1) piece resin (including retentive/clasping materials, rest and teeth) per quadrant	Not a covered benefit	Not a covered benefit	None	None
D5410	Adjust complete denture - maxillary	Two (2) per benefit period	Two (2) per benefit period	Coverage is available six (6) months after the date of insertion of the complete or partial denture. Two (2) adjustments are allowed per arch per benefit period	Arch identification
D5411	Adjust complete denture - mandibular				
D5421	Adjust partial denture - maxillary				
D5422	Adjust partial denture - mandibular				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5511	Repair broken complete denture base, mandibular	No frequency limitations	No frequency limitations	All lab related fees	Arch identification
D5512	Repair broken complete denture base, maxillary	No frequency limitations	No frequency limitations	All lab related fees	Arch identification
D5520	Replace missing or broken teeth complete denture - per tooth	No frequency limitations	No frequency limitations	All lab related fees	Tooth identification
D5611	Repair resin partial denture base, mandibular	No frequency limitations	No frequency limitations	All lab related fees	Arch identification
D5612	Repair resin partial denture base, maxillary				
D5621	Repair cast framework, mandibular				
D5622	Repair cast framework, maxillary				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5630	Repair or replace broken retentive/clasping materials per tooth	No frequency limitations	No frequency limitations	All lab related fees	Tooth identification
D5640	Replace missing or broken teeth- partial denture - per tooth	No frequency limitations	No frequency limitations	All lab related fees	Tooth identification
D5650	Add tooth to existing partial denture - per tooth				
D5660	Add clasp to existing partial denture				
D5670	Replace all teeth and acrylic on cast metal framework - (maxillary)	Once per three (3) years	Once per three (3) years	Allowed five (5) years after initial placement	Arch identification
D5671	Replace all teeth and acrylic on cast metal framework - (mandibular)				
DENTURE REBASE PROCEDURES: Process of refitting a denture by replacing the base material					
D5710	Rebase complete maxillary denture	Once per three (3) years	Once per three (3) years	Coverage of a rebase is available six (6) months after the date of insertion of the denture. One (1) rebase allowed in a three (3) year period	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5711	Rebase complete mandibular denture	Once per 3 (three) years	Once per 3 (three) years	Coverage of a rebase is available six (6) months after the date of insertion of the denture. One (1) rebase allowed in a three (3)-year period	None
D5720	Rebase maxillary partial denture				
D5721	Rebase mandibular partial denture				
D5725	Rebase hybrid prosthesis Replacing the base material connected to the framework.	Covered, Same as D5720/D5721	Covered, Same as D5720/D5721		None
DENTURE RELINE PROCEDURES: The process of resurfacing the tissue side of a denture with new base material					
D5730	Reline complete maxillary denture (direct)	Once per 3 (three) years	Once per 3 (three) years	Coverage of a rebase is available six (6) months after the date of insertion of the denture. One (1) rebase allowed in a three (3)-year period	None
D5731	Reline complete mandibular denture (direct)				
D5740	Reline maxillary partial denture (direct)				
D5741	Reline mandibular partial denture (direct)				
D5750	Reline complete maxillary denture (indirect)				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5751	Reline complete mandibular denture (indirect)	Once per 3 (three) years	Once per 3 (three) years	Coverage of a rebase is available six (6) months after the date of insertion of the denture. One (1) rebase allowed in a three (3) year period	None
D5760	Reline upper maxillary partial denture (indirect)				
D5761	Reline mandibular partial denture (indirect)				
D5765	Soft liner for complete or partial removable denture - indirect. A discrete procedure provided when the dentist determines placement of the soft liner is clinically indicated.	Not covered in addition to D5730-D5761 Covered same as D5730 if reported separately Once per three (3) years	Not covered in addition to D5730- D5761 Covered same as D5730 if reported separately Once per three (3) years	None	None
INTERIM PROSTHETIC SERVICES					
D5810	Interim complete denture (maxillary)	Not a covered benefit	Not a covered benefit	None	None
D5811	Interim complete denture (mandibular)				
D5820	Interim partial denture (including retentive/clasping materials, rests and teeth), maxillary				
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
OTHER REMOVABLE PROSTHETIC SERVICES					
D5850	Tissue conditioning, maxillary	Twice per benefit period	Twice per benefit period	A maximum of two (2) tissue conditioning treatments per arch are covered prior to impressions for reline or denture prosthesis Service covered twice per arch per benefit period	Arch identification
D5851	Tissue conditioning, mandibular				
D5862	Precision attachment, by report	Not a covered benefit	Not a covered benefit	Each pair of male components should be reported as one precision attachment. Describe the type of attachment used.	None
D5863	Overdenture - complete maxillary - natural tooth borne			None	
D5864	Overdenture - partial maxillary - natural tooth borne			None	
D5865	Overdenture - complete mandibular - natural tooth borne			None	
D5866	Overdenture - partial mandibular - natural tooth borne			None	
D5867	Replacement of replaceable part of semi- precision or precision attachment, per attachment - natural tooth borne			None	

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5875	Modification of removable prosthesis following implant surgery	Not a covered benefit	Not a covered benefit	None	None
D5876	Add metal substructure to acrylic complete denture (per arch)				
D5877	Duplication of a complete denture - maxillary				
D5878	Duplication of a complete denture - mandibular				
D5899	Unspecified removable prosthodontic procedure, by report				
MAXILLOFACIAL PROSTHETICS					
D5909	Maxillary guidance prosthesis with guide flange	Not a covered benefit	Not a covered benefit	None	None
D5911	Facial moulage (sectional)				
D5912	Facial moulage (complete)				
D5913	Nasal prosthesis				
D5914	Auricular prosthesis				
D5915	Orbital prosthesis				
D5916	Ocular prosthesis				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5919	Facial prosthesis	Not a covered benefit	Not a covered benefit	None	None
D5922	Nasal septal prosthesis				
D5923	Ocular prosthesis, interim				
D5924	Cranial prosthesis				
D5925	Facial augmentation implant prosthesis				
D5926	Nasal prosthesis, replacement	Not a covered benefit	Not a covered benefit	None	None
D5927	Auricular prosthesis, replacement				
D5928	Orbital prosthesis, replacement				
D5929	Facial prosthesis, replacement				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5930	Maxillary guidance prosthesis without guide flange	Not a covered benefit	Not a covered benefit	None	None
D5931	Obturator prosthesis, surgical				
D5932	Obturator prosthesis, definitive				
D5933	Obturator prosthesis, modification				
D5934	Mandibular guidance prosthesis with guide flange				
D5935	Mandibular guidance prosthesis without guide flange	Not a covered benefit	Not a covered benefit	None	None
D5936	Obturator prosthesis, interim				
D5937	Trismus appliance (not for TMD treatment)				
D5938	Resection prosthesis, maxillary complete removal				
D5939	Resection prosthesis, mandibular complete removal				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS		ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions		Submission Requirements
D5940	Resection prosthesis, maxillary partial removable	Not a covered benefit	Not a covered benefit	None		None
D5941	Resection prosthesis, mandibular partial removable	Not a covered benefit	Not a covered benefit	None		None
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Not a covered benefit	Not a covered benefit	None		None
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Not a covered benefit	Not a covered benefit	None		None
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Not a covered benefit	Not a covered benefit	None		None
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Not a covered benefit	Not a covered benefit	None		None
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Not a covered benefit	Not a covered benefit	None		None
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Not a covered benefit	Not a covered benefit	None		None
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Not a covered benefit	Not a covered benefit	None		None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Not a covered benefit	Not a covered benefit	None	None
D5951	Feeling Aid				
D5952	Speech aid prosthesis, pediatric				
D5953	Speech aid prosthesis, adult				
D5954	Palatal augmentation prosthesis	Not a covered benefit	Not a covered benefit	None	None
D5955	Palatal lift prosthesis, definitive				
D5958	Palatal lift prosthesis, interim				
D5959	Palatal lift prosthesis, modification				
D5960	Speech aid prosthesis, modification				
D5982	Surgical stent for soft tissue healing				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5983	Radiation carrier	Not a covered benefit	Not a covered benefit	None	None
D5984	Radiation shield				
D5985	Radiation cone locator				
D5986	Fluoride gel carrier				
D5987	Commissure splint				
D5988	Surgical splint				
D5991	Vesiculobullous disease medicament carrier				
D5992	Adjust maxillofacial prosthetic appliance, by report				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Not a covered benefit	Not a covered benefit	None	None
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary				
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular				
D5999	Unspecified maxillofacial prosthesis, by report				

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Implant Services D6010 to D6198

Coverage

General Information

Verify member coverage code and eligibility prior to providing implant services as some plans cover implant services and some do not. When services are available as an alternate benefit, the Member is responsible for the difference between The Plan's payment and the provider's charge.

Implant Services

Benefits for dental implants, abutments, and implant/abutment supported crowns are covered up to the member's annual maximum. Coverage may be provided as an alternate benefit.

Coverage for implant services includes the surgical placement of endosteal implants with a minimum age qualification of sixteen (16) for the replacement of teeth numbers two (2) to fifteen (15) and teeth numbers eighteen (18) to thirty-one (31).

The implant benefit does not cover the following services:

- Special preparatory radiographic or imaging studies (i.e., tomographic, CT, or MRI)
- Adjunctive periodontal (D4000 series) or surgical (D7000 series) procedures in preparation for implant placement, in association with implant placement, or in association with salvage attempts of a failing implant; *(covers implants only)*
- Maxillofacial prosthetic procedure D5982, surgical stent (implant positioning type); *(covers implants only)*

Please also note:

- Routine radiographs/diagnostic imaging (i.e., periapical, and panoramic) may be covered under the member's general dental insurance policy to the same extent and under the same conditions and guidelines as those applied to a natural tooth.
- The frequency limitation for dental implants is once per tooth (replacement) per lifetime.

		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
IMPLANT SERVICES: Verify member coverage code and eligibility prior to providing implant services not all plans include implant benefits.					
D6010	Surgical placement of implant body: endosteal implant	One (1) per tooth per lifetime, age sixteen (16) or older	One (1) per tooth per lifetime, age sixteen (16) or older	Second stage implant surgery involves removal of tissue that covers the implant body so that a fixture of any type can be placed. Once per tooth per lifetime Patient must be age sixteen (16) or older	Tooth area identification
D6011	Surgical Access to an implant body (second stage implant surgery)		Not a covered benefit		
D6012	Surgical placement of interim implant body for transitional prosthesis, endosteal implant	Not a covered benefit	Not a covered benefit	None	None
D6013	Surgical placement of mini implant	Two (2) per arch per lifetime in order to stabilize a denture age sixteen (16) or older	Not a covered benefit	Includes all stages of placement, limited to placement to stabilize a denture. Two (2) per arch per lifetime, age sixteen (16) or older	Tooth area identification
D6040	Surgical placement, eposteal implant	Not a covered benefit	Not a covered benefit	None	None
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Integral with 4341/4342 in same quadrant: otherwise, same reimbursement rate as 4342. Basic service regardless of implant coverage	Integral with 4341/4342 in same quadrant: otherwise, same reimbursement rate as 4342. Basic service regardless of implant coverage	None	None
D6050	Surgical placement, transosteal implant	Not a covered benefit	Not a covered benefit	None	
D6051	Placement of Interim Implant Abutment	Not a covered benefit	Not a covered benefit	A healing Cap is not an Interim Abutment	

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
IMPLANT-SUPPORTED PROSTHETICS: Verify member coverage code and eligibility prior to providing implant services not all plans include implant benefits.					
D6055	Connecting bar - implant supported, or abutment supported	Not a covered benefit	Not a covered benefit	None	None
D6056	Prefabricated abutment, includes modification and placement	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6057	Custom fabricated abutment, includes placement	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older		
D6058	Abutment-supported porcelain/ceramic crown	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older		
D6059	Abutment-supported porcelain fused to metal crown (high noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6060	Abutment-supported porcelain fused to metal crown (predominantly base metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6061	Abutment-supported porcelain fused to metal crown (noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6062	Abutment-supported cast metal crown (high noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6063	Abutment-supported cast metal crown (predominantly base metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6064	Abutment-supported cast metal crown (noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6065	Implant-supported porcelain/ceramic crown	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6066	Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6068	Abutment supported retainer for porcelain/ceramic FPD	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6069	Abutment-supported retainer for porcelain fused to metal FPD (high noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6070	Abutment-supported retainer for porcelain fused to metal FPD (predominately base metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6071	Abutment-supported retainer for porcelain fused to metal FPD (noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6072	Abutment-supported retainer for cast metal FPD (high noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6073	Abutment-supported retainer for cast metal FPD (predominately base metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6074	Abutment-supported retainer for cast metal FPD (noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6075	Implant-supported retainer for ceramic FPD	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6076	Implant-supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6077	Implant-supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion, and all lab fees	Tooth identification
OTHER IMPLANT SERVICES: Verify member coverage code and eligibility prior to providing implant services not all plans include implant benefits.					
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments	One (1) per six (6) months, age sixteen (16) or older	One (1) per six (6) months, age sixteen (16) or older	All teeth combined, not per tooth, one (1) per six (6) months. Age sixteen (16) or older	Arch identification
D6081	Scaling and debridement of a single implant in the presence of mucositis including inflammation, bleeding upon probing and increased pocket depth includes cleaning of the implant surfaces, without flap entry and closure	Covered This procedure is not performed in conjunction with D1110, D4910 or D4346.	Not a covered benefit	None	None
D6082	Implant supported crown - porcelain fused to predominately base alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6083	Implant supported crown - porcelain fused to noble alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6085	Interim implant crown	Not a covered benefit	Not a covered benefit	Placed when a period of healing is necessary prior to fabrication and placement of the definitive prosthesis	None
D6086	Implant supported crown - predominantly base alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6087	Implant supported crown - noble alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6088	Implant supported crown - titanium and titanium alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6089	Accessing and retorquing loose implant screw - per screw	If implants are covered - minimum age sixteen (16) once per tooth per twelve (12) months	If implants are covered - minimum age sixteen (16) once per tooth per twelve (12) months	One (1) Per 12 Months	Tooth identification
D6090	Repair of implant/abutment supported prosthesis	One (1) per arch per six (6) months, age sixteen (16) or older	One (1) per arch per six (6) months, age sixteen (16) or older	Once per arch per six (6) months; One per maxillary arch (01 -16) and one (1) per mandibular arch (17 - 32) for a total of two (2)	Arch identification
D6091	Replacement of semi- precision or precision attachment of implant/abutment supported prosthesis, per attachment	Not a covered benefit	Not a covered benefit	None	None
D6092	Re-cement or re-bond implant/abutment- supported crown	One (1) per tooth per twelve (12) months, age sixteen (16) or older	One (1) per tooth per twelve (12) months, age sixteen (16) or older	One (1) per abutment supported crown, per twelve (12) months, age sixteen (16) or older	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6093	Re-cement or re-bond implant/abutment-supported fixed partial denture	One (1) per twelve (12) months, age sixteen (16) or older	One (1) per twelve (12) months, age sixteen (16) or older	One (1) per abutment supported fixed partial denture, per twelve (12) months, age sixteen (16) or older	Arch or quadrant identification
D6094	Abutment supported crown, (titanium)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6096	Remove broken implant retaining screw	One (1) per tooth, per six (6) months, age sixteen (16) or older	One (1) per tooth, per six (6) months, age sixteen (16) or older	Once per tooth per six (6) months, age sixteen (16) or older	Tooth identification
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per sixty (60) months, age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6098	Implant supported retainer - porcelain fused to predominately base alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per 5 years, age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys A metal-ceramic retainer for a fixed partial denture that gains retention, support and stability from an implant.	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per 5 years, age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6100	Surgical removal of Implant body	One (1) per tooth per lifetime, age sixteen (16) or older	One (1) per tooth per lifetime, age sixteen (16) or older	Once per implant/tooth per lifetime, age sixteen (16) or older	Tooth identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6101	Debridement of a peri- implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Not a covered benefit	Not a covered benefit	None	None
D6102	Debridement and osseous contouring of a peri- implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Not a covered benefit	Not a covered benefit	None	None
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately				
D6104	Bone graft at time of implant placement				
D6105	Removal of implant body not requiring bone removal nor flap elevation	Covered Benefit if Implant Rider - same limitations apply	Covered Benefit if Implant Rider - same limitations apply	None	None
D6106	Guided tissue regeneration - resorbable barrier, per implant	Not a covered benefit	Not a covered benefit	None	None
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	Not a covered benefit	Not a covered benefit	None	None
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	One (1) per arch per sixty (60) months, age sixteen (16) or older	One (1) per arch per sixty (60) months, age sixteen (16) or older	Once per arch per sixty (60) months; One (1) per maxillary arch (01 - 16)	Arch identification

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	One (1) per arch per sixty (60) months, age sixteen (16) or older	One (1) per arch per sixty (60) months, age sixteen (16) or older	Once per arch per sixty (60) months; One (1) per mandibular arch (17 - 32)	Arch identification
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	One (1) per arch per sixty (60) months, age sixteen (16) or older	One (1) per arch per sixty (60) months, age sixteen (16) or older	Once per arch per sixty (60) months; One (1) per maxillary arch (01 - 16)	Tooth identification
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	One (1) per arch per sixty (60) months, age sixteen (16) or older	One (1) per arch per sixty (60) months, age sixteen (16) or older	Once per arch per sixty (60) months; One (1) per mandibular arch (17 - 32)	Tooth identification
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	One (1) per tooth per sixty (60) months, age sixteen (16) or older	Not a covered benefit	None	Arch identification
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	One (1) per tooth per sixty (60) months, age sixteen (16) or older			Arch identification
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	One (1) per tooth per sixty (60) months, age sixteen (16) or older			Tooth identification

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	One (1) per tooth per sixty (60) months, age sixteen (16) or older	Not a covered benefit	None	Tooth identification
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular.	Not a covered benefit	Not a covered benefit	None	None
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	Not a covered benefit	Not a covered benefit	None	None
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6121	Implant supported retainer for metal FPD - predominately base alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6122	Implant supported retainer for metal FPD - noble alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed including cleansing of prosthesis and abutments. This procedure includes active debriding of the implant(s) and prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s).	Covered Implant Rider D6080, D6081, D6180 Frequency limitations - Two (2) services per calendar year; D6080 and D6081 - make covered	Covered Implant Rider D6080, D6081, D6180 Frequency limitations - Two (2) services per calendar year; D6080 and D6081 - make covered	Deny as MISREPORTED when reported on the same date of service and by the same Provider as a Prophylaxis (D1110), Periodontal maintenance (D4910), or Scaling in the presence of inflammation	Tooth identification
D6190	Radiographic/surgical implant index, by report	Not a covered benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6191	Semi-precision abutment - placement	Not a covered Benefit	Not a covered Benefit	None	None
D6192	Semi-precision attachment- placement	Not a covered Benefit	Not a covered Benefit	None	None
D6193	Replacement of the implant screw	Covered once per tooth per three (3) year period	Covered once per tooth per three (3) year period	None	None
D6194	Abutment-supported retainer crown for FPD, (titanium)	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	None
D6195	Abutment-supported retainer - porcelain fused to titanium and titanium alloys	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years age sixteen (16) or older	One (1) per tooth per five (5) years. Age sixteen (16) or older. Includes preparation, impression, temporary restoration, insertion and all lab fees	None
D6196	Removal of an indirect restoration on an implant retained abutment	Integral	Integral	None	None
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Must have Implant Rider. Same limitations apply	Not a covered benefit	Not Covered if same provider, same implant site within six (6) months of history of payment for initial prosthetic and maintenance services D6051 - D6199	None
D6198	Remove interim implant component. Removal of implant component (e.g., interim abutment; provisional implant crown) originally placed for a specific clinical purpose and period of time determined by the dentist.	Covered as part of implant rider only	Not a covered benefit	None	None
D6199	Unspecified implant procedure, by report	Not a covered benefit	Not a covered benefit	None	None

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Prosthodontics, Fixed D6205 to D6999

		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
<p>When services are covered: Coverage to restore the normal compliment of teeth. Edentulous space must have adequate mesial-distal and vertical dimension to accommodate a functional pontic. Abutment teeth must be endodontically and periodontally sound.</p> <p>When services are not covered: Cosmetic purposes or to restore or treat complications of non-covered procedures. To treat TMJ dysfunction. Increase vertical dimension. Restore occlusion lost through erosion, abrasion, or attrition. Correction of congenital or developmental abnormalities.</p> <p>Benefit criteria and limitations: Restoration is covered only once every five (5) years. Members fifteen (15) years or older. Permanent teeth only. Service or completion date is the cementation date. Service includes preparation of teeth, indirect pulp cap, bases, liners, laboratory costs, temporary crowns/bridges, cementation and local anesthesia. If an alternate benefit is paid, the member is responsible for the difference between The Plan allowance and provider's billed charge. Gingivectomy performed in conjunction with an inlay/onlay is considered a part of the procedure and cannot be billed separately.</p>					
FIXED PARTIAL DENTURE PONTICS					
D6205	Pontic - indirect resin-based composite	Not a covered benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6210	Pontic - cast high noble metal	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years, Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6211	Pontic - cast predominantly base metal	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years, Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6212	Pontic - cast noble metal	Not a covered benefit	Not a covered benefit	None	None
D6214	Pontic - titanium				
D6240	Pontic - porcelain fused to high noble metal	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years, Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6241	Pontic - porcelain fused to predominantly base metal				
D6242	Pontic - porcelain fused to noble metal				
D6243	Pontic - porcelain fused to titanium and titanium alloys	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years, Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6245	Pontic - porcelain/ceramic	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years, Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6250	Pontic - resin with high noble metal	Not a covered benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6251	Pontic - resin with predominantly base metal	Not a covered benefit	Not a covered benefit	None	None
D6252	Pontic - resin with noble metal				
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression.				
D6280	Implant maintenance procedures when a full arch removable implant / abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments- per arch	2X/yr per arch procedure is similar to a prophylaxis regardless of implant coverage	2X/yr per arch procedure is similar to a prophylaxis regardless of implant coverage	None	None
FIXED PARTIAL DENTURE RETAINERS: Inlays/Onlays					
D6545	Retainer - cast metal for resin-bonded fixed prosthesis	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years	One (1) per tooth per five (5) years, Includes preparation, impression, temporary restoration, insertion, and all lab fees	Tooth identification
D6548	Retainer - porcelain/ceramic for resin-bonded fixed prosthesis	Not a covered benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6549	Resin retainer - for resin bonded fixed prosthesis	One (1) per five (5) years	One (1) per five (5) years	One (1) per tooth per five (5) years, includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6600	Retainer Inlay - porcelain/ceramic, two (2) surfaces	One (1) per five (5) years	One (1) per five (5) years	One (1) per tooth per five (5) years, includes preparation, impression, temporary restoration, insertion, and all lab fees	Tooth identification, Surface identification
D6601	Retainer Inlay - porcelain/ceramic, three (3) or more surfaces				
D6602	Retainer Inlay - high-noble metal, two (2) surfaces	Not a covered benefit	Not a covered benefit	None	None
D6603	Retainer Inlay - cast high-noble metal, three (3) or more surfaces				
D6604	Retainer Inlay - cast, predominately base metal, two (2) surfaces.				
D6605	Retainer Inlay - cast, predominately base metal, three (3) or more surfaces				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6606	Retainer Inlay - cast noble metal, two (2) surfaces	One (1) per five (5) years	One (1) per five (5) years	One (1) per tooth per five (5) years, includes preparation, impression, temporary restoration, insertion, and all lab fees	Tooth identification, Surface identification
D6607	Retainer Inlay - cast noble metal, three (3) or more surfaces				
D6608	Retainer Onlay - porcelain ceramic, two (2) surfaces				
D6609	Retainer Onlay - porcelain ceramic, three (3) or more surfaces				
D6610	Retainer Onlay - cast high noble metal, two (2) surfaces	Not a covered benefit	Not a covered benefit	None	None
D6611	Retainer Onlay - cast high noble, three (3) or more surfaces				
D6612	Retainer Onlay - cast predominately base metal, two (2) surfaces				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6613	Retainer Onlay - cast predominately base metal, three (3) or more surfaces	Not a covered benefit	Not a covered benefit	None	None
D6614	Retainer Onlay - cast noble metal, two (2) surfaces				
D6615	Retainer Onlay - cast noble metal, three (3) or more surfaces	One (1) per five (5) years	One (1) per five (5) years	One (1) per tooth per five (5) years, Includes preparation, impression, temporary restoration, insertion, and all lab fees	Tooth identification, Surface identification
D6624	Retainer Inlay - titanium	Not a covered benefit	Not a covered benefit	None	None
D6634	Retainer Onlay -titanium				
FIXED PARTIAL DENTURE RETAINERS: Crowns					
D6710	Retainer Crown - indirect resin- based composite	Not a covered benefit	Not a covered benefit	None	None
D6720	Retainer Crown - resin with high noble metal	One (1) per five (5) years	One (1) per five (5) years	One (1) per tooth per five (5) years, Includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6721	Retainer Crown - resin with predominantly base metal	One (1) per five (5) years	One (1) per five (5) years	One (1) per tooth per five (5) years, includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6722	Retainer Crown - resin with noble metal				
D6740	Retainer Crown - porcelain/ceramic				
D6750	Retainer Crown - porcelain fused to high noble metal				
D6751	Retainer Crown - porcelain fused to predominantly base metal				
D6752	Retainer Crown - porcelain fused to noble metal				
D6753	Retainer Crown - porcelain fused to titanium and titanium alloys				
D6780	Retainer Crown - ¾ cast high noble metal	Not a covered benefit	Not a covered benefit	None	None
D6781	Retainer Crown - ¾ cast predominately base metal	One (1) per five (5) years	Not a covered benefit	One (1) per tooth per five (5) years, includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification, Surface identification

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		CHOICE/ CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D6782	Retainer Crown - ¾ cast noble metal	Not a covered benefit	Not a covered benefit	None	None
D6783	Retainer Crown - ¾ porcelain/ceramic				
D6784	Retainer Crown - ¾ titanium and titanium alloys				
D6790	Retainer Crown - full cast high noble metal	One (1) per five (5) years	One (1) per five (5) years	One (1) per tooth per five (5) years, includes preparation, impression, temporary restoration, insertion and all lab fees	Tooth identification
D6791	Retainer Crown - full cast predominantly base metal				
D6792	Retainer Crown - full cast noble metal				
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	Not a covered benefit	Not a covered benefit	None	None
D6794	Retainer Crown - titanium				

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		CHOICE/ CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
OTHER FIXED PARTIAL DENTURE SERVICES					
D6920	Connector bar	Not a covered benefit	Not a covered benefit	None	None
D6930	Re-cement or re-bond fixed partial denture	Two (2) per five (5) years	Two (2) per five (5) years	Benefit begins six (6) months post insertion date, there is a twelve (12) month waiting period between each service and a maximum two (2) services per restoration per five (5) years	Tooth identification
D6940	Stress breaker	Not a covered benefit	Not a covered benefit	None	None
D6950	Precision attachment	Not a covered benefit	Not a covered benefit	A pair of components constitutes one precision attachment that is separate from the prosthesis	None
D6980	Fixed partial denture repair necessitated by restorative material failure	Individual consideration by report	Individual consideration by report	Individual consideration by report requires a detailed narrative, tooth and or arch identification	Tooth identification, detailed narrative
D6985	Pediatric partial denture, fixed	No frequency limitations	Not a covered benefit		
D6999	Unspecified fixed prosthodontic procedure, by report	Not a covered benefit	Not a covered benefit	None	None

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Oral and Maxillofacial Surgery D7111 to D7999

		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
<p>EXTRACTIONS: Includes local anesthesia, suturing if needed, and routine post-operative care.</p> <p>Bone grafts (D4263, D4264, D4265) and GTR membranes (D4266, D4267) are not covered in conjunction with oral surgery codes (D7000-D7999).</p> <p>Palliative (emergency treatment of dental pain - minor procedures (D9110)) is a covered procedure and paid separately unless submitted in conjunction with a definitive procedure on the same date of service.</p>					
D7111	Extraction - coronal remnants, primary tooth	One (1) per tooth per lifetime	One (1) per tooth per lifetime	The Plan coverage includes local anesthetic, suturing if needed and routine postoperative care. Once per tooth	Tooth identification
D7140	Extraction - erupted tooth or exposed root (elevation and/or forceps removal)				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
SURGICAL EXTRACTIONS: Includes local anesthesia, suturing, if needed, and routine postoperative care					
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	One (1) per tooth per lifetime	One (1) per tooth per lifetime	Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated. Procedures include local anesthesia, suturing if needed and routine postoperative care. Once per tooth	Tooth identification
D7220	Removal of impacted tooth - soft tissue				
D7230	Removal of impacted tooth - partially bony				
D7240	Removal of impacted tooth - completely bony				
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	One (1) per tooth per lifetime	One (1) per tooth per lifetime	Surgical removal of a tooth/roots requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated. Procedures include local anesthesia, suturing if needed and routine postoperative care. Once per tooth	Tooth identification

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7250	Surgical removal of residual tooth roots (cutting procedure)	One (1) per tooth per lifetime	One (1) per tooth per lifetime	Surgical removal of a tooth/roots requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated. Procedures include local anesthesia, suturing if needed and routine postoperative care. Once per tooth	Tooth identification
D7251	Coronectomy: intentional partial tooth removal, impacted teeth only				
D7252	Partial extraction for immediate implant placement then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique sectioning the root of a tooth vertically.	One (1) per tooth per lifetime	One (1) per tooth per lifetime	Implant Rider: Limited to one (1) of Partial extraction for immediate implant placement per permanent maxillary anterior tooth (#6, 7, 8, 9, 10, 11) per lifetime.	Tooth identification
D7259	Nerve dissection	One (1) per permanent tooth per lifetime. Covered with exception:	One (1) per permanent tooth per lifetime. Covered with exception:	Denied as INTEGRAL when reported on the same tooth, on the same date, and by the same Dentist as a Removal of impacted tooth - completely bony, with unusual surgical complications (D7241). AXXXX (NEW DLPS)	Tooth identification
OTHER SURGICAL PROCEDURES					
D7260	Oroantral fistula closure	Not a covered benefit	Not a covered benefit	None	None
D7261	Primary closure of a sinus perforation				
D7270	Tooth re-implantation and/or stabilization of accidentally avulsed or displaced tooth				
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7280	Surgical access of an unerupted tooth	No frequency limitations	No frequency limitations	Procedures include local anesthesia, suturing if needed and routine postoperative care. Once per tooth	Tooth identification
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	No frequency limitations	No frequency limitations	Procedures include local anesthesia, suturing if needed and routine postoperative care. Once per tooth	Tooth identification
D7283	Placement of device to facilitate eruption of impacted tooth				
D7284	Excisional biopsy of minor salivary glands	Not a covered benefit	Not a covered benefit	None	None
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	Not a covered benefit	Not a covered benefit	For partial removal of lesion. This procedure involves biopsy of osseous or intra-osseous lesions (example cyst, tumor) and is not used for apicoectomy/peri radicular surgery. This procedure does not entail an excision.	None
D7286	Incisional biopsy of oral tissue - soft	Not a covered benefit	Not a covered benefit	For partial removal of a lesion. This procedure does not entail an excision.	None
D7287	Exfoliative cytological sample collection	Not a covered benefit	Not a covered benefit	None	None
D7288	Brush biopsy - transepithelial sample collection	Not a covered benefit	Not a covered benefit	None	None
D7290	Surgical repositioning of teeth	Not a covered benefit	Not a covered benefit	None	None
D7291	Transseptal fiberotomy / supra crestal fiberotomy, by report	Not a covered benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7292	Surgical placement of temporary anchorage device (screw retained plate) requiring flap	Not a covered benefit	Not a covered benefit	None	None
D7293	Surgical placement of temporary anchorage device requiring flap				
D7294	Surgical placement of temporary anchorage device without flap				
D7295	Harvest of bone for use in autogenous grafting procedures				
D7296	Corticotomy - one to three teeth or tooth spaces, per quadrant				
D7297	Corticotomy - four or more teeth or tooth spaces, per quadrant				
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	Not Covered	Not Covered	None	None
D7299	Removal of temporary anchorage device, requiring flap				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
ALVEOPLASTY: Surgical Preparation of Ridge					
D7300	Removal of temporary anchorage device without flap	Not Covered	Not Covered	None	None
D7310	Alveoplasty in conjunction with extractions - four (4) or more teeth or tooth spaces, per quadrant	Subject to clinical necessity, no frequency limitations, can be limited to one (1) per lifetime	Subject to clinical necessity, no frequency limitations, can be limited to one (1) per lifetime	Coverage includes suturing, local anesthetic and routine postoperative care. For reporting purposes, a quadrant is defined as four (4) or more contiguous teeth and/or tooth spaces distal to the midline	Quadrant identification
D7311	Alveoplasty in conjunction with extractions - one (1) to three (3) teeth or tooth spaces, per quadrant	Subject to clinical necessity, no frequency limitations, can be limited to one (1) per lifetime	Subject to clinical necessity, no frequency limitations, can be limited to one (1) per lifetime	Coverage includes suturing, local anesthetic and routine postoperative care. For reporting purposes, use this code for a quadrant with less than four (4) contiguous teeth and/or tooth spaces distal to the midline	Tooth identification
D7320	Alveoplasty, not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant				Quadrant identification
D7321	Alveoplasty, not in conjunction with extractions - one (1) to three (3) teeth or tooth spaces, per quadrant				Tooth identification

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	Not a covered benefit	Not a covered benefit	None	None
D7350	Vestibuloplasty - ridge extension (incl. soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Not a covered benefit	Not a covered benefit	None	None
SURGICAL EXCISION OF SOFT TISSUE LESIONS					
D7410	Excision of benign lesion, up to 1.25 cm	Not a covered benefit	Not a covered benefit	None	None
D7411	Excision of benign lesion > 1.25 cm				
D7412	Excision of benign lesion; complicated				
D7413	Excision of malignant lesion up to 1.25 cm				
D7414	Excision of malignant lesion > 1.25 cm				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7415	Excision of malignant lesion, complicated	Not a covered benefit	Not a covered benefit	None	None
SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS					
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	Not a covered benefit	Not a covered benefit	None	None
D7441	Excision of malignant tumor-lesion diameter > 1.25 cm				
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm				
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter >1.25 cm				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7460	Removal of benign non-odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Not a covered benefit	Not a covered benefit	None	None
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm				
D7465	Destruction of lesion(s) by physical or chemical methods, by report				
EXCISION OF BONE TISSUE					
D7471	Removal of lateral exostosis (maxilla or mandible)	Not a covered benefit	Not a covered benefit	None	None
D7472	Removal of torus palatinus				
D7473	Removal of torus mandibularis				
D7485	Surgical reduction of osseous tuberosity				
D7490	Radical resection of maxilla or mandible				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCLPLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7509	Marsupialization of odontogenic cyst (Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch)	Same Benefit coverage D7451	Not a covered benefit	None	None
D7510	Incision and drainage of abscess - intraoral soft tissue	Subject to clinical necessity, no frequency limitations	Subject to clinical necessity, no frequency limitations	Procedure is not to be used for endodontic access and drainage through a tooth or for open and broach	Tooth and Arch identification
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	Not a covered benefit	Not a covered benefit	None	None
D7520	Incision and drainage of abscess - extraoral soft tissue				
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)				
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7540	Removal of reaction producing foreign bodies - musculoskeletal system	Not a covered benefit	Not a covered benefit	None	None
D7550	Partial ostectomy, sequestrectomy for removal of non-vital bone				
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body				
TREATMENT OF FRACTURES: Simple					
D7610	Maxilla - open reduction (teeth immobilized, if present)	Not a covered benefit	Not a covered benefit	None	None
D7620	Maxilla - closed reduction (teeth immobilized, if present)				
D7630	Mandible - open reduction (teeth immobilized, if present)				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7640	Mandible - closed reduction (teeth immobilized, if present)	Not a covered benefit	Not a covered benefit	None	None
D7650	Malar and/or zygomatic arch - open reduction				
D7660	Malar and/or zygomatic arch - closed reduction				
D7670	Alveolus - closed reduction, may include stabilization of teeth				
D7671	Alveolus - open reduction, may include stabilization of teeth				
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches				
TREATMENT OF FRACTURES: Compound					
D7710	Maxilla - open reduction	Not a covered benefit	Not a covered benefit	None	None
D7720	Maxilla - closed reduction				

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7730	Mandible - open reduction	Not a covered benefit	Not a covered benefit	None	None
D7740	Mandible - closed reduction				
D7750	Malar and/or zygomatic arch - open reduction				
D7760	Malar and/or zygomatic arch - closed reduction				
D7770	Alveolus - open reduction stabilization of teeth				
D7771	Alveolus - closed reduction, stabilization of teeth				
D7780	Facial bones - complicated reduction with fixation and multiple surgical approaches				
REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS: Procedures that are an integral part of the primary procedure should not be reported separately					
D7810	Open reduction of dislocation	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7820	Closed reduction of dislocation	Not a covered benefit	Not a covered benefit	None	None
D7830	Manipulation under anesthesia				
D7840	Condylectomy				
D7850	Surgical discectomy; with/without implant				
D7852	Disc repair				
D7854	Synovectomy				
D7856	Myotomy				
D7858	Joint reconstruction				
D7860	Arthrotomy				
D7865	Arthroplasty				
D7870	Arthrocentesis				
D7871	Non-arthroscopic lysis and lavage				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7872	Arthroscopy - diagnosis, with or without biopsy	Not a covered benefit	Not a covered benefit	None	None
D7873	Arthroscopy - surgical: lavage and lysis of adhesions				
D7874	Arthroscopy - surgical: disc repositioning and stabilization				
D7875	Arthroscopy - surgical: synovectomy				
D7876	Arthroscopy - surgical: discectomy				
D7877	Arthroscopy - surgical: debridement				
D7880	Occlusal orthotic device, by report				
D7881	Occlusal orthotic device adjustment				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7899	Unspecified TMD therapy, by report	Not a covered benefit	Not a covered benefit	None	None
REPAIR OF TRAUMATIC WOUNDS: Excludes closure of surgical incisions					
D7910	Suture of recent small wounds up to 5cm	Not a covered benefit	Not a covered benefit	None	None
COMPLICATED SUTURING: Reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure					
D7911	Complicated suture up to 5cm	Not a covered benefit	Not a covered benefit	None	None
D7912	Complicated suture > 5cm				
OTHER REPAIR PROCEDURES					
D7920	Skin grafts (identify defect covered, location, and type of graft)	Not a covered benefit	Not a covered benefit	None	None
D7921	Collection and application of autologous blood concentrate product				
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Always integral	Always integral	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	Not a covered benefit	Not a covered benefit	None	None
D7940	Osteoplasty - for orthognathic deformities	Not a covered benefit	Not a covered benefit	None	None
D7941	Osteotomy - mandibular rami				
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft				
D7944	Osteotomy segmented or subapical				
D7945	Osteotomy - body of mandible				
D7946	Lefort I (maxilla - total)				
D7947	Lefort I (maxilla - segmented)				
D7948	Lefort II or Lefort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7949	Lefort II or Lefort II - with bone graft	Not a covered benefit	Not a covered benefit	None	None
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, autogenous or non-autogenous, by report				
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach				
D7952	Sinus augmentation via a vertical approach				
D7953	Bone replacement graft for ridge preservation - per site				
D7955	Repair of maxillofacial soft and/or hard tissue defect				
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Not a covered benefit	Not a covered benefit	Not a covered benefit	None
D7957	Guided tissue regeneration, edentulous area - Non-resorbable barrier, per site				
D7961	Buccal / labial frenectomy (frenulectomy)	No limits	No Limits	None	None
D7962	Lingual frenectomy (frenulectomy)	No limits	No Limits	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7963	Frenuloplasty	Subject to clinical necessity, no frequency limitations	Subject to clinical necessity, no frequency limitations	Subject to clinical necessity, no frequency limitations, can be limited to one (1) per site per lifetime	Tooth identification
D7970	Excision of hyperplastic tissue - per arch	Not a covered benefit	Not a covered benefit	None	None
D7971	Excision of pericoronal gingiva				
D7972	Surgical reduction of fibrous tuberosity				
D7979	Non-surgical sialolithotomy.				
D7980	Surgical sialolithotomy				
D7981	Excision of salivary gland, by report				
D7982	Sialodochoplasty				
D7983	Closure of salivary fistula				
D7990	Emergency tracheotomy				
D7991	Coronoidectomy				

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D7993	Surgical placement of craniofacial implant - extra oral	Not a covered benefit	Not a covered benefit	None	None
D7994	Surgical placement: zygomatic implant	Not a covered benefit	Not a covered benefit	None	None
D7995	Synthetic graft, mandible or facial bones, by report	Not a covered benefit	Not a covered benefit	None	None
D7996	Implant - mandible for augmentation purposes (excluding alveolar ridge), by report				
D7997	Appliance removal (not by dentist who placed appliance), includes removal of arch bar				
D7998	Intraoral placement of a fixation device not in conjunction with a fracture				
D7999	Unspecified oral surgery procedure, by report				

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Orthodontics D8010 to D8999

FCL offers orthodontic benefits through its PPO plans, to small and large group employers who elect to include orthodontic coverage in their benefit packages.

Through its Value-Added Benefits, FCL also offers an Orthodontic Discount Program to members who utilize FCL's dental PPO networks but whose plans do not include the Orthodontic PPO coverage. This enables those members to receive a twenty percent discount off the provider's usual and customary case fee when utilizing an orthodontist who participates in this program.

Availability of Plans with Orthodontic Benefits

Orthodontic coverage through FCL's PPO plans is available to members of small and large groups.

Orthodontic Benefit Administration

The Orthodontic Discount Plan is available to members who utilize FCL's dental PPO networks but whose plans do not include the Orthodontic PPO coverage.

Limited Orthodontic Treatment

Use these codes for treatment with a limited objective, not involving the entire dentition (e.g., treatment in one (1) arch only to correct crowding, partial treatment to open spaces or upright a tooth for a bridge, implant, or partial treatment for closure of a space). The following orthodontic treatment codes D8000-D8999 may be used more than once for the treatment of a particular patient depending on the particular circumstance. A patient may require more than one limited or comprehensive procedure due to their particular problems.

Comprehensive Orthodontic Treatment

Use these codes when there are multiple phases of treatment provided at different stages of dentofacial development. For example, use of an activator is generally stage one (1) of a two (2) stage treatment; in this situation, placement of fixed appliances will generally be stage two of a two (2) stage treatment. List both treatment phases as comprehensive treatment modified by the stage of dental development.

How to Submit Claims - Please follow these guidelines when submitting claims for orthodontic treatment:

- **Limited and Minor Treatment.** Submit a claim with the appropriate CDT procedure code, including the total treatment fee and the placement date of the appliance. We will make payment after receipt of initial claim for treatment.
- **Comprehensive Treatment.** One (1) installment equal to 25% of the lifetime maximum; pro-rated payments continue monthly until the treatment has ended or a new treatment plan including complete treatment plan information is submitted. For patients whose comprehensive treatment started after their orthodontic benefits became effective, submit the claim with the appropriate CDT procedure code, including the treatment charge and the date treatment began. Payment will be prorated by comparing the banding date to the effective date of coverage and remaining length of treatment. (Accumulation transfers will be considered if provided by prior carrier.) If comprehensive treatment began before the patient's orthodontic benefits became effective, submit the monthly visits and your monthly fee using the appropriate CDT procedure code. When submitting claims for the services included in orthodontic records, itemize the appropriate CDT procedure code for each service (e.g., radiographs, evaluation, study models) with your usual fee. If you have questions regarding a patient's coverage, effective dates, or benefits, call our Dental Customer Service at (866) 445-5148.

Please Note:

A limited number of dental PPO plans have an orthodontic benefits rider. For those plans that do include benefits for orthodontics see the Dental Administrative Manual, Orthodontia section for details on claim submission. Diagnosis, banding date and estimated length of treatment must be submitted with the claim.

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALL FCL PLANS	ALL FCL PLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D8010	Limited orthodontic treatment of the primary dentition	Available as a rider and subject to lifetime maximum and copayment All members that do not have an orthodontic rider are covered by the Orthodontic Discount Value Added Plan	Available as a rider and subject to lifetime maximum and copayment All members that do not have an orthodontic rider are covered by the Orthodontic Discount Value Added Plan	For those plans with an orthodontic rider a lifetime maximum benefit will apply. Claim submission is required All members that do not have an orthodontic rider will receive twenty (20) percent discount off the usual and customary fees of participating orthodontists. Claim submission is not required	Diagnosis, case fee, banding date and estimated length of treatment must be submitted with the claim
D8020	Limited orthodontic treatment of the transitional dentition				
D8030	Limited orthodontic treatment of the adolescent dentition				
D8040	Limited orthodontic treatment of the adult dentition	Not Covered	Not Covered	None	None
D8070	Comprehensive orthodontic treatment of transitional dentition	Not Covered	Not Covered	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALLFCLPLANS	ALLFCLPLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Available as a rider and subject to lifetime maximum and copayment	Available as a rider and subject to lifetime maximum and copayment	For those plans with an orthodontic rider a lifetime maximum benefit will apply. Claim submission is required	Diagnosis, case fee, banding date and estimated length of treatment must be submitted with the claim
D8090	Comprehensive orthodontic treatment of the adult dentition	All members that do not have an orthodontic rider are covered by the Orthodontic Discount Value Added Plan	All members that do not have an orthodontic rider are covered by the Orthodontic Discount Value Added Plan	All members that do not have an orthodontic rider will receive twenty (20) percent discount off the usual and customary fees of participating orthodontists. Claim submission is not required	
D8091	Comprehensive orthodontic treatment associated with orthognathic surgery when additional surgical intervention is planned				
D8210	Removable appliance therapy				
D8220	Fixed appliance therapy	Not Covered	Not Covered	None	None
OTHER ORTHODONTIC SERVICES					
D8660	Pre-orthodontic treatment examination to monitor growth and development	Available as a rider and subject to lifetime maximum and copayment All members without an orthodontic rider are covered by the Orthodontic Discount Value Added Plan	Available as a rider and subject to lifetime maximum and copayment All members without an orthodontic rider are covered by the Orthodontic Discount Value Added Plan	For those plans with an orthodontic rider a lifetime maximum benefit will apply. Claim submission is required All members that do not have an orthodontic rider will receive twenty (20) percent discount off the usual and customary fees of participating orthodontists. Claim submission is not required	Diagnosis, case fee, banding date and estimated length of treatment must be submitted with the claim

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALLFCLPLANS	ALLFCLPLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D8670	Periodic orthodontic treatment visit	Use this code when a dentist has already started a case prior to insurance coverage and is now providing services to a patient who has become a covered subscriber. (The monthly benefit is paid by submission of this code.)	Use this code when a dentist has already started a case prior to insurance coverage and is now providing services to a patient who has become a covered subscriber. (The monthly benefit is paid by submission of this code.)	Submit monthly charge; not fee for whole case	Submit monthly charge; not fee for whole case, with narrative
D8671	Periodic orthodontic treatment visit for comprehensive treatment associated with orthognathic surgery	Covered under Ortho Rider	Covered under Ortho Rider	None	None
D8680	Orthodontic retention (removal of appliances, construction, and placement of retainer(s))	Available as a rider and subject to lifetime maximum and copayment. Service provided by a different orthodontist/billing entity from the dentist/billing entity that submitted the case fee	Available as a rider and subject to lifetime maximum and copayment. Service provided by a different orthodontist/billing entity from the dentist/billing entity that submitted the case fee	Considered integral to the orthodontic case fee, do not bill separately unless service provided by a different orthodontist/billing entity	Integral with case fee submission unless service provided by a different orthodontist/billing entity. By report and subject to consultant review.
D8681	Removable orthodontic retainer adjustment	Not a covered benefit	Not a covered benefit	None	None

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		CHOICE / CHOICE PLUS PPO	GROUP CHOICE COPAYMENT PPO	ALLFCLPLANS	ALLFCLPLANS
CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	Not a covered benefit	Not a covered benefit	None	None
D8696	Repair of orthodontic appliance -maxillary	Not a covered benefit	Not a covered benefit	None	None
D8697	Repair of orthodontic appliance -mandibular	Not a covered benefit	Not a covered benefit	None	None
D8698	Re-cement or re-bond fixed retainer - maxillary	Not a covered benefit	Not a covered benefit	None	None
D8699	Re-cement or re-bond fixed retainer - mandibular	Not a covered benefit	Not a covered benefit	None	None
D8701	Repair of fixed retainer, includes reattachment - maxillary	One (1) per arch per twelve (12) months	One (1) per arch per twelve (12) months	None	Arch identification

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D8702	Repair of fixed retainer, includes reattachment - mandibular	One (1) per arch per twelve (12) months	One (1) per arch per twelve (12) months	None	Arch identification
D8703	Replacement of lost or broken retainer - maxillary	Not a covered benefit	Not a covered benefit	None	None
D8704	Replacement of lost or broken retainer - mandibular	Not a covered benefit	Not a covered benefit	None	None
D8999	Unspecified orthodontic procedure, by report; Used for procedures not adequately described by a code	Not a covered benefit	Not a covered benefit	Will be considered integral if procedure is adequately described by another procedure code	Detailed narrative

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Adjunctive Services D9110 to D9999

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
ADJUNCTIVE GENERAL SERVICES					
D9110	Palliative treatment of dental pain - per visit Treatment that relieves pain but is not curative; services provided do not have distinct procedure codes	Subject to clinical necessity, no frequency limitations	Subject to clinical necessity, no frequency limitations	Palliative treatment is covered when a painful emergency condition requires immediate treatment for relief. To be considered palliative, the procedure should alleviate but not cure. Coverage is for the emergency treatment (per visit) providing no other eligible services, except diagnostic radiographs, are performed. One (1) palliative service per visit. If submitted in conjunction with definitive procedures palliative treatment will be denied	Tooth, Quadrant or Arch identification, detailed narrative must accompany the claim
D9120	Fixed partial denture sectioning	Not a covered benefit	Not a covered benefit	None	None
D9128	Photobiomodulation therapy - first 15-minute increment, or any portion thereof	Not a covered benefit	Not a covered benefit	None	None
D9129	Photobiomodulation therapy - each subsequent 15-minute increment, or any portion thereof	Not a covered benefit	Not a covered benefit	None	None
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	Not a covered benefit	Not a covered benefit	None	None
ANESTHESIA					
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Not a covered benefit	Not a covered benefit	None	None
D9211	Regional block anesthesia	Not a covered benefit	Not a covered benefit	Considered integral to operative or surgical procedures done on same date of service	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D9212	Trigeminal division block anesthesia	Not a covered benefit	Not a covered benefit	Considered integral to operative or surgical procedures done on same date of service	None
D9215	Local anesthesia in conjunction with operative or surgical procedures	Not a covered benefit	Not a covered benefit	None	None
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Not a covered benefit	Not a covered benefit	Considered integral to D9220 process as non-covered provider liability	None
D9222	Administration of deep sedation, general anesthesia - first fifteen (15) minute increment, or any portion thereof	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code	General anesthesia will be paid only when performed in conjunction with a covered oral surgical procedure code on the same date of service and reported on the same claim	None
D9223	Administration of deep sedation, general anesthesia - each subsequent fifteen (15) minute increment , or any portion thereof	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code	General anesthesia will be paid only when performed in conjunction with a covered oral surgical procedure code on the same date of service and reported on the same claim	None
D9224	Administration of general anesthesia with advanced airway - first 15-minute increment, or any portion thereof	Not a covered benefit	Not a covered benefit	None	None
D9225	General anesthesia with advanced airway - each subsequent 15-minute increment, or any portion thereof	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D9230	Administration of nitrous oxide	Not a covered benefit	Not a covered benefit	When nitrous oxide is administered as a single agent	None
D9239	Administration of moderate sedation - intravenous - first 15 minutes increment, or any portion thereof	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code	When moderate sedation is achieved by administration and titration of drug(s) intravenously. With or without co-administration of nitrous oxide.	None
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code	Covered benefit when medically necessary and claimed in conjunction with a covered oral surgical procedure code	Intravenous conscious sedation/analgesia will be paid only when performed in conjunction with a covered oral surgical procedure code on the same date of service and reported on the same claim	None
D9244	In-office administration of minimal sedation - single drug - enteral	Not a covered benefit	Not a covered benefit	None	None
D9245	Administration of moderate sedation - enteral	Not a covered benefit	Not a covered benefit	None	None
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15-minute increment, or any portion	Not a covered benefit	Not a covered benefit	None	None
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15-minute increment, or any portion thereof	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
PROFESSIONAL CONSULTATION					
D9310	Consultation - diagnostic service by dentist or physician other than the practitioner providing treatment	Two (2) per benefit period	Two (2) per benefit period	Covered benefit only when a dentist who is not providing treatment is the consultant, limited to two (2) per benefit period	Detailed narrative including the treating dentist's name
D9311	Consultation with a medical health care professional	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines/Frequency Limitation	Procedure Guidelines/Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
PROFESSIONAL VISITS					
D9410	House/extended care facility call	Not a covered benefit	Not a covered benefit	None	None
D9420	Hospital or ambulatory surgical center call				
D9430	Office visit for observation during regular scheduled hours - no other services performed	Two (2) per benefit period	Two (2) per benefit period		
D9440	Office visit - after regularly scheduled hours	Not a covered benefit	Not a covered benefit		
D9450	Case presentation, subsequent to detailed and extensive treatment planning				

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
DRUGS					
D9610	Therapeutic parenteral drug, single administration	Not a covered benefit	Not a covered benefit	None	None
D9612	Therapeutic parenteral drugs, two (2) or more administrations, different medications				
D9613	Infiltration of sustained release therapeutic drug - per quadrant				
D9630	Other drugs and/or medicaments, by report				

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
MISCELLANEOUS SERVICES					
D9910	Application of desensitizing medicament	No frequency limitations	Not a covered benefit	None	None
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	Not a covered benefit			
D9912	Pre-visit patient screening Capture and documentation of a patient's health status prior to or on the scheduled date of service to evaluate risk of infectious disease transmission if the patient is to be treated within the dental practice.				
D9913	Administration of neuromodulators				
D9914	Administration of dermal fillers				
D9920	Behavior management, by report				

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D9930	Treatment of complications (post- surgical) - unusual circumstances, by report	Not a covered benefit	Not a covered benefit	None	None
D9932	Cleaning and inspection of removable complete denture maxillary	Not a covered benefit	Not a covered benefit	None	None
D9933	Cleaning and inspection of removable complete denture, mandibular	Not a covered benefit	Not a covered benefit	None	None
D9934	Cleaning and inspection of removable partial denture, maxillary	Not a covered benefit	Not a covered benefit	None	None
D9935	Cleaning and inspection of removable partial denture, mandibular	Not a covered benefit	Not a covered benefit	None	None
D9936	Cleaning and inspection of occlusal guard - per appliance	Integral	Integral	None	None
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Not a covered benefit	Not a covered benefit	None	None
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	Not a covered benefit	Not a covered benefit	None	None
D9941	Fabrication of athletic mouthguard	Not a covered benefit	Not a covered benefit	None	None
D9942	Repair and/ or relin of occlusal guard	Not a covered benefit	Not a covered benefit	None	None
D9943	Occlusal guard adjustment	Not a covered benefit	Not a covered benefit	None	None
D9944	Occlusal guard - hard, full arch	Not a covered benefit	Not a covered benefit	None	None

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements				
D9945	Occlusal guard - soft full arch	Not a covered benefit	Not a covered benefit	None	None				
D9946	Occlusal guard - hard appliance, partial arch								
D9947	Custom Sleep Apnea Appliance Fabrication and Placement								
D9948	Adjustment of Custom Sleep Apnea Appliance								
D9949	Repair of custom sleep Apnea Appliance								
D9950	Occlusion analysis - mounted case								
D9951	Occlusal adjustment- limited								
D9952	Occlusal adjustment - complete								
D9953	Reline custom sleep apnea appliance (indirect)								
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device								
D9955	Oral appliance therapy (OAT) titration visit								
D9956	Administration of home sleep apnea test					Not a covered benefit	Not a covered benefit	None	None
D9957	Screening for sleep related breathing disorders								
D9959	Unspecified sleep apnea services procedure, by report								
D9961	Duplicate/copy patient's records								
D9970	Enamel microabrasion								
D9971	Odontoplasty - per tooth								
D9972	External bleaching - per arch - performed in office								
D9973	External bleaching - per tooth								
D9974	Internal bleaching - per tooth								

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CDT Code	Description of Service	Procedure Guidelines / Frequency Limitation	Procedure Guidelines / Frequency Limitation	Integral Considerations and Exclusions	Submission Requirements
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Not a covered benefit	Not a covered benefit	None	None
D9985	Sales tax	Not a covered benefit	Not a covered benefit	None	None
D9986	Missed appointment	Not a covered benefit	Not a covered benefit	None	None
D9987	Cancelled appointment	Not a covered benefit	Not a covered benefit	None	None
D9990	Certified translation or sign-language services-per visit	Not a covered benefit	Not a covered benefit	None	None
D9991	Dental case management-addressing appointment compliance barriers	Not a covered benefit	Not a covered benefit	None	Non
D9992	Dental case management - care coordination	Not a covered benefit	Not a covered benefit	None	None
D9993	Dental case management - motivational interviewing	Not a covered benefit	Not a covered benefit	None	None
D9994	Dental case management - patient education to improve oral health literacy	Not a covered benefit	Not a covered benefit	None	None
D9995	Teledentistry - synchronous; real-time encounter	Not a covered benefit	Not a covered benefit	None	None
D9996	Teledentistry -asynchronous; information stored and forwarded to dentist for subsequent review	Not a covered benefit	Not a covered benefit	None	None
D9997	Dental case management-patients with special health care needs	Not a covered benefit	Not a covered benefit	Special treatment considerations for patients/individuals with physical, medical, developmental, or cognitive conditions resulting in substantial functional limitations or incapacitation, which require that modifications be made to delivery of treatment to provide customized or comprehensive oral health care services.	None
D9999	Unspecified adjunctive procedure by report	Not a covered benefit	Not a covered benefit	None	None

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