**CDT 2023**

***Code on Dental Procedures and***

***Nomenclature***

***Regence Procedure Guidelines Analysis***

Logo, company name

Description automatically generated

Revised: March 2023

# Dental Policy disclaimer

The Dental Policy Manual is intended only for dental providers and other health care professionals, except where otherwise indicated.

## Description

This Dental Policy Manual documents payment methodology for some dental services and supplies.

THIS DENTAL POLICY MANUAL DOES NOT APPLY TO ANY OTHER COMPANY.

## Use

Dental Policy is used by the Company to provide consistent and predictable claims payment.

## Conflict with Other Documents

Dental Policy facilitates the systematic application of our member contracts, provider contracts, and dental policies. In the event of a conflict between a Dental Policy and any Plan document under which a member is entitled to Covered Services, the Plan document will govern. Plan documents include, but are not limited to, Subscriber Contracts, Summary Plan Documents, and other coverage documents prepared by a Plan.

## Definition of Clinically Appropriate

Clinically Appropriate means health care services that a dental provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating illness, injury, disease or its symptoms, and that are in accordance with generally accepted standards of dental practice:

i. including type, frequency, extent, site, and duration, and considered effective for the patient’s illness, injury or disease; and  
ii. not primarily for the convenience of the patient, dental provider or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

## Restrictions and Limitations

* Dental Policies do not determine the schedule of benefits. Rather, Dental Policies support the schedule of benefits by establishing payment rules, coding hierarchy, and related processing systems’ edits.
* While Regence seeks input and feedback from members and providers, Dental Polices shall be interpreted and modified in the sole discretion of the Company.
* Dental Policy application is subject to state and federal laws and specific instructions from Plan Sponsors of self-insured groups.
* Dentists and other oral healthcare providers are expected to exercise their dental judgment in providing the most appropriate care. Dental Policies are not intended to dictate dental practice and do not constitute dental advice.
* Dental Policies are the property of the Company and are prohibited for commercial use. Commercial use does not include use of the Dental Policies related to benefit payment for oral health care services received by one of our members.
* Current Dental Terminology (CDT®) codes and descriptions are the property of the American Dental Association (ADA) with all rights reserved. Any unauthorized use of CDT® codes is prohibited.
* The coding software guidelines are incorporated into the Dental Policy by reference. Thus, to the extent there are situations not documented in the Dental Policy, coding software guidelines control.
* Dental Policies may be revised from time to time. The Company will provide sixty (60) days written notice of Dental Policies updates that result in a reduction to compensation.

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# Diagnostic Services

|  |  |  |  |
| --- | --- | --- | --- |
| **CDT Code** | **Description of Service** | **Procedure Guidelines** | **Submission Requirements: Participating Providers** |
|  | |
| CLINICAL ORAL EVALUATIONS: One evaluation code may be billed per dentist per date of service. Evaluations, including diagnosis and treatment planning, are the responsibility of the dentist. A dentist must complete all evaluations. | | | | |  | |
| D0120 | Periodic oral evaluation | Limited to 2 per calendar year (this is a combined limit with D0120, D0145, D0150, D0180) | None |  | |
| D0140 | Limited oral evaluation: problem-focused | Limited against the annual limit | None |  | |
| D0145 | Oral evaluation for a patient less than 3 years of age and counseling with primary caregiver | Limited to 2 per calendar year (this is a combined limit with D0120, D0145, D0150, D0180) | None |  | |
| D0150 | Comprehensive oral evaluation, new or established patient | Limited to 2 per calendar year (this is a combined limit with D0120, D0145, D0150, D0180) | None |  | |
| D0160 | Detailed, extensive oral evaluation: problem-focused, by report | Limited against the annual limit | None |  | |
| D0170 | Re-evaluation: limited, problem focused (established patient, not post-operative visit) | Limited against the annual limit | None |  | |
| D0171 | Re-evaluation-post operative visit | Limited against the annual limit | None |  | |
| D0180 | Comprehensive periodontal evaluation: new or established patient | Limited to 2 per calendar year (this is a combined limit with D0120, D0145, D0150, D0180) | None |  | |
| PRE-DIAGNOSTIC SERVICES | | | | |  | |
| D0190 | Screening of a patient: A screening, including state or federally mandated screenings, to determine an individual’s need to be seen by a dentist for diagnosis | Code denies - the exam service is not a covered benefit | None |  | |
| D0191 | Assessment of a patient: 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 | Code denies - the exam service is not a covered benefit | None |  | |
| DIAGNOSTIC IMAGING: Image Capture with Interpretation; 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. | | | | |  | |
| D0210 | Intraoral comprehensive series intraoral - complete series of radiographic images | Limited to once in a three-year period (this is a combined limit with D0210, D0387, D0387, D0709) | None |  | |
|  | |
| D0220 | Intraoral periapical – first radiographic image. | Limited against the annual limit | None |  | |
|  | |
| D0230 | Intraoral periapical – each additional radiographic image | Limited against the annual limit | None |  | |
|  | |
| D0240 | Intraoral occlusal radiographic image | Limited against the annual limit | Arch identification |  | |
| D0250 | Extraoral, 2D radiographic image | Limited against the annual limit | None |  | |
| D0251 | Extraoral posterior dental radiographic image | Limited against the annual limit | None |  | |
| D0270 | Bitewing – single radiographic image | Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708) | None |  | |
| D0272 | Bitewings – two radiographic images | Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708) | None |  | |
|  | |
| D0273 | Bitewings – three radiographic images | Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708) | None |  | |
|  | |
| D0274 | Bitewings – four radiographic images | Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708) | None |  | |
|  | |
| D0277 | Vertical bitewings – 7 to 8 radiographic images | Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708) | None |  | |
|  | |
| D0310 | Sialography | Code denies - this service is considered medical in nature, please resubmit | None |  | |
| D0320 | Temporomandibular joint arthrogram, including injection | Code denies - TMJ is not a covered benefit | None |  | |
| D0321 | Other temporomandibular joint radiographic image, by report | Code denies - TMJ is not a covered benefit | None |  | |
| D0322 | Tomographic survey | Code denies - TMJ is not a covered benefit | None |  | |
| D0330 | Panoramic radiographic image | Limited to once in a three-year period (this is a combined limit with D0330, D0701) | None |  | |
| D0340 | Cephalometric radiographic image | Code denies - Ortho is not a covered benefit | None |  | |
| D0350 | 2D oral/facial photographic images obtained intraorally or extraorally | Code denies - the X-Ray service is not a covered benefit | None |  | |
|  | |
| D0364 | Cone beam CT capture and interpretation with limited field of view – less than one whole jaw | Code denies - the X-Ray service is not a covered benefit | None |  | |
|  | |
| D0365 | Cone beam CT capture and interpretation with field of view of one full dental arch - mandible | Code denies - the X-Ray service is not a covered benefit | None |  | |
|  | |
|  | |
| D0366 | Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium | Code denies - the X-Ray service is not a covered benefit | None |  | |
|  | |
|  | |
| D0367 | Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium | Code denies - the X-Ray service is not a covered benefit | None |  | |
|  | |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | Code denies - the X-Ray service is not a covered benefit | None |  | |
|  | |
| D0369 | Maxillofacial MRI capture and interpretation | Code denies - the X-Ray service is not a covered benefit | None |  | |
| D0370 | Maxillofacial ultrasound capture and interpretation | Code denies - the X-Ray service is not a covered benefit | None |  | |
| D0371 | Sialoendoscopy capture and interpretation | Code denies - the X-Ray service is not a covered benefit | None |  | |
| D0372 | Intraoral tomosynthesis -comprehensive series of radiographic images | Alternate Benefit (L.E.A.T.) D0210 (this is a combined limit with 0210, D0372, D0387, D0709) | None |  | |
| D0373 | Intraoral tomosynthesis – bitewing radiographic image | Limited against the annual limit | None |  | |
| D0374 | Intraoral tomosynthesis – periapical radiographic image | Limited against the annual limit | None |  | |
| IMAGE CAPTURE ONLY: Capture by a Practitioner Not Associated with Interpretation and Report | | |  |  | |
| D0380 | Cone bean CT image capture with limited field of view – less than one whole jaw | Code denies - the X-Ray service is not a covered benefit | None |  | |
|  | |
| D0381 | Cone beam CT capture and interpretation with field of view of one full dental arch - mandible | Code denies - The X-Ray service is not a covered benefit | None |  | |
|  | |
| D0382 | Cone beam CT capture and interpretation with full dental arch – maxilla, with or without cranium | Code denies - The X-Ray service is not a covered benefit | None |  | |
|  | |
| D0383 | Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium | Code denies - The X-Ray service is not a covered benefit | None |  | |
|  | |
| D0384 | Cone beam CT capture and interpretation for TMJ series including two or more exposures | Code denies – The X-Ray service is not a covered benefit | None |  | |
|  | |
| D0385 | Maxillofacial MRI capture and interpretation | Code denies - The X-Ray service is not a covered benefit | None |  | |
| D0386 | Maxillofacial ultrasound capture and interpretation | Code denies - The X-Ray service is not a covered benefit | None |  | |
| D0387 | Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only | Limited to once in a three-year period (this is a combined limit with D0210, D0372, D0387, D0709) | None |  | |
| D0388 | Intraoral tomosynthesis – bitewing radiographic image – image capture only | Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708) | None |  | |
| D0389 | Intraoral tomosynthesis – periapical radiographic image – image capture only | Limited against the annual limit | None |  | |
| INTERPRETATION AND REPORT ONLY: Interpretation and Report by Practitioner not Associated with Image Capture. | | |  |  | |
| D0391 | Interpretation of diagnostic image by practitioner not associated with capture of image, including report | Limited against the annual limit | None |  | |
|  | |
| D0393 | Virtual treatment simulation using 3D image volume or surface scan | Code denies - The X-Ray service is not a covered benefit | None |  | |
| D0394 | Digital subtraction of two or more images or image volumes of the same modality | Code denies - The X-Ray service is not a covered benefit | None |  | |
|  | |
| D0395 | Fusion of two or more 3D image volumes of one or more modalities | Code denies - The X-Ray service is not a covered benefit | None |  | |
|  | |
| TESTS AND EXAMINATIONS | |  |  |  | |
| D0411 | HbA1c in-office point of service testing | Code denies - this service is considered medical in nature, please resubmit | None |  | |
| D0412 | Blood glucose level test—in-office using a glucose meter | Code denies - this service is considered medical in nature, please resubmit | None |  | |
| D0414 | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation, and transmission of written report | Code denies - This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
| D0415 | Collection of microorganisms for culture and sensitivity | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
| D0416 | Viral Culture | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0417 | Collection and preparation of saliva sample for laboratory diagnostic testing | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
| D0418 | Analysis of saliva sample | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
| D0419 | Assessment of salivary flow by measurement | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0422 | Collection and preparation of genetic sample material for laboratory analysis and report | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
| D0423 | Genetic test for susceptibility to diseases – specimen analysis | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
| D0425 | Caries susceptibility tests | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
| D0431 | Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions; does not include cytology or biopsy procedures | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
| D0460 | Pulp vitality tests | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
| D0470 | Diagnostic casts | Code denies – Ortho is not a covered benefit | None |  | |
| ORAL PATHOLOGY LABORATORY | |  |  |  | |
| D0472 | Accession of tissue, gross examination, including preparation and transmission of written report | Code denies – This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
| D0473 | Accession of tissue, gross and microscopic examination, preparation, and transmission of written report | Code denies – this service is considered medical in nature, please resubmit | None |  | |
|  | |
| D0474 | Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation, and transmission of written report | Code denies – this service is considered medical in nature, please resubmit | None |  | |
|  | |
| D0475 | Decalcification procedure | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0476 | Special stains for microorganisms | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0477 | Special stains, not for microorganisms | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0478 | Immunohistochemical stains | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0479 | Tissue in-site hybridization, including interpretation | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0480 | Processing and interpretation of exfoliative cytologic smears, including preparation and transmission of written report | Code denies – this service is considered medical in nature, please resubmit | None |  | |
|  | |
| D0481 | Electron microscopy | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0482 | Direct immunofluorescence | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0483 | Indirect immunofluorescence | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0484 | Consultation on slides prepared elsewhere | Code denies – this service is considered medical in nature, please resubmit | None |  | |
| D0485 | Consultation, including preparation of slides from biopsy material supplied by referring source | Code denies – this service is considered medical in nature, please resubmit | None |  | |
|  | |
| D0486 | Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation, and transmission of written report | Code denies - this service is considered medical in nature, please resubmit | None |  | |
|  | |
| D0502 | Other oral pathology procedures, by report | Limited against the annual limit | None |  | |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum | Code denies - This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
|  | |
| D0601 | Caries risk assessment and documentation, with a finding of low risk | Code denies - This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
| D0602 | Caries risk assessment and documentation, with a finding of moderate risk | Code denies - This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
| D0603 | Caries risk assessment and documentation, with a finding of high risk | Code denies - This diagnostic test and exam is not a covered benefit | None |  | |
|  | |
|  | |
| D0604 | Antigen testing for a public health related pathogen including coronavirus | Code denies - this service is considered medical in nature, please resubmit | None |  | |
| D0605 | Antibody testing for a public health related pathogen, including coronavirus | Code denies - this service is considered medical in nature, please resubmit | None |  | |
| D0701 | Panoramic radiographic image – image capture only | Limited to once in a three-year period (this is a combined limit with D0330, D0701) | None |  | |
| D0702 | 2-D cephalometric radiographic image – image capture only | Code denies - Ortho is not a covered benefit | None |  | |
| D0703 | 2-D oral/facial photographic intraoral or extraoral image – image capture only | Code denies - The X-Ray service is not a covered benefit | None |  | |
| D0705 | Extraoral posterior dental radiographic image – image capture only | Limited against the annual limit | None |  | |
| D0706 | Intraoral – occlusal radiographic image – image capture only | Limited against the annual limit | None |  | |
| D0707 | Intraoral – periapical radiographic image – image capture only | Limited against the annual limit | None |  | |
| D0708 | Intraoral – bitewing radiographic image – image capture only | Two sets per calendar year (this is a combined limit with D0270, D0272, D0273, D0274, D0277, D0708) | None |  | |
| D0709 | Intraoral – comprehensive series of radiographic images – image capture only | Limited to once in a three-year period (this is a combined limit with D0210, D0372, D0387, D0709) | None |  | |
| D0801 | 3D dental surface scan – direct | Code denies – The X-Ray service is not a covered benefit | None |  | |
| D0802 | 3D dental surface scan – indirect | Code denies – The X-Ray service is not a covered benefit | None |  | |
| D0803 | 3D facial surface scan – direct | Code denies – The X-Ray service is not a covered benefit | None |  | |
| D0804 | 3D facial surface scan – indirect | Code denies – The X-Ray service is not a covered benefit | None |  | |
| D0999 | Unspecified diagnostic procedure, by report | Limited against the annual limit | None |  | |

# Preventive Services

|  |  |  |  |
| --- | --- | --- | --- |
| **CDT Code** | **Description of Service** | **Procedure Guidelines** | **Submission Requirements: Participating Providers** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| DENTAL PROPHYLAXIS | |  |  |
| D1110 | Prophylaxis – adult age 14+ | Two per calendar year (this is a combined limit with D1110, D1120, D4346, D4910) | None |
| D1120 | Prophylaxis – child age ≤13 | Two per calendar year (this is a combined limit with D1110, D1120, D4346, D4910) | None |
| TOPICAL FLUORIDE TREATMENT OFFICE PROCEDURE | |  |  |
| D1206 | Topical application of fluoride varnish | Limited to Members under 18 years of age; two per calendar year (combined limit with D1206, D1208) | None |
| D1208 | Topical application of fluoride – excluding varnish | Limited to Members under 18 years of age; two per calendar year (combined limit with D1206, D1208) | None |
| OTHER PREVENTIVE SERVICES | |  |  |
| D1310 | Nutritional counseling for control of dental disease | Code denies - Nutritional counseling is not a covered benefit. | None |
| D1320 | Tobacco counseling for control and prevention of oral disease | Code denies – Nutritional Counseling is not a covered benefit. | None |
| D1321 | counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use | Code denies - Nutritional counseling is not a covered benefit. | None |
| D1330 | Oral hygiene instructions | Code denies - Nutritional counseling is not a covered benefit. | None |
| D1351 | Sealant – per tooth | Limited to permanent bicuspids and molars of Members under 18 years of age; no frequency limit | Tooth identification |
| D1352 | Preventive resin restoration in a moderate to high caries risk patient; permanent tooth | Limited against the annual limit | Tooth identification |
| D1353 | Sealant repair-per tooth | Limited to permanent bicuspids and molars of Members under 18 years of age; no frequency limit | Tooth identification |
| D1354 | Application of caries arresting medicament – per tooth | Limited to Members under 18 years of age | None |
| D1355 | Caries preventive medicament application – per tooth | Limited against the annual limit | None |
| SPACE MAINTENANCE (PASSIVE APPLIANCES): Designed to prevent tooth movement | | |  |
| D1510 | Space maintainer – fixed, unilateral – per quadrant | Covered under 12 years of age | Per Quadrant |
| D1516 | Space maintainer – fixed – bilateral, maxillary | Covered under 12 years of age | Tooth identification |
| D1517 | Space maintainer – fixed – bilateral, mandibular | Covered under 12 years of age | Tooth identification |
| D1520 | Space maintainer – removable – bilateral | Covered under 12 years of age | None |
| D1526 | Space maintainer – removable – bilateral, maxillary | Covered under 12 years of age | None |
| D1527 | Space maintainer – removable – bilateral, mandibular | Covered under 12 years of age | None |
| D1551 | Re-cement or re-bond bilateral space maintainer – maxillary | Covered under 12 years of age | Arch identification |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular | Covered under 12 years of age | Arch identification |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant | Covered under 12 years of age | Arch identification |
| D1556 | Removal of fixed unilateral space maintainer – per quadrant | Covered under 12 years of age | Arch identification |
| D1557 | Removal of fixed bilateral space maintainer – maxillary | Covered under 12 years of age | Arch identification |
| D1558 | Removal of fixed bilateral space maintainer – mandibular | Covered under 12 years of age | Arch identification |
| D1575 | Distal shoe space maintainer-fixed-unilateral | Limited against the annual limit | Tooth identification |
|
| D1708 | Pfizer-BioNTech Covid-19 vaccine administration – third dose | Code denies – this service is considered medical in nature, please resubmit | None |
| D1709 | Pfizer-BioNTech Covid-19 vaccine administration – booster dose | Code denies – this service is considered medical in nature, please resubmit | None |
| D1710 | Moderna Covid-19 vaccine administration – third dose | Code denies – this service is considered medical in nature, please resubmit | None |
| D1711 | Moderna Covid-19 vaccine administration – booster dose | Code denies – this service is considered medical in nature, please resubmit | None |
| D1712 | Janssen Covid-19 Vaccine Administration - booster dose | Code denies – this service is considered medical in nature, please resubmit | None |
| D1713 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – first dose | Code denies – this service is considered medical in nature, please resubmit | None |
| D1714 | Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric – second dose | Code denies – this service is considered medical in nature, please resubmit | None |
| D1781 | Vaccine administration – human papillomavirus – Dose 1 | Code denies – this service is considered medical in nature, please resubmit | None |
| D1782 | Vaccine administration – human papillomavirus – Dose 2 | Code denies – this service is considered medical in nature, please resubmit | None |
| D1783 | Vaccine administration – human papillomavirus – Dose 3 | Code denies – this service is considered medical in nature, please resubmit | None |
| D1999 | Unspecified preventive procedure, by report | Code denies - the general service is not a covered benefit | None |
|

# 

# Restorative Services

|  |  |  |  |
| --- | --- | --- | --- |
| CDT Code | Description of Service | Procedure Guidelines | Submission Requirements: Participating Providers |
|
| AMALGAM RESTORATIONS (INCLUDING POLISHING): Amalgam restorations include tooth preparation, localized tissue removal, base, direct and indirect pulp cap, local anesthesia, and all adhesives (including amalgam bonding agents, liners, and bases) 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. | | | |
| D2140 | Amalgam – 1 surface, permanent or primary | Edit to deny filling if being performed on an extracted tooth | Tooth identification, Surface identification |
|
| D2150 | Amalgam – 2 surfaces, permanent or primary | Edit to deny filling if being performed on an extracted tooth | Tooth identification, Surface identification |
|
| D2160 | Amalgam – 3 surfaces, permanent or primary | Edit to deny filling if being performed on an extracted tooth | Tooth identification, Surface identification |
|
| D2161 | Amalgam – 4 or more surfaces, permanent or primary | Edit to deny filling if being performed on an extracted tooth | Tooth identification, Surface identification |
|
| 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. Light curing, acid-etching, and adhesives (including resin bonding agents) are included as part of the restoration. Resin restorations include tooth preparation, localized tissue removal, base, direct and 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. | | | |
| D2330 | Resin-based composite, 1 surface, anterior | Edit to deny filling if being performed on an extracted tooth. Limited to tooth range 06-11, 22-27, C-H, M-R | Tooth identification, Surface identification |
|
| D2331 | Resin-based composite, 2 surfaces, anterior | Edit to deny filling if being performed on an extracted tooth. Limited to tooth range 06-11, 22-27, C-H, M-R | Tooth identification, Surface identification |
|
| D2332 | Resin-based composite, 3 surfaces, anterior | Edit to deny filling if being performed on an extracted tooth. Limited to tooth range 06-11, 22-27, C-H, M-R | Tooth identification, Surface identification |
|
| D2335 | Resin-based composite, 4 or more surfaces or involving incisal angle, anterior | Edit to deny filling if being performed on an extracted tooth. Limited to tooth range 06-11, 22-27, C-H, M-R | Tooth identification, Surface identification |
|
| D2390 | Resin-based composite crown, anterior | Limited to one per tooth in seven-year period. Limited tooth ranges 06-11, 22-27, C-H, M-R (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2391 | Resin-based composite, 1 surface, posterior, permanent or primary | Edit to deny filling if being performed on an extracted tooth, Limited to tooth range 01-05, 12-21, 28-32, A-B, I-L, S-T | Tooth identification, Surface identification |
|
| D2392 | Resin-based composite, 2 surfaces, posterior, permanent, or primary | Edit to deny filling if being performed on an extracted tooth, Limited to tooth range 01-05, 12-21, 28-32, A-B, I-L, S-T | Tooth identification, Surface identification |
|
| D2393 | Resin-based composite, 3 surface, posterior, permanent, or primary | Edit to deny filling if being performed on an extracted tooth, Limited to tooth range 01-05, 12-21, 28-32, A-B, I-L, S-T | Tooth identification, Surface identification |
|
| D2394 | Resin-based composite, 4 or more surfaces, posterior permanent, or primary | Edit to deny filling if being performed on an extracted tooth, Limited to tooth range 01-07, 12-21, 28-32, A-B, I-L, S-T | Tooth identification, Surface identification |
|
| GOLD FOIL RESTORATIONS | |  |  |
| D2410 | Gold foil, 1 surface | Code denies - The restorative service is not a covered benefit | Tooth identification, Surface identification |
|
| D2420 | Gold foil, 2 surfaces | Code denies - The restorative service is not a covered benefit | Tooth identification, Surface identification |
|
| D2430 | Gold foil, 3 surfaces | Code denies - The restorative service is not a covered benefit | Tooth identification, Surface identification |
|
| INLAY/ONLAY RESTORATIONS: inlay – an intra-coronal dental restoration, made outside the oral cavity to conform to the prepared cavity, which does not restore any cusp tips; onlay – a dental restoration made outside the oral cavity that covers one or more cusp tips and adjoining occlusal surfaces, but not the entire external surface. | | | |
| D2510 | Inlay – metallic, 1 surface (D2140) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
| D2520 | Inlay – metallic, 2 surfaces (D2150) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
| D2530 | Inlay – metallic, 3 or more surfaces (D2160) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
| D2542 | Onlay – metallic, 2 surfaces (D2150) | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
| D2543 | Onlay – metallic, 3 surfaces (D2160) | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
| D2544 | Onlay – metallic, 4 or more surfaces (D2161) | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
| D2610 | Inlay – porcelain/ceramic, 1 surface (D2140) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
|
| D2620 | Inlay – porcelain/ceramic, 2 surfaces (D2150) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
| D2630 | Inlay – porcelain/ceramic, 3 or more surfaces (D2160) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
| D2642 | Onlay – porcelain/ceramic, 2 surfaces (D2150) | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
| D2643 | Onlay – porcelain/ceramic, 3 surfaces | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
| D2644 | Onlay – porcelain/ceramic, 4 or more surfaces | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
| D2650 | Inlay – resin-based composite, 1 surface (D2140) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
| D2651 | Inlay – resin-based composite, 2 surfaces (D2150) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
| D2652 | Inlay – resin-based composite, 3 or more surfaces (D2160) | Limited to one per tooth in seven-year period (limited against D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652) | Tooth identification, Surface identification |
|
| D2662 | Onlay – resin-based composite, 2 surfaces (D2150) | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
|
| D2663 | Onlay – resin-based composite, 3 surfaces | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
| D2664 | Onlay – resin-based composite, 4 or more surfaces | Limited to one per tooth in seven-year period (limited against D2542, D2543, D2544, D2642, D2643, D2644, D2662, D2663, D2664) | Tooth identification, Surface identification |
|
| CROWNS, SINGLE RESTORATIONS ONLY: Crowns are covered to restore fractured or severely diseased teeth when teeth cannot be properly restored with amalgam or resin restorations. They are non-covered for cosmetic purposes or for replacement of veneers regardless if decayed or fractured, since services performed in association with a non-covered service are also non-covered. Crowns to correct congenital or developmental abnormalities are not covered. Submit service for payment with the completion (permanent cementation) date. A gingivectomy performed in conjunction with a crown should be considered part of the overall procedure and cannot be billed separately. | | | |
| D2710 | Crown – resin-based composite (indirect) | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2712 | Crown - ¾ resin-based composite (indirect), does not include facial veneers | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
|
| D2720 | Crown – resin with high-noble metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2721 | Crown – resin with predominantly base metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2722 | Crown – resin with noble metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2740 | Crown – porcelain/ceramic substrate | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2750 | Crown – porcelain fused to high-noble metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2751 | Crown – porcelain fused to predominantly base metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2752 | Crown – porcelain fused to noble metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2753 | Crown - porcelain fused to titanium and titanium alloys | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2780 | Crown – ¾ cast high noble metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2781 | Crown – ¾ cast predominantly base metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2782 | Crown – ¾ cast noble metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2783 | Crown – ¾ porcelain/ceramic (not veneers) | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2790 | Crown – full cast high-noble metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2791 | Crown – full-cast predominantly base metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2792 | Crown – full-cast noble metal | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2794 | Crown – titanium | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2799 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression | Limited against the annual limit | Tooth identification |
|
| OTHER RESTORATIVE SERVICES | |  |  |
| D2910 | Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration | Limited against the annual limit | Tooth identification |
|
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | Limited against the annual limit | Tooth identification |
|
| D2920 | Re-cement or re-bond crown | Limited against the annual limit | Tooth identification |
|
| D2921 | Reattachment of tooth fragment, incisal edge or cusp. | Limited against the annual limit | Tooth identification |
| D2928 | prefabricated porcelain/ceramic crown – permanent tooth | Limited against the annual limit | Tooth identification |
| D2929 | Prefabricated porcelain/ceramic crown – primary tooth | Limited against the annual limit | Tooth identification |
|
| D2930 | Prefabricated stainless steel crown – primary tooth | Limit to tooth range A-T | Tooth identification |
| D2931 | Prefabricated stainless steel crown – permanent tooth | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
| D2932 | Prefabricated resin crown | Limited to one per tooth in seven-year period (limited against D2390, D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2753, D2780, D2781, D2782. D2783, D2790, D2791, D2792, D2794, D2931, D2932) | Tooth identification |
|
| D2933 | Prefabricated stainless steel crown with resin window (D2930) | Limited against the annual limit | Tooth identification |
|
| D2934 | Prefabricated esthetic coated stainless steel crown – primary tooth (D2930) | Limit to tooth range A-T | Tooth identification |
|
| D2940 | Protective restoration | Deny as inclusive if billed within 6 months of a filling | Tooth identification |
| D2941 | Interim therapeutic restoration – primary dentition | Limited against the annual limit | None |
| D2949 | Restorative foundation for an indirect restoration | Limited against the annual limit | None |
| D2950 | Core build-up, including any pins when required | Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957) | Tooth identification |
| D2951 | Pin retention – per tooth, in addition to restoration | Code denies - This major service is not a covered benefit | Tooth identification |
|
| D2952 | Post and core in addition to crown; indirectly fabricated (D2954) | Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957) | Tooth identification |
|
| D2953 | Each additional cast post – same tooth; indirectly fabricated | Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957) | Tooth identification |
|
| D2954 | Prefabricated post and core in addition to crown | Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957) | Tooth identification |
| D2955 | Post removal | Limited against the annual limit | Tooth identification |
| D2957 | Each additional prefabricated post – same tooth | Limited to one per tooth in seven-year period (limited against D2950, D2952, D2953, D2954, D2957) | Tooth identification |
| D2960 | Labial veneer (resin laminate) – chair side | Code denies - This major service is not a covered benefit | Tooth identification |
| D2961 | Labial veneer (resin laminate) – laboratory | Code denies - This major service is not a covered benefit | Tooth identification |
| D2962 | Labial veneer (porcelain laminate) – laboratory | Code denies - This major service is not a covered benefit | Tooth identification |
| D2971 | Additional procedures to construct new crown under existing partial denture framework | Code denies - This major service is not a covered benefit | Tooth identification |
|
| D2975 | Coping | Limited to one per tooth in seven-year period | Tooth identification |
| D2980 | Crown repair, necessary by restorative material failure | Limited to one per tooth per lifetime | Tooth identification |
| D2981 | Inlay repair necessitated by restorative material failure | Limited to one per tooth per lifetime | Tooth identification |
| D2982 | Only repair necessitated by restorative material failure | Limited to one per tooth per lifetime | Tooth identification |
| D2983 | Veneer repair necessitated by restorative material failure | Limited to one per tooth per lifetime | Tooth identification |
| D2990 | Resin infiltration of incipient smooth surface lesions | Limited against the annual limit | Tooth identification |
| D2999 | Unspecified restorative procedure, by report | Limited against the annual limit | Tooth identification |

# Endodontic Services

# Please note the following:

* Endodontic procedures include exams, pulp tests, pulpotomy, pulpectomy, extirpation of pulp, pre-operative, operative and post-operative radiographs, 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **CDT Code** | **Description of Service** | **Procedure Guidelines** | **Submission Requirements: Participating Providers** |
|
| PULP CAPPING | |  |  |
| D3110 | Pulp cap direct (excluding final restoration) | Limited against the annual limit | Tooth identification |
| D3120 | Pulp cap indirect (excluding final restoration) | Code denies - The endodontic service is not a covered benefit | Tooth identification |
| PULPOTOMY: Therapeutic pulpotomy (excluding final restoration) | | | |
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to Dentino cemental junction and application of medicament (not to be used for apexgenesis) | Limited against the annual limit | Tooth identification |
| D3221 | Pulpal debridement, primary and permanent teeth not to be used for apexogenesis | Deny as inclusive if billed with a root canal | Tooth identification |
| D3222 | Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development | Limited against the annual limit | Tooth identification |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ENDODONTIC THERAPY ON PRIMARY TEETH | | | |  |  |
| D3230 | | Pulpal therapy (resorbable filling) anterior, primary tooth (excluding final restoration) | | Allowed for tooth range C-H, M-R | Tooth identification |
|
| D3240 | | Pulpal therapy (resorbable filling) posterior primary tooth (excluding final restoration) | | Allowed for tooth range A-B, I-L, S-T | Tooth identification |
|
| ENDODONTIC THERAPY (including treatment plan, clinical procedures and follow up care) | | | | |  |
| D3310 | | Anterior tooth (excluding final restoration) | | Deny code if billed within one day of D3331, D3332, D3333. Allowed for tooth range 06-11, 22-27, C-H, M-R | Tooth identification |
| D3320 | | Bicuspid tooth (excluding final restoration) | | Deny code if billed within one day of D3331, D3332, D3333. Allowed for tooth range 04-05, 12-13, 20-21, 28-29 | Tooth identification |
| D3330 | | Molar tooth (excluding final restoration) | | Deny code if billed within one day of D3331, D3332, D3333. Allowed for tooth range 01-03, 14-19, 30-32, A-B, I-L, S-T | Tooth identification |
| D3331 | | Treatment of root canal obstruction; non-surgical access in lieu of surgery. Root canal blocked by foreign bodies or calcification of 50% or more of root. | | Deny code if billed within one day of D3310, D3320, D3330 | Tooth identification |
| D3332 | | Incomplete endodontic therapy; inoperable, unrestorable, or fractured tooth | | Deny code if billed within one day of D3310, D3320, D3330 | Tooth identification |
| D3333 | | Internal root repair of perforation defects | | Deny code if billed within one day of D3310, D3320, D3330 | Tooth identification |
| ENDODONTIC RETREATMENT | | | | | |
| D3346 | Retreatment of previous root canal therapy, anterior, by report | | Limited against the annual limit | | Tooth identification |
| D3347 | Retreatment of previous root canal therapy, bicuspid, by report | | Limited against the annual limit | | Tooth identification |
| D3348 | Retreatment of previous root canal therapy, molar, by report | | Limited against the annual limit | | Tooth identification |
| APEXIFICATION/RECALCIFICATION AND PULPAL REGENERATION PROCEDURES | | | | |  |
| D3351 | Apexification/recalcification: initial visit (apical closure/ calcific repair of perforations, root resorption, etc.) | | Limited against the annual limit | | Tooth identification |
| D3352 | Apexification/recalcification: interim medication replacement | | Limited against the annual limit | | Tooth identification |
| D3353 | Apexification/recalcification: final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) | | Limited against the annual limit | | Tooth identification |
| PULPAL REGENERATION | | | | | |
| D3355 | Pulpal regeneration – initial visit | | Limited against the annual limit | | Tooth identification |
| D3356 | Pulpal regeneration – interim medication replacement | | Limited against the annual limit | | Tooth identification |
| D3357 | Pulpal regeneration – completion of treatment | | Limited against the annual limit | | Tooth identification |
| APICOECTOMY/PERIRADICULAR SERVICES: Includes all pre-operative radiographs, bacteriologic cultures, local anesthesia and routine follow-up care | | | | | |
| D3410 | Apicoectomy - anterior | | Limited against the annual limit. Allowed for tooth range 06-11, 22-27, C-H, M-R | | Tooth identification |
| D3421 | Apicoectomy – bicuspid (first root) | | Limited against the annual limit. Allowed for tooth range 04-05, 12-13, 20-21, 28-29 | | Tooth identification |
| D3425 | Apicoectomy – molar (first root) | | Limited against the annual limit. Allowed for tooth range 01-03, 14-19, 30-32 | | Tooth identification |
| D3426 | Apicoectomy – (each additional root) | | Limited against the annual limit | | Tooth identification |
| D3428 | Bone graft in conjunction with periradicular surgery – per tooth, single site. | | Limited against the annual limit | |  |
| D3429 | Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site | | Limited against the annual limit | |  |
| D3430 | Retrograde filling – per root | | Limited against the annual limit | |  |
| D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | | Limited against the annual limit | |  |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | | Limited against the annual limit | |  |
| D3450 | Root amputation – per root | | Limited against the annual limit | |  |
| D3460 | Endodontic endosseous implant | | Code denies – The endodontic service is not a covered benefit | |  |
| D3470 | Intentional reimplantation (including necessary splinting) | | Limited against the annual limit | |  |
| D3471 | surgical repair of root resorption – anterior | | Limited against the annual limit | |  |
| D3472 | surgical repair of root resorption – premolar | | Limited against the annual limit | |  |
| D3473 | surgical repair of root resorption – molar | | Limited against the annual limit | |  |
| D3501 | surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | | Limited against the annual limit | |  |
| D3502 | surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | | Limited against the annual limit | |  |
| D3503 | surgical exposure of root surface without apicoectomy or repair of root resorption – molar | | Limited against the annual limit | |  |
| OTHER ENDODONTIC PROCEDURES | | | | | |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | | Code denies – Inclusive to all CDT codes | |  |
| D3911 | Intraorifice barrier | | Code denies – The endodontic service is not a covered benefit | |  |
| D3920 | Hemisection (including any root removal), not including root canal therapy | | Limited against the annual limit | |  |
| D3921 | Decoronation or submergence of an erupted tooth | | Limited against the annual limit | |  |
| D3950 | Canal preparation and fitting of preformed dowel or post | | Code denies – The endodontic service is not a covered benefit | |  |
| D3999 | Unspecified endodontic procedure, by report | | Limited against the annual limit | |  |

# Periodontal Services

## Procedure Billing Guidelines

* A quadrant is defined as four or more contiguous teeth in a quadrant. A partial quadrant is defined as one to three teeth in a quadrant.
* For billing purposes, a 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 periodontal service (codes D4000-D4999) is completed within the same site or quadrant on the same date of service, Regence will pay for the more extensive treatment as payment for the total service.
* Benefits for all periodontal services are limited to two 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.
* No more than two 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 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** | **Submission Requirements: Participating Providers** |
|
| SURGICAL SERVICES (INCLUDING USUAL POST-OPERATIVE SERVICES) | | |  |
| D4210 | Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth-bounded spaces per quadrant | Limited once in a three-year period | Quadrant identification |
| D4211 | Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant | Limited once in a three-year period | Tooth identification |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | Limited against the annual limit | Tooth identification |
| D4230 | Anatomical crown exposure – 4 or more contiguous teeth or tooth bounded spaces per quadrant | Code denies - this periodontic service is not a covered benefit | Quadrant identification |
| D4231 | Anatomical crown exposure – 1 to 3 teeth or tooth bounded spaces per quadrant | Code denies - this periodontic service is not a covered benefit | Tooth identification |
| D4240 | Gingival flap procedure, including root planing – 4 or more contiguous teeth or tooth-bounded spaces per quadrant | Limited to once per quadrant in a five- year period | Quadrant identification |
|
| D4241 | Gingival flap procedure - 1 to 3 contiguous teeth or tooth bounded spaces per quadrant | Limited to once per quadrant in a five- year period | Tooth identification |
|
| D4245 | Apically repositioned flap | Limited to once per quadrant in a five- year period | Quadrant identification |
| D4249 | Clinical crown lengthening hard tissue | Limited to once per quadrant in a five- year period | Tooth identification |
|
| D4260 | Osseous surgery (including flap and closure) – four or more contiguous teeth or tooth-bounded spaces per quadrant | Limited to once per quadrant in a five- year period (this is a combined limit with D4260, D4261) | Quadrant identification |
|
| D4261 | Osseous surgery, one to three contiguous teeth or tooth bounded spaces per quadrant | Limited to once per quadrant in a five- year period (this is a combined limit with D4260, D4261) | Tooth identification |
|
| D4263 | Bone replacement graft – first site in quadrant | Limited to once per quadrant in a five- year period (this is a combined limit with D4263, D4264) | Tooth identification |
| D4264 | Bone replacement graft – each additional site in quadrant | Limited to once per quadrant in a five- year period (this is a combined limit with D4263, D4264) | Tooth identification |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | Limited to once per quadrant in a five- year period | Tooth identification |
|
| D4266 | Guided tissue regeneration, natural teeth- resorbable barrier, per site | Limited to once per quadrant in a five- year period | Tooth identification |
| D4267 | Guided tissue regeneration, natural teeth- non-resorbable barrier, per site (includes membrane removal) | Limited to once per quadrant in a five- year period | Tooth identification |
| D4268 | Surgical revision procedure, per tooth | Limited to once per quadrant in a five- year period | Tooth identification |
| D4270 | Pedicle soft tissue graft procedure | Limited to once per quadrant in a five- year period | Tooth identification |
| D4273 | Autogenous connective tissue graft procedure, (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | Limited to once per quadrant in a five- year period | Tooth identification |
| D4274 | Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures on the same anatomical area) | Limited to once per quadrant in a five- year period | Tooth identification and/or quadrant identification |
|
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | Limited to once per quadrant in a five- year period | Tooth identification |
| D4276 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression | Limited to once per quadrant in a five- year period | Tooth identification |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical site), first tooth, implant, or edentulous tooth position in graft | Limited to once per quadrant in a five- year period (this is a combined limit with D4277, D4278) | Tooth or site identification |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant, or edentulous tooth position in same graft site | Limited to once per quadrant in a five- year period (this is a combined limit with D4277, D4278) | Tooth or site identification |
| 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 | Limited against the annual limit | 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 | Limited against the annual limit | Tooth identification |
| D4286 | Removal of non-resorbable barrier | Limited to once per quadrant in a five-year period | Tooth identification |
| NON-SURGICAL PERIODONTAL SERVICES | | | |
| D4322 | Splint – intra-coronal; natural teeth or prosthetic crowns | Code denies - this periodontic service is not a covered benefit | None |
| D4323 | Splint – extra-coronal; natural teeth or prosthetic crowns | Code denies - this periodontic service is not a covered benefit | None |
| D4341 | Periodontal scaling and root planing, 4 or more teeth per quadrant | Limited to once in a Two year period per quadrant (this is a combined limit with D4341, D4342) | Quadrant identification |
| D4342 | Periodontal scaling and root planing, 1 - 3 teeth per quadrant | Limited to once in a Two year period per quadrant (this is a combined limit with D4341, D4342) | Tooth identification |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after evaluation | Two per calendar year (this is a combined limit with D1110, D1120, D4346, D4910) | None |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | Limited to once in a three year period | None |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report (only to be used as a site specific adjunct to localized disease) | Code denies - this periodontic service is not a covered benefit | Tooth identification |
|
| OTHER PERIODONTAL SERVICES | |  |  |
| D4910 | Periodontal maintenance procedures (following active therapy) | Two per calendar year (this is a combined limit with D1110, D1120, D4346, D4910) | None |
| D4920 | Unscheduled dressing change (performed by other than treating dentist or their staff) | Limited against the annual limit | None |
| D4921 | Gingival irrigation with a medical agent– per quadrant | Code denies - this periodontic service is not a covered benefit | None |
|
| D4999 | Unspecified periodontal procedure, by report | Limited against the annual limit | None |

# Prosthodontics, Removable

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** | **Submission Requirements: Participating Providers** |
|
| COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE) | | |  |
| D5110 | Complete denture – maxillary | Once in a seven-year period after placement (this is a combined limit with D5110, D5120, D5130, D5140) | None |
| D5120 | Complete denture – mandibular | Once in a seven-year period after placement (this is a combined limit with D5110, D5120, D5130, D5140) | None |
| D5130 | Immediate denture – maxillary | Once in a seven-year period after placement (this is a combined limit with D5110, D5120, D5130, D5140) | None |
| D5140 | Immediate denture – mandibular | Once in a seven-year period after placement (this is a combined limit with D5110, D5120, D5130, D5140) | None |
| 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) | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth) | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5213 | Maxillary partial denture – cast metal framework with resin denture bases | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5214 | Mandibular partial denture – cast metal framework with resin denture bases | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5221 | Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5222 | Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
|
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth) | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
|
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
|
| D5225 | Maxillary partial denture - flexible base | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5226 | Mandibular partial denture - flexible base | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
| D5282 | Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
|
| D5283 | Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Tooth identification |
|
| D5284 | Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Quadrant identification |
|
| D5286 | Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant | Once in a seven-year period after placement (this is a combined limit with D5211, D5212, D5213, D5214, D5221, D5222, D5223, D5224, D5225, D5226, D5227, D5228, D5281, D5282, D5283, D5284, D5286) | Quadrant identification |
|
| D5410 | Adjust complete denture – maxillary | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5510, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | None |
|
| D5411 | Adjust complete denture – mandibular | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | None |
|
| D5421 | Adjust partial denture – maxillary | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | None |
|
| D5422 | Adjust partial denture – mandibular | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | None |
|
| REPAIRS TO COMPLETE AND PARTIAL DENTURES | | | |
| D5511 | Repair broken complete denture base, mandibular | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Arch identification |
| D5512 | Repair broken complete denture base, maxillary | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Arch identification |
| D5520 | Replace missing or broken teeth (complete denture), each tooth | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Tooth identification |
|
| D5611 | Repair resin partial denture base, mandibular | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Arch identification |
| D5612 | Repair resin partial denture base, maxillary | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Arch identification |
| D5621 | Repair cast partial framework, mandibular | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Arch identification |
| D5622 | Repair cast partial framework, maxillary | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Arch identification |
| D5630 | Repair or replace broken retentive/clasping materials per tooth | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | None |
| D5640 | Repair broken teeth – per tooth | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Tooth identification |
| D5650 | Add tooth to existing partial denture | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | Tooth identification |
| D5660 | Add clasp to existing partial denture – per tooth | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion. | Tooth identification |
| D5670 | Replace all teeth and acrylic on cast metal framework – maxillary | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | None |
|
| D5671 | Replace all teeth and acrylic on cast metal framework – mandibular | Adjustment and repair of dentures and bridges are covered, except that benefits will not be provided for adjustments or repairs done within one year of insertion (this is a combined limit with D5410, D5411, D5421, D5422, D5511, D5512, D5520, D5610, D5611, D5612, D5620, D5621, D5622, D5630, D5640, D5650, D5660, D5670, D5671) | None |
|
| DENTURE REBASE PROCEDURES: process of refitting a denture by replacing the base material | | | |
| D5710 | Rebase complete maxillary denture | Denture relines and rebase one per arch in a three-year period | None |
|
| D5711 | Rebase complete mandibular denture | Denture relines and rebase one per arch in a three-year period | None |
|
| D5720 | Rebase maxillary partial denture | Denture relines and rebase one per arch in a three-year period | None |
|
| D5721 | Rebase mandibular partial denture | Denture relines and rebase one per arch in a three-year period | None |
|
| D5725 | Rebase hybrid prosthesis | Denture relines and rebase one per arch in a three-year period | None |
|
| DENTURE RELINE PROCEDURES: The process of resurfacing the tissue side of a denture with new base material | | |  |
| D5730 | Reline complete maxillary denture (chair side) | Denture relines and rebase one per arch in a three-year period | None |
|
| D5731 | Reline complete mandibular denture (chair side) | Denture relines and rebase one per arch in a three-year period | None |
|
| D5740 | Reline maxillary partial denture (chair side) | Denture relines and rebase one per arch in a three-year period | None |
|
| D5741 | Reline mandibular partial denture (chair side) | Denture relines and rebase one per arch in a three-year period  . | None |
|
| D5750 | Reline complete maxillary denture (laboratory) | Denture relines and rebase one per arch in a three-year period | None |
|
| D5751 | Reline complete mandibular denture (laboratory) | Denture relines and rebase one per arch in a three-year period  . | None |
|
| D5760 | Reline upper maxillary denture (laboratory) | Denture relines and rebase one per arch in a three-year period | None |
|
| D5761 | Reline mandibular partial denture (laboratory) | Denture relines and rebase one per arch in a three-year period | None |
|
| D5765 | Soft liner for complete or partial removable denture – indirect | Denture relines and rebase one per arch in a three-year period | None |
|
| OTHER REMOVABLE PROSTHETIC SERVICES | |  |  |
| D5810 | Interim complete denture (maxillary) | Code denies - The removable prosthodontic service is not a covered benefit | None |
| D5811 | Interim complete denture (mandibular) | Code denies - The removable prosthodontic service is not a covered benefit | None |
| D5820 | Interim partial denture (maxillary) | Code denies - The removable prosthodontic service is not a covered benefit | None |
| D5821 | Interim partial denture (mandibular) | Code denies - The removable prosthodontic service is not a covered benefit | None |
| D5850 | Tissue conditioning, maxillary | Limited against the annual limit | None |
| D5851 | Tissue conditioning, mandibular | Limited against the annual limit | None |
| D5862 | Precision attachment, by report | Code denies - The removable prosthodontic service is not a covered benefit | None |
| D5863 | Overdenture – complete maxillary | Once in a seven-year period after placement (this is a combined limit with D5863, D5864, D5865, D5866) | None |
| D5864 | Overdenture – partial maxillary | Once in a seven-year period after placement (this is a combined limit with D5863, D5864, D5865, D5866) | None |
| D5865 | Overdenture – complete mandibular | Once in a seven-year period after placement (this is a combined limit with D5863, D5864, D5865, D5866) | None |
| D5866 | Overdenture – partial mandibular | Once in a seven-year period after placement (this is a combined limit with D5863, D5864, D5865, D5866) | None |
| D5867 | Replacement of replaceable part or semi-precision or precision attachment (male or female component) | Code denies - The removable prosthodontic service is not a covered benefit | None |
|
| D5875 | Modification of removable prosthesis following implant surgery | Code denies - The removable prosthodontic service is not a covered benefit | None |
|
| D5876 | Add metal substructure to acrylic full denture (per arch) | Limited against the annual limit | Arch identification |
| D5899 | Unspecified removable prosthodontic procedure, by report | Limited against the annual limit | Tooth identification, Arch identification |
|
| MAXILLOFACIAL PROSTHETICS | |  |  |
| D5911 | Facial moulage (sectional) | Code denies - this service is considered medical in nature, please resubmit | None |
| D5912 | Facial moulage (complete) | Code denies - this service is considered medical in nature, please resubmit | None |
| D5913 | Nasal prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5914 | Auricula prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5915 | Orbital prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5916 | Ocular prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5919 | Facial prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5922 | Nasal septal prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5923 | Ocular prosthesis, interim | Code denies - this service is considered medical in nature, please resubmit | None |
| D5924 | Cranial prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5925 | Facial augmentation implant prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5926 | Nasal prosthesis, replacement | Code denies - this service is considered medical in nature, please resubmit | None |
| D5927 | Auricular prosthesis, replacement | Code denies - this service is considered medical in nature, please resubmit | None |
| D5928 | Orbital prosthesis, replacement | Code denies - this service is considered medical in nature, please resubmit | None |
| D5929 | Facial prosthesis, replacement | Code denies - this service is considered medical in nature, please resubmit | None |
| D5931 | Obturator prosthesis, surgical | Code denies - this service is considered medical in nature, please resubmit | None |
| D5932 | Obturator prosthesis, definitive | Code denies - this service is considered medical in nature, please resubmit | None |
| D5933 | Obturator prosthesis, modification | Code denies - this service is considered medical in nature, please resubmit | None |
| D5934 | Mandibular resection prosthesis with flange | Code denies - this service is considered medical in nature, please resubmit | None |
| D5935 | Mandibular resection prosthesis without guide flange | Code denies - this service is considered medical in nature, please resubmit | None |
| D5936 | Obturator prosthesis, interim | Code denies - this service is considered medical in nature, please resubmit | None |
| D5937 | Trismus appliance (not for TMD treatment) | Code denies - This service is considered medical in nature, please resubmit | None |
| D5951 | Feeding aid | Code denies - this service is considered medical in nature, please resubmit | None |
| D5952 | Speech aid prosthesis, pediatric | Code denies - this service is considered medical in nature, please resubmit | None |
| D5953 | Speech aid prosthesis, adult | Code denies - this service is considered medical in nature, please resubmit | None |
| D5954 | Palatal augmentation prosthesis | Code denies - this service is considered medical in nature, please resubmit | None |
| D5955 | Palatal lift prosthesis, definitive | Code denies - this service is considered medical in nature, please resubmit | None |
| D5958 | Palatal lift prosthesis, interim | Code denies - this service is considered medical in nature, please resubmit | None |
| D5959 | Palatal lift prosthesis, modification | Code denies - this service is considered medical in nature, please resubmit | None |
| D5960 | Speech aid prosthesis, modification | Code denies - this service is considered medical in nature, please resubmit | None |
| D5982 | Surgical stent | Code denies - the general service is not a covered benefit | None |
| D5983 | Radiation carrier | Code denies - this service is considered medical in nature, please resubmit | None |
| D5984 | Radiation shield | Code denies - this service is considered medical in nature, please resubmit | None |
| D5985 | Radiation cone locator | Code denies - this service is considered medical in nature, please resubmit | None |
| D5986 | Fluoride gel carrier | Code denies - the general service is not a covered benefit | None |
| D5987 | Commissure splint | Code denies - this service is considered medical in nature, please resubmit | None |
| D5988 | Surgical splint | Code denies - this service is considered medical in nature, please resubmit | None |
| D5991 | Vesiculobullous disease medicament carrier | Code denies - this service is considered medical in nature, please resubmit | None |
| D5992 | Adjust maxillofacial prosthetic appliance, by report | Code denies - this service is considered medical in nature, please resubmit | None |
| D5993 | Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report | Code denies - this service is considered medical in nature, please resubmit | None |
|
| D5995 | periodontal medicament carrier with peripheral seal – laboratory processed - maxillary | Code denies - The removable prosthodontic service is not a covered benefit | None |
| D5996 | periodontal medicament carrier with peripheral seal – laboratory processed - mandibular | Code denies - The removable prosthodontic service is not a covered benefit | None |
| D5999 | Unspecified maxillofacial prosthesis, by report | Code denies - the general service is not a covered benefit | Detailed narrative |

**Implant Services**

## Coverage

**General Information**

Benefits for single-tooth endosteal dental implants, single-tooth abutments, and single-tooth implant/abutment supported crowns are covered up to the member’s annual maximum.

## Implant Services

Coverage for implant services has a maximum lifetime dollar amount and covers the surgical placement of endosteal implants with a minimum age qualification of 16 for the replacement of teeth 2-15 and teeth 18-31.

The implant rider 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 (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 60 months.

|  |  |  |  |
| --- | --- | --- | --- |
| **CDT Code** | **Description of Service** | **Procedure Guidelines** | **Submission Requirements: Participating Providers** |
|
| IMPLANT SERVICES | |  | |
| D6010 | Surgical placement of implant body, endosteal implant | Endosteal implants, limited to four per member lifetime | Tooth area identification |
|
| D6011 | Second stage implant surgery | Code denies - The Implant service is not covered benefit | Tooth identification |
| D6012 | Surgical placement of interim implant body for transitional prosthesis, endosteal implant | Code denies - The Implant service is not covered benefit | Tooth identification |
| D6013 | Surgical placement of mini implant. | Limited against the annual limit | Tooth identification |
| D6040 | Surgical placement, eposteal implant | Code denies - The Implant service is not covered benefit | Tooth identification |
| D6050 | Surgical placement, transosteal implant | Code denies - The Implant service is not covered benefit | Tooth identification |
| D6051 | Interim abutment | Code denies - The Implant service is not covered benefit | None |
| IMPLANT-SUPPORTED PROSTHETICS | | | |
| D6055 | Dental implant connecting bar – implant supported or abutment supported | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6112, D6113) | None |
|
| D6056 | Prefabricated abutment, including placement | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6112, D6113) | Tooth identification |
| D6057 | Custom abutment, including placement | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6112, D6113) | Tooth identification |
| D6058 | Abutment-supported porcelain/ceramic crown | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
| D6059 | Abutment-supported porcelain fused to metal crown (high noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6060 | Abutment-supported porcelain fused to metal crown (predominantly base metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6061 | Abutment-supported porcelain fused to metal crown (noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6062 | Abutment-supported cast metal crown (high noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6063 | Abutment-supported cast metal crown (predominantly base metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6064 | Abutment-supported cast metal crown (noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
| D6065 | Implant-supported porcelain/ceramic crown | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
| D6066 | Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6069 | Abutment-supported retainer for porcelain fused to metal FPD (high noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6070 | Abutment-supported retainer for porcelain fused to metal FPD (predominately base metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6071 | Abutment-supported retainer for porcelain fused to metal FPD (noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6072 | Abutment-supported retainer for cast metal FPD (high noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6073 | Abutment-supported retainer for cast metal FPD (predominately base metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6074 | Abutment-supported retainer for cast metal FPD (noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6075 | Implant-supported retainer for ceramic FPD | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6076 | Implant-supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6077 | Implant-supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal) | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| OTHER IMPLANT SERVICES | |  |  |
| D6080 | Implant maintenance procedures when prosthesis are removed and reinserted, including cleansing of prosthesis and abutments. | Code denies - The Implant service is not covered benefit | None |
|
| D6081 | Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | Code denies - The Implant service is not covered benefit | None |
|
| D6082 | Implant supported crown – porcelain fused to predominantly base alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6083 | Implant supported crown – porcelain fused to noble alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6084 | Implant supported crown – porcelain fused to titanium and titanium alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6085 | Provisional implant crown | Code denies - This major service is not a covered benefit | None |
| D6086 | Implant supported crown – predominantly base alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6087 | Implant supported crown – noble alloys | Limited to one per tooth in seven-year period after placement | Tooth identification |
|
| D6088 | Implant supported crown – titanium and titanium alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6090 | Repair implant supported prosthesis, by report | Limited to one per tooth per member lifetime | Tooth identification |
| D6091 | Replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment | Code denies - The Implant service is not covered benefit | Tooth identification |
|
|
| D6092 | Re-cement or re-bond implant/abutment-supported crown | Limited against the annual limit | Tooth identification |
|
| D6093 | Re-cement or re-bond implant/abutment-supported fixed partial denture | Limited against the annual limit | Tooth identification |
|
| D6094 | Abutment supported crown, titanium | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
| D6095 | Repair implant abutment, by report | Limited to one per tooth per member lifetime | Tooth identification |
| D6096 | Remove broken implant retaining screw | Code denies - The Implant service is not covered benefit | Tooth identification |
| D6097 | Abutment supported crown – porcelain fused to titanium and titanium alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6082, D6083, D6084, D6086, D6087, D6088, D6094, D6097) | Tooth identification |
|
| D6098 | Implant supported retainer – porcelain fused to predominantly base alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6099 | Implant supported retainer for FPD – porcelain fused to noble alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6100 | Implant removal, by report | Limited against the annual limit | Tooth identification |
| 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 | Code denies - The Implant service is not covered benefit | 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 flat entry and closure | Code denies - The Implant service is not covered benefit | 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. | Code denies - The Implant service is not covered benefit | None |
|
| D6104 | Bone graft at time of implant placement | Code denies - The Implant service is not covered benefit | None |
| D6105 | Removal of implant body not requiring bone removal nor flap elevation | Covered Benefit if Implant Rider – same limitations apply | None |
| D6106 | Guided tissue regeneration – resorbable barrier, per implant | Limited to once per quadrant in a five-year period | None |
| D6107 | Guided tissue regeneration – non-resorbable barrier, per implant | Limited to once per quadrant in a five-year period | None |
| D6110 | Implant/abutment supported removable denture for edentulous arch-maxillary | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6111, D6112, D6113) | None |
|
| D6111 | Implant/abutment supported removable denture for edentulous arch-mandibular | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6111, D6112, D6113) | None |
|
| D6112 | Implant/abutment supported removable denture for partially edentulous arch-maxillary | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6111, D6112, D6113) | None |
|
| D6113 | Implant/abutment supported removable denture for partially edentulous arch-mandibular | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6055, D6056, D6057, D6110, D6111, D6112, D6113) | None |
|
| D6114 | Implant/abutment supported fixed denture for edentulous arch-maxillary | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6114, D6115, D6116, D6117) | None |
|
| D6115 | Implant/abutment supported fixed denture for edentulous arch-mandibular | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6114, D6115, D6116, D6117) | None |
|
| D6116 | Implant/abutment supported fixed denture for partially edentulous arch-maxillary | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6114, D6115, D6116, D6117) | None |
|
| D6117 | Implant/abutment supported fixed denture for partially edentulous arch-mandibular | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6114, D6115, D6116, D6117) | None |
|
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch-mandibular | Code denies - The Implant service is not covered benefit | None |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch-maxillary | Code denies - The Implant service is not covered benefit | None |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6122 | Implant supported retainer for metal FPD – noble alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
|
| D6190 | Radiographic/Surgical implant index, by report | Code denies - The Implant service is not covered benefit | None |
| D6191 | semi-precision abutment - placement | Code denies - The Implant service is not covered benefit | None |
| D6192 | semi-precision attachment - placement | Code denies - The Implant service is not covered benefit | None |
| D6194 | Abutment-supported retainer crown for FPD, titanium | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys | Limited to one per tooth in seven-year period after placement (this is a combined limit with D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6098, D6099, D6120, D6121, D6122, D6123, D6194, D6195) | Tooth identification |
| 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 Covered if same provider, same implant site within 6 mos. of history of payment for initial prosthetic and maintenance services D6051 – D6199 | Tooth identification |
| D6198 | Remove interim implant component | Code denies - The Implant service is not covered benefit | Tooth identification |
| D6199 | Unspecified implant procedure, by report | Code denies - The Implant service is not covered benefit | Tooth identification |

# Prosthodontics, Fixed

## Benefits

* Please bill claims for multiple-stage procedures on the date of completion/insertion of the final restoration.
* Treatments must follow generally accepted dental practice and must be necessary and appropriate for the dental condition. The foundation of generally accepted dental practice continues to be:
  + Establishing periodontal health prior to final phase restoration prosthetic dentistry
  + Avoiding incomplete or technically deficient endodontic treatment that is detrimental to the long-term prognosis of the tooth and subsequent oral health

## When Services Are Non-Covered

Fixed prosthodontics will not be covered if these conditions are present:

* 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
* Service meant to treat TMJ, increase vertical dimension or restore occlusion

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description of Service** | **Procedure Guidelines** | **Submission Requirements: Participating Providers** |
|
| FIXED PARTIAL DENTURE PONTICS | |  | |
| D6205 | Pontic – indirect resin-based composite | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6210 | Pontic – cast high noble | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6211 | Pontic – cast predominantly base metal | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6212 | Pontic – cast noble metal | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6214 | Pontic – titanium | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6240 | Pontic – porcelain fused to high noble metal | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6241 | Pontic – porcelain fused to predominantly base metal | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6242 | Pontic – porcelain fused to noble metal | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6243 | Pontic - porcelain fused to titanium and titanium alloys | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6245 | Pontic – porcelain/ceramic | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6250 | Pontic – resin with high noble metal | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6251 | Pontic – resin with high noble metal | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6252 | Pontic – resin with noble metal | Once in a seven-year period after placement (this is a combined limit with D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6243, D6245, D6250, D6251, D6252) | Tooth identification |
| D6253 | Interim pontic – further treatment or completion of diagnosis necessary prior to final impression | Limited against the annual limit | Tooth identification |
| FIXED PARTIAL DENTURE RETAINERS – INLAYS/ONLAYS | |  | |
| D6545 | Retainer – cast metal for resin-bonded fixed prosthesis | Limited against the annual limit | Tooth identification |
| D6548 | Retainer – porcelain/ ceramic for resin-bonded fixed prosthesis | Limited against the annual limit | Tooth identification |
| D6549 | Resin retainer – for resin bonded fixed prosthesis | Limited against the annual limit | Tooth identification |
| D6600 | Retainer Inlay – porcelain/ceramic, 2 surfaces | Limited against the annual limit | Tooth identification, Surface identification |
|
| D6601 | Retainer Inlay – porcelain/ceramic, 3 or more surfaces | Limited against the annual limit | Tooth identification, Surface identification |
|
| D6602 | Retainer Inlay – high-noble metal, 2 surfaces | Limited against the annual limit | Tooth identification, Surface identification |
| D6603 | Retainer Inlay – high-noble metal, 3 or more surfaces | Limited against the annual limit | Tooth identification, Surface identification |
| D6604 | Retainer Inlay – cast, predominately base metal, 2 surfaces | Limited against the annual limit | Tooth identification, Pre-treatment recommended |
| D6605 | Retainer Inlay – cast, predominately base metal, 3 or more surfaces | Limited against the annual limit | Tooth identification, Pre-treatment recommended |
|
| D6606 | Retainer Inlay – cast noble metal, 2 surfaces | Limited against the annual limit | Tooth identification, Pre-treatment recommended |
|
| D6607 | Retainer Inlay – cast noble metal, 3 or more surfaces | Limited against the annual limit | Tooth identification, Pre-treatment recommended |
|
| D6608 | Retainer Onlay – porcelain ceramic, 2 surface | Limited against the annual limit | Tooth identification, Surface identification must include B or L surface |
|
| D6609 | Retainer Onlay – porcelain ceramic, 3 or more surfaces | Limited against the annual limit | Tooth identification, Surface identification must include B or L surface |
|
| D6610 | Retainer Onlay – cast high noble metal, 2 surface | Limited against the annual limit | Tooth identification, Surface identification must include B or L surface |
|
| D6611 | Retainer Onlay – cast high noble, 3 or more surfaces | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification, Surface identification must include B or L surface |
|
| D6612 | Retainer Onlay – cast predominately base metal, 2 surfaces | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification, Surface identification must include B or L surface |
|
| D6613 | Retainer Onlay – cast predominately base metal, 3 or more surfaces | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification, Surface identification must include B or L surface |
|
| D6614 | Retainer Onlay – cast noble metal, 2 surfaces | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification, Surface identification must include B or L surface |
|
| D6615 | Retainer Onlay – cast noble metal, 3 or more surfaces | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification, Surface identification must include B or L surface |
|
| D6624 | Retainer Inlay – titanium | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Surface identification must include B or L surface |
| D6634 | Retainer Onlay – titanium | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification Surface identification must include B or L surface |
| FIXED PARTIAL DENTURE RETAINERS – CROWNS | |  |  |
| D6710 | Retainer Crown – indirect resin-based composite | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | None |
| D6720 | Retainer Crown – resin with high noble metal | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6721 | Retainer Crown – resin with predominantly base metal | Once in a seven-year period after placement | Tooth identification |
| D6722 | Retainer Crown – resin with noble metal | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6740 | Retainer Crown – porcelain/ceramic | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6750 | Retainer Crown – porcelain fused to high noble | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6751 | Retainer Crown – porcelain fused to predominantly base metal | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
|
| D6752 | Retainer Crown – porcelain fused to noble metal | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6753 | Retainer crown – porcelain fused to titanium and titanium alloys | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6780 | Retainer Crown – ¾ cast high noble metal | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6781 | Retainer Crown – ¾ cast predominately base metal | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6782 | Retainer Crown – ¾ cast noble metal | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6783 | Retainer Crown – ¾ porcelain/ceramic | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6784 | Retainer crown ¾ – titanium and titanium alloys | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6790 | Retainer Crown – full cast high noble metal | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6791 | Retainer Crown – full cast predominantly base metal | Limited to one per tooth in seven-year period (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6792 | Retainer Crown – full cast noble metal | Limited to one per tooth in seven-year period (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| D6793 | Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression | Code denies - This major service is not a covered benefit | Tooth identification |
| D6794 | Retainer Crown – titanium | Once in a seven-year period after placement (this is a combined limit with D6611, D6612, D6613, D6614, D6615, D6624, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6753, D6780, D6781, D6782, D6783, D6784, D6790, D6791, D6792, D6794) | Tooth identification |
| OTHER FIXED PARTIAL DENTURE SERVICES | |  |  |
| D6920 | Connector bar | Code denies - The fixed prosthodontic service is not a covered benefit | None |
| D6930 | Re-cement or re-bond bridge |  | Tooth identification |
| D6940 | Stress breaker | Code denies - The fixed prosthodontic service is not a covered benefit | None |
| D6950 | Precision attachments | Code denies - The fixed prosthodontic service is not a covered benefit | None |
| D6980 | Fixed partial denture (bridge) repair, necessitated by restorative material failure | allowed once per lifetime, per tooth | Tooth identification |
|
| D6985 | Pediatric fixed partial denture | Code denies - The fixed prosthodontic service is not a covered benefit | Arch identification |
| D6999 | Unspecified fixed prosthodontic procedure, by report | Limited against the annual limit | Detailed narrative |

# Oral and Maxillofacial Surgery

|  |  |  |  |
| --- | --- | --- | --- |
| **CDT Code** | **Description of Service** | **Procedure Guidelines** | **Submission Requirements: Participating Providers** |
|
| EXTRACTIONS: Includes local anesthesia, suturing if needed, and routine post operative care. Bone grafts (D4263, D4264, D4265) and GTR membranes (D4266, D4267) are not covered in conjunction with oral surgery codes (D7000-D7999). | | | |
| D7111 | Extraction – coronal remnants, deciduous tooth | One tooth per lifetime | Tooth identification |
| D7140 | Extraction – erupted tooth or exposed root (elevation and/or forceps removal) | One tooth per lifetime | Tooth identification |
| SURGICAL EXTRACTIONS (Includes local anesthesia, suturing, if needed, and routine postoperative care) | | | |
| D7210 | Surgical removal of an erupted tooth requiring removal of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated | One tooth per lifetime | Tooth identification |
| D7220 | Removal of impacted tooth – soft tissue | One tooth per lifetime | Tooth identification |
| D7230 | Removal of impacted tooth – partially bony | One tooth per lifetime | Tooth identification |
| D7240 | Removal of impacted tooth – completely bony | One tooth per lifetime | Tooth identification |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | One tooth per lifetime | Tooth identification |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | One tooth per lifetime | Tooth identification |
| D7251 | Coronectomy- intentional partial tooth removal, impacted teeth only | One tooth per lifetime | Tooth identification |
| OTHER SURGICAL PROCEDURES | | | |
| D7260 | Oroantral fistula closure | Limited against the annual limit | None |
| D7261 | Primary closure of a sinus perforation | Limited against the annual limit | None |
| D7270 | Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth | Limited against the annual limit | Tooth identification |
|
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | Limited against the annual limit | Tooth identification |
|
| D7280 | Surgical access of unerupted tooth | Limited against the annual limit | Tooth identification |
| D7282 | Mobilization of erupted or mal-positioned tooth to aid eruption | Limited against the annual limit | Tooth identification |
|
| D7283 | Placement of device to facilitate eruption of impacted tooth | Code denies - Ortho is not a covered benefit | Tooth identification |
|
| D7285 | Incisional biopsy of oral tissue – hard (bone, tooth) | Limited against the annual limit | None |
| D7286 | Incisional biopsy of oral tissue – soft (all others) | Limited against the annual limit | None |
| D7287 | Cytology exfoliative sample collection | Code denies - Inclusive to all CDT codes | None |
| D7288 | Brush biopsy – transepithelial sample collection | Code denies - The oral surgery service is not a covered benefit | None |
| D7290 | Surgical repositioning of teeth – grafting procedures are additional | Limited against the annual limit | Tooth identification |
|
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | Limited against the annual limit | Tooth identification |
|
| D7292 | Surgical placement of temporary anchorage device (screw retained plate) requiring flap | Code denies - Ortho is not a covered benefit | None |
|
| D7298 | Removal of temporary anchorage device (screw retained plate), requiring flap | Code denies - Ortho is not a covered benefit | None |
| D7299 | Removal of temporary anchorage device, requiring flap | Code denies - Ortho is not a covered benefit | None |
| D7300 | Removal of temporary anchorage device without flap | Code denies - Ortho is not a covered benefit | None |
| ALVEOPLASTY: SURGICAL PREPARATION OF RIDGE FOR DENTURES | | |  |
| D7310 | Alveoloplasty in conjunction with extractions – per quadrant | Limited against the annual limit | Tooth and Quadrant identification |
|
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | Limited against the annual limit | Tooth identification |
|
| D7320 | Alveoloplasty, not in conjunction with extractions – per quadrant | Limited against the annual limit | Tooth and Quadrant identification |
|
| D7321 | Alveoloplasty, not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | Limited against the annual limit | Tooth identification |
|
| VESTIBULOPLASTY | | |  |
| D7340 | Vestibuloplasty – ridge extension (secondary epithelialization) | Limited against the annual limit | None |
|
| D7350 | Vestibuloplasty – ridge extension (incl. soft tissue grafts, muscle re-attachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | Limited against the annual limit | None |
|
| D7293 | Surgical placement of temporary anchorage devise requiring flap | Code denies - Ortho is not a covered benefit | None |
|
| D7294 | Surgical placement of temporary anchorage device without flap | Code denies - Ortho is not a covered benefit | None |
|
| D7295 | Harvest of bone for use in autogenous grafting procedures | Code denies - the general service is not a covered benefit | Tooth identification |
|
| D7296 | Corticotomy – 1 to 3 teeth or tooth spaces, per quadrant | Code denies - Ortho is not a covered benefit | Tooth identification |
|
| D7297 | Corticotomy – 4 or more teeth or tooth spaces, per quadrant | Code denies - Ortho is not a covered benefit | Quadrant identification |
|
| SURGICAL EXCISION OF REACTIVE SOFT TISSUE LESIONS | |  |  |
| D7410 | Excision of benign lesion, up to 1.25 cm | Limited against the annual limit | None |
| D7411 | Excision of benign lesion > 1.25 cm | Limited against the annual limit | None |
| D7412 | Excision of benign lesion; complicated | Limited against the annual limit | None |
| D7413 | Excision of malignant lesion, up to 1.25 cm | Limited against the annual limit | None |
| D7414 | Excision of malignant lesion > 1.25 cm | Limited against the annual limit | None |
| D7415 | Excision of malignant lesion, complicated | Limited against the annual limit | None |
| SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS | |  |  |
| D7440 | Excision of malignant tumor-lesion, diameter up to 1.25 cm | Limited against the annual limit | None |
|
| D7441 | Excision of malignant tumor-lesion, diameter >1.25 cm | Limited against the annual limit | None |
| D7450 | Removal of benign odontogenic cyst or tumor lesion, diameter up to 1.25 cm | Limited against the annual limit | None |
|
| D7451 | Removal of benign odontogenic cyst or tumor, lesion diameter > 1.25 cm | Limited against the annual limit | None |
|
| D7460 | Removal of benign non-odontogenic cyst or tumor, lesion, diameter up to 1.25 cm | Code denies - The oral surgery service is not a covered benefit | None |
|
| D7461 | Processing and interpretation of exfoliative cytologic smears, including preparation and transmission of written report | Code denies - The oral surgery service is not a covered benefit | None |
|
| D7465 | Destruction of lesion(s) by physical or chemical methods, by report | Limited against the annual limit | None |
|
| EXCISION OF BONE TISSUE | |  |  |
| D7471 | Removal of exostosis – per site | Limited against the annual limit | None |
| D7472 | Removal of torus palatinus | Limited against the annual limit | None |
| D7473 | Removal of torus mandibularis | Limited against the annual limit | None |
| D7485 | Surgical reduction of osseous tuberosity | Limited against the annual limit | None |
| D7490 | Radical resection of maxilla mandible | Code denies - The oral surgery service is not a covered benefit | None |
| SURGICAL INCISION | |  |  |
| D7509 | Marsupialization of odontogenic cyst | Same Benefit coverage D7451 | None |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | Limited against the annual limit | Tooth and Arch identification |
|
| D7511 | Incision and drainage of abscess intraoral soft tissue – complicated (includes drainage of multiple fascial spaces) | Limited against the annual limit | None |
|
| D7520 | Incision and drainage of abscess – extraoral soft tissue | Code denies - the general service is not a covered benefit | None |
| D7521 | Incision and drainage of abscess extraoral soft tissue complicated (includes drainage of multiple fascial spaces) | Code denies - the general service is not a covered benefit | None |
|
| D7530 | Removal of foreign body, mucosa, skin, or subcutaneous alveolar tissue | Limited against the annual limit | None |
|
| D7540 | Removal of reaction-producing foreign bodies – musculoskeletal system | Limited against the annual limit | None |
|
| D7550 | Partial ostectomy, sequestrectomy for removal of nonvital bone | Limited against the annual limit | None |
|
| D7560 | Maxillary sinusotomy for removal of tooth fragment or foreign body | Limited against the annual limit | None |
|
| TREATMENT OF FRACTURES – SIMPLE | |  |  |
| D7610 | Maxilla – open reduction (teeth immobilized, if present) | Code denies - this service is considered medical in nature, please resubmit | None |
| D7620 | Maxilla – closed reduction (teeth immobilized, if present) | Code denies - this service is considered medical in nature, please resubmit | None |
|
| D7630 | Mandible – open reduction (teeth immobilized, if present) | Code denies - this service is considered medical in nature, please resubmit | None |
|
| D7640 | Mandible – closed reduction (teeth immobilized, if present) | Code denies - this service is considered medical in nature, please resubmit | None |
|
| D7650 | Malar and/or zygomatic arch – open reduction | Code denies - this service is considered medical in nature, please resubmit | None |
| D7660 | Malar and/or zygomatic arch – closed reduction | Code denies - this service is considered medical in nature, please resubmit | None |
| D7670 | Alveolus – closed reduction, may include stabilization of teeth | Code denies - this service is considered medical in nature, please resubmit | None |
|
| D7671 | Alveolus – open reduction, may include stabilization of teeth | Code denies - this service is considered medical in nature, please resubmit | None |
|
| D7680 | Facial bones – complicated reduction with fixation and multiple surgical approaches | Code denies - this service is considered medical in nature, please resubmit | None |
|
| TREATMENT OF FRACTURES – COMPOUND | |  |  |
| D7710 | Maxilla – open reduction, stabilization of teeth | Code denies - this service is considered medical in nature, please resubmit | None |
| D7720 | Maxilla – closed reduction | Code denies - this service is considered medical in nature, please resubmit | None |
| D7730 | Mandible – open reduction | Code denies - this service is considered medical in nature, please resubmit | None |
| D7740 | Mandible – closed reduction | Code denies - this service is considered medical in nature, please resubmit | None |
| D7750 | Malar and/or zygomatic arch – open reduction | Code denies - this service is considered medical in nature, please resubmit | None |
| D7760 | Malar and/or zygomatic arch – closed reduction | Code denies - this service is considered medical in nature, please resubmit | None |
| D7770 | Alveolus – open reduction stabilization of teeth | Code denies - this service is considered medical in nature, please resubmit | None |
| D7771 | Alveolus – closed reduction, stabilization of teeth | Code denies - this service is considered medical in nature, please resubmit | None |
| D7780 | Facial bones – complicated reduction with fixation and multiple surgical approaches | Code denies - this service is considered medical in nature, please resubmit | None |
|
| 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 | Code denies - TMJ is not a covered benefit | None |
| D7820 | Closed reduction of dislocation | Code denies - TMJ is not a covered benefit | None |
| D7830 | Manipulation under anesthesia | Code denies - TMJ is not a covered benefit | None |
| D7840 | Condylectomy | Code denies - TMJ is not a covered benefit | None |
| D7850 | Surgical disectomy; with or without implant | Code denies - TMJ is not a covered benefit | None |
| D7852 | Disc repair | Code denies - TMJ is not a covered benefit | None |
| D7854 | Synovectomy | Code denies - TMJ is not a covered benefit | None |
| D7856 | Myotomy | Code denies - TMJ is not a covered benefit | None |
| D7858 | Joint reconstruction | Code denies - TMJ is not a covered benefit | None |
| D7860 | Arthrotomy | Code denies - TMJ is not a covered benefit | None |
| D7865 | Arthroplasty | Code denies - TMJ is not a covered benefit | None |
| D7870 | Arthrocentesis | Code denies - TMJ is not a covered benefit | None |
| D7871 | Non-anthroscopic lysis and lavage | Code denies - TMJ is not a covered benefit | None |
| D7872 | Arthroscopy – diagnosis | Code denies - TMJ is not a covered benefit | None |
| D7873 | Arthroscopy – surgical: lavage and lysis of adhesions | Code denies - TMJ is not a covered benefit | None |
| D7874 | Arthroscopy – surgical: disc repositioning and stabilization | Code denies - TMJ is not a covered benefit | None |
|
| D7875 | Arthroscopy – surgical: synovectomy | Code denies - TMJ is not a covered benefit | None |
| D7876 | Arthroscopy – surgical: disectomy | Code denies - TMJ is not a covered benefit | None |
| D7877 | Arthroscopy – surgical: debridement | Code denies - TMJ is not a covered benefit | None |
| D7880 | Occlusal orthotic device, by report | Code denies - TMJ is not a covered benefit | None |
| D7881 | Occlusal orthotic device adjustment | Code denies - TMJ is not a covered benefit | None |
| D7899 | Unspecified TMD therapy, by report | Code denies - TMJ is not a covered benefit | None |
| REPAIR OF TRAUMATIC WOUNDS | | |  |
| D7910 | Suture of recent small wounds up to 5 cm | Limited against the annual limit | None |
| COMPLICATED SUTURING – Reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure | | |  |
| D7911 | Complicated suture up to 5 cm | Limited against the annual limit | None |
| D7912 | Complicated suture > 5 cm | Limited against the annual limit | None |
| OTHER REPAIR PROCEDURES | | |  |
| D7920 | Skin grafts (identify defect covered, location, and type of graft) | Code denies - This service is considered medical in nature, please resubmit | None |
|
| D7921 | Collection and application of autologous blood concentrate product | Code denies - This service is considered medical in nature, please resubmit | None |
|
| D7922 | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site | Code denies - The oral surgery service is not a covered benefit | None |
| D7940 | Osteoplasty – for orthognathic deformities | Code denies - This service is considered medical in nature, please resubmit | None |
| D7941 | Osteotomy – mandibular rami | Code denies - This service is considered medical in nature, please resubmit | None |
| D7943 | Osteotomy – mandibular rami with bone graft; includes obtaining the graft | Code denies - This service is considered medical in nature, please resubmit | None |
|
| D7944 | Osteotomy – segmented or sub-apical, per sextant or quadrant | Code denies - This service is considered medical in nature, please resubmit | None |
|
| D7945 | Osteotomy – body of mandible | Code denies - This service is considered medical in nature, please resubmit | None |
| D7946 | LeFort I (maxilla – total) | Code denies - This service is considered medical in nature, please resubmit | None |
| D7947 | LeFort I (maxilla – segmented) | Code denies - This service is considered medical in nature, please resubmit | None |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft | Code denies - This service is considered medical in nature, please resubmit | None |
|
| D7949 | LeFort II or LeFort II – with bone graft | Code denies - This service is considered medical in nature, please resubmit | None |
| D7950 | Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, autogenous or nonautogenous, by report | Limited against the annual limit | None |
|
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | Code denies - The Implant service is not covered benefit | None |
|
| D7952 | Sinus augmentation via a vertical approach | Code denies - The Implant service is not covered benefit | None |
| D7953 | Bone replacement graft for ridge preservation – per site | Limited against the annual limit | None |
| D7955 | Repair of maxillofacial soft and/or hard tissue defect | Limited against the annual limit | None |
| D7956 | guided tissue regeneration, edentulous area – resorbable barrier, per site | Limited to once per quadrant in a five-year period | None |
| D7957 | guided tissue regeneration, edentulous area – non-resorbable barrier, per site | Limited to once per quadrant in a five-year period | None |
| D7961 | buccal / labial frenectomy (frenulectomy) | Limited against the annual limit | Tooth identification; Detailed narrative |
| D7962 | lingual frenectomy (frenulectomy) | Limited against the annual limit | Tooth identification; Detailed narrative |
| D7963 | Frenuloplasty | Limited against the annual limit | Tooth identification; Detailed narrative |
|
| D7970 | Excision of hyperplastic tissue – per arch | Limited against the annual limit | Arch identification; Operative report |
|
| D7971 | Excision of pericoronal gingiva | Limited against the annual limit | None |
| D7972 | Surgical reduction of fibrous tuberosity | Limited against the annual limit | None |
| D7979 | Non-surgical sialolithotomy | Code denies - This service is considered medical in nature, please resubmit | None |
| D7980 | Sialolithotomy | Code denies - This service is considered medical in nature, please resubmit | None |
| D7981 | Excision of salivary gland, by report | Code denies - This service is considered medical in nature, please resubmit | None |
| D7982 | Sialodochoplasty | Code denies - This service is considered medical in nature, please resubmit | None |
| D7983 | Closure of salivary fistula | Code denies - This service is considered medical in nature, please resubmit | None |
| D7990 | Emergency tracheotomy | Code denies - This service is considered medical in nature, please resubmit | None |
| D7991 | Coronoidectomy | Code denies - This service is considered medical in nature, please resubmit | None |
| D7994 | Surgical placement: zygomatic implant | Code denies - The Implant service is not covered benefit | None |
| D7995 | Synthetic graft, mandible or facial bones, by report | Limited against the annual limit | Tooth identification. Quadrant identification |
|
| D7996 | Implant – mandible for augmentation purposes (excluding alveolar ridge), by report | Code denies - The general service is not a covered benefit | None |
|
| D7997 | Appliance removal (not by dentist who place appliance), includes removal of archbar | Code denies - This service is considered medical in nature, please resubmit | None |
|
| D7998 | Intraoral placement of a fixation device not in conjunction with a fracture | Code denies – TMJ is not a covered benefit | None |
|
| D7999 | Unspecified oral surgery procedure, by report | Limited against the annual limit | None |

# Orthodontic Services

## Orthodontic Benefit Administration

**Limited Orthodontic Treatment**

Use these codes for treatment with a limited objective, not involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forgo more comprehensive therapy.

**Interceptive Orthodontic Treatment**

Use these codes for procedures to lessen the severity or future effects of a malformation and to eliminate its cause (e.g., the redirection of an ectopically erupted tooth, correction of isolated dental cross-bite, or recovery of recent minor space loss where overall space is adequate).

**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 of a two-stage treatment; in this situation, placement of fixed appliances will generally be stage two of a two-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, Interceptive 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 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 the Dental Information Center at **1-888-224-5213**

|  |  |  |  |
| --- | --- | --- | --- |
| **CDT Code** | **Description of Service** | **Procedure Guidelines** | **Submission Requirements: Participating Providers** |
|
| ORTHODONTICS | |  |  |
| D8010 | Limited orthodontic treatment of primary dentition | Code denies - Ortho is not a covered benefit | None |
| D8020 | Limited orthodontic treatment of transitional dentition | Code denies - Ortho is not a covered benefit | None |
| D8030 | Limited orthodontic treatment of adolescent dentition | Code denies - Ortho is not a covered benefit | None |
| D8040 | Limited orthodontic treatment of adult dentition | Code denies - Ortho is not a covered benefit | None |
| D8070 | Comprehensive orthodontic treatment of transitional dentition | Code denies - Ortho is not a covered benefit | None |
| D8080 | Comprehensive orthodontic treatment of adolescent dentition | Code denies - Ortho is not a covered benefit | None |
| D8090 | Comprehensive orthodontic treatment of adult dentition | Code denies - Ortho is not a covered benefit | None |
| D8210 | Removable appliance therapy to control harmful habits | Code denies - Ortho is not a covered benefit | None |
| D8220 | Fixed appliance therapy to control harmful habits | Code denies - Ortho is not a covered benefit | None |
| OTHER ORTHODONTIC SERVICES | |  |  |
| D8660 | Pre-orthodontic treatment examination to monitor growth and development | Code denies - Ortho is not a covered benefit | None |
| D8670 | Periodic orthodontic treatment visit | Code denies - Ortho is not a covered benefit | None |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer(s)) | Code denies - Ortho is not a covered benefit | None |
| D8681 | Removable orthodontic retainer adjustment | Code denies - Ortho is not a covered benefit | None |
| D8695 | Removal of fixed orthodontic appliances for reasons other than completion of treatment | Code denies - Ortho is not a covered benefit | None |
| D8696 | Repair of orthodontic appliance – maxillary | Code denies - Ortho is not a covered benefit | Arch identification |
| D8697 | Repair of orthodontic appliance – mandibular | Code denies - Ortho is not a covered benefit | Arch identification |
| D8698 | Re-cement or re-bond fixed retainer – maxillary | Code denies - Ortho is not a covered benefit | Arch identification |
| D8699 | Re-cement or re-bond fixed retainer - mandibular | Code denies - Ortho is not a covered benefit | Arch identification |
| D8701 | Repair of fixed retainer, includes reattachment – maxillary | Code denies - Ortho is not a covered benefit | Arch identification |
| D8702 | Repair of fixed retainer, includes reattachment – mandibular | Code denies - Ortho is not a covered benefit | Arch identification |
| D8703 | Replacement of lost or broken retainer – maxillary | Code denies - Ortho is not a covered benefit | Arch identification |
| D8704 | Replacement of lost or broken retainer – mandibular | Code denies - Ortho is not a covered benefit | Arch identification |
| D8999 | Unspecified orthodontic procedure, by report; Used for procedures not adequately described by a code | Code denies - Ortho is not a covered benefit | None |

# Adjunctive Service

|  |  |  |  |
| --- | --- | --- | --- |
| **CDT Code** | **Description of Service** | **Procedure Guidelines** | **Submission Requirements: Participating Providers** |
|
| UNCLASSIFIED TREATMENT | |  |  |
| D9110 | Palliative treatment of dental pain – per visit | Limited against the annual limit | Tooth Quadrant or Arch identification |
| D9120 | Fixed partial denture sectioning | Limited against the annual limit | Tooth identification |
| D9130 | Temporomandibular joint dysfunction – non-invasive physical therapies | Code denies – TMJ is not a covered benefit | None |
| ANESTHESIA | |  |  |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | Code denies inclusive to all CDT codes | None |
| D9211 | Regional block anesthesia | Code denies inclusive to all CDT codes | None |
| D9212 | Trigeminal division block anesthesia | Code denies inclusive to all CDT codes | None |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | Code denies inclusive to all CDT codes | None |
| D9219 | Evaluation for moderate sedation, deep sedation or general anesthesia | Code denies - the anesthesia service is not a covered benefit | None |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | Limited against the annual limit | None |
|
| D9223 | Deep sedation/general anesthesia each 15-minute increment | Limited against the annual limit | None |
|
| D9230 | Administration of nitrous oxide/anxiolysis, analgesia | Code denies - the anesthesia service is not a covered benefit | None |
| D9239 | Intravenous moderate (conscious) sedation/analgesia- first 15 minutes | Limited against the annual limit | None |
|
|
| D9243 | Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment | Limited against the annual limit | None |
|
|
| D9248 | Non-intravenous (conscious) sedation. This includes non-IV minimal and moderate sedation. | Coverage for age 0-6 without review. | None |
| PROFESSIONAL CONSULTATION | |  |  |
| D9310 | Consultation (diagnostic service by dentist or physician other than the practitioner providing treatment) | Code denies - the general service is not a covered benefit | None |
| D9311 | Consultation with a medical health care professional | Code denies - the general service is not a covered benefit | None |
| PROFESSIONAL VISITS | |  |  |
| D9410 | House call | Code denies - This diagnostic test and exam is not a covered benefit | None |
| D9420 | Hospital or ambulatory surgical center call | Limited against the annual limit | None |
| D9430 | Office visit for observation during regular scheduled hours – no other services performed | Limited against the annual limit | None |
| D9440 | Office visit – after regularly scheduled hours | Limited against the annual limit | None |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | Code denies - the general service is not a covered benefit | None |
| DRUGS | |  |  |
| D9610 | Therapeutic drug injection, by report | Code denies - the general service is not a covered benefit | None |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | Code denies - the general service is not a covered benefit | None |
| D9613 | Infiltration of sustained release therapeutic drug – per quadrant | Code denies - the general service is not a covered benefit | None |
| D9630 | Other drugs and/or medicaments, by report | Code denies - the general service is not a covered benefit | None |
| MISCELLANEOUS SERVICES | | | |
| D9910 | Application of desensitizing medicament | Code denies - the general service is not a covered benefit | Tooth identification |
| D9911 | Application of desensitizing resin for cervical and/or root surface, per tooth | Code denies - the general service is not a covered benefit | Tooth identification |
| D9912 | Pre-visit patient screening | Code denies - the general service is not a covered benefit | Tooth identification |
| D9920 | Behavior management, by report | Code denies - the general service is not a covered benefit | None |
| D9930 | Treatment of complications (post-surgical) - unusual circumstances, by report | Code denies - the general service is not a covered benefit | None |
| D9932 | Cleaning and inspection of removable complete denture, maxillary | Code denies - the general service is not a covered benefit | None |
| D9933 | Cleaning and inspection of removable complete denture, mandibular | Code denies - the general service is not a covered benefit | None |
| D9934 | Cleaning and inspection of removable partial denture, maxillary | Code denies - the general service is not a covered benefit | None |
| D9935 | Cleaning and inspection of removable partial denture, mandibular | Code denies - the general service is not a covered benefit | None |
| D9941 | Fabrication of athletic mouthguard | Code denies - the general service is not a covered benefit | None |
| D9942 | Repair and/ or reline of occlusal guard | Code denies - the general service is not a covered benefit | None |
| D9943 | Occlusal guard adjustment | Code denies - the general service is not a covered benefit | None |
| D9944 | Occlusal guard – hard appliance, full arch | Code denies - the general service is not a covered benefit | Arch identification |
| D9945 | Occlusal guard – soft appliance, full arch | Code denies - the general service is not a covered benefit | Arch identification |
| D9946 | Occlusal guard – hard appliance, partial arch | Code denies - the general service is not a covered benefit | Arch identification |
| D9947 | Custom sleep apnea appliance fabrication and placement | Code denies - this service is considered medical in nature, please resubmit | None |
| D9948 | Adjustment of custom sleep apnea appliance | Code denies - this service is considered medical in nature, please resubmit | None |
| D9949 | Repair of custom sleep apnea appliance | Code denies - this service is considered medical in nature, please resubmit | None |
| D9950 | Occlusion analysis - mounted case | Code denies - the general service is not a covered benefit | None |
| D9951 | Occlusal adjustment - limited | Code denies - the general service is not a covered benefit | None |
| D9952 | Occlusal adjustment - complete | Code denies - the general service is not a covered benefit | None |
| D9953 | Reline custom sleep apnea appliance (indirect) | Not a covered benefit | None |
| D9961 | Duplicate/copy patient’s records | Code denies - the general service is not a covered benefit | None |
| D9970 | Enamel microabrasion | Code denies - the general service is not a covered benefit | None |
| D9971 | Odontoplasty 1-2 teeth; includes removal of enamel projections | Code denies - the general service is not a covered benefit | None |
| D9972 | External bleaching – per arch performed in office | Code denies - the general service is not a covered benefit | None |
| D9973 | External bleaching – per tooth | Code denies - the general service is not a covered benefit | None |
| D9974 | Internal bleaching – per tooth | Code denies - the general service is not a covered benefit | None |
| D9975 | External bleaching for home application per arch; includes materials and fabrication of custom trays | Code denies - the general service is not a covered benefit | None |
| D9985 | Sales tax | Code denies - the general service is not a covered benefit | None |
| D9986 | Missed appointment | Code denies - the general service is not a covered benefit | None |
| D9987 | Cancelled appointment | Code denies - the general service is not a covered benefit | None |
| D9990 | Certified translation or sign-language services per visit | Code denies - the general service is not a covered benefit | None |
| D9991 | Dental case management – addressing appointment compliance barriers | Code denies - the general service is not a covered benefit | None |
| D9992 | Dental case management – care coordination | Code denies - the general service is not a covered benefit | None |
| D9993 | Dental case management – motivational interviewing | Code denies - the general service is not a covered benefit | None |
| D9994 | Dental case management – patient education to improve oral health literacy | Code denies - the general service is not a covered benefit | None |
| D9995 | Teledentistry- synchronous; real-time encounter | Code denies - the general service is not a covered benefit | Bill with D0140 |
| D9996 | Teledentistry- asynchronous; information stored and forwarded to dentist for subsequent review | Code denies - the general service is not a covered benefit | None |
|
| D9997 | Dental case management – patients with special health care needs | Limited against the annual limit | None |
|
| D9999 | Unspecified adjunctive procedure by report | Code denies - the general service is not a covered benefit | Tooth Quadrant or Arch identification |
|

# Specific Benefit Limitations

## Integral Services

**The integral services below are considered part of another service. No additional allowance will be paid if they are billed as a separate service.**

1. Supragingival scaling integral to a prophylaxis
2. Prophylaxis on the same day as a periodontal maintenance visit (D4910) or periodontal treatment, including surgery
3. Prophylaxis on the same day as a scaling and root planing (D4341, D4342), regardless of the number of quadrants or teeth reported
4. Sealants on the same day and same surface as a resin restoration
5. Periapical X-rays taken on the same day as a panorex (D0330)
6. Periapical X-rays and/or bitewings taken on the same day as a full series (D0210)
7. Adjunctive procedures that are integral to crowns, inlays and onlays
8. Intraoral I&D (D7510) with root canal therapy
9. A diagnostic X-ray taken the same day as the initial root canal therapy is covered.
10. Pulpotomies, in conjunction with root canal therapy by the same dentist within forty-five (45) days prior to root canal therapy completion date, are integral to root canal therapy.
11. Payment is made for the most extensive periodontal surgical procedure that includes any lesser procedures on the same date. If procedures are fragmented, the lesser procedure will be denied as integral.
12. Scaling and root planing on the same date as surgical periodontal procedures
13. Periodontal maintenance when reported with scaling and root planing on the same date regardless of the number of quadrants or teeth reported
14. Periodontal maintenance on the same day and same dentist as surgical periodontal procedures
15. Complete or partial denture adjustments within six months of insertion
16. Recementation of crowns and bridges when provided within twelve (12) months following insertion by the same dentist (unless there is an indication of root canal therapy) and then it is covered once per twelve (12) months thereafter
17. Temporary cementation of crowns or bridges
18. Frenulectomy (D7960) when provided the same date, by the same dentist, and to the same area of the mouth is integral to soft tissue grafts.
19. Apical curettage and small odontogenic cysts are denied as being integral to apicoectomies.
20. Rebasing/relining of full or partial denture within six months of insertion by the same dentist
21. Small cysts are denied as being integral to extractions and surgical procedures in the same area of the mouth by the same dentist
22. Crown lengthening on the same day by the same dentist and same area as osseous surgery. The osseous surgery will be denied as being integral to the crown lengthening.
23. Palliative emergency treatment is denied as being integral to definitive treatment when provided on the same day.
24. Myofunctional therapy involving exercise / physical therapy is integral to orthodontic treatment.
25. Isolation of tooth with rubber dam

26. Local and block anesthesia

## Service Limitations

**The following services are specifically limited with the following conditions:**

1. Sealants (D1351) and preventive resin restorations (D1352) are covered for dependent children through age fifteen (15) on permanent first and second molars and are limited to one per three-year period (a sealant cannot replace a preventive resin restoration).
2. Cephalometric X-rays (D0340) are covered once per lifetime with all others denying as integral service. Cephalometric X-rays are not covered at all unless the member’s schedule of benefits specifically indicates coverage for orthodontic services (Service Category D).
3. If the allowance for the combination of multiple periapicals, bitewings or full series of X-rays exceeds the allowance for a full series, they will be combined to a full series.
4. Vertical bitewing X-rays (seven [7] to eight [8] films, D0277) are paid with the same benefit limitations as four bitewing X-rays (D0274).
5. Sedative restorations (D2940) are allowed as palliative treatment in emergency situations, otherwise they deny as not covered.
6. An allowance is made for pins (D2951) per restoration regardless of the number used, and pins without a restoration are not covered.
7. A crown must be necessary on its own merit, not just because it will support a partial.
8. Scaling and root planing for patients under age nineteen (19) requires diagnostic material submission and a Dental Advisor review.
9. Separate restorations may be allowed on same surface for anterior teeth. Separate lines represent separate restorations. Procedures related to a restoration are not paid as separate, including repairs/replacements for twelve (12) months.
10. Multiple posterior restorations are paid as one multi-surface restoration when provided on the same day by the same dentist regardless of being reported as separate restorations.
11. Pins and/or posts reported, in addition to build-up or post and core, are combined to the buildup or post and core.
12. Buildups involving posts must be preceded by root canal therapy.
13. Incomplete endodontic therapy (Code D3332) of an inoperable or fractured tooth is covered by report.
14. Apicoectomies, in absence of root canal therapy, are denied unless the canals are calcified. Apicoectomy is not allowed within thirty (30) days of root canal therapy.
15. The final apexification visit includes root canal therapy. If billed separately, the root canal therapy will be combined to the final visit.
16. Pulpotomies are covered only on deciduous teeth, through age five (5) for teeth D – G and N- O and through age eleven (11) for teeth A-C, H-J, K-M and R-T.
17. Relining and rebasing of full or partial dentures on the same day and the same dentist merges to the rebase procedure. (D5710, D5711, D5720, D5721).
18. Surgical extractions (D7210) denied for lack of coverage remain denied if submitted as simple extractions (D7111, D7140) unless, on an inquiry basis, X-rays substantiate that it is a simple extraction.
19. Vestibuloplasty on the same day as other surgical procedures requires Dental Advisor review.
20. Periodontal maintenance is covered if:
    1. The patient has periodontal coverage.
    2. It follows active periodontal treatment.
    3. A routine prophylaxis has not been allowed on the same day.
    4. The number of periodontal maintenance and prophylaxis procedures does not exceed four per year.
21. Diagnostic X-rays are not covered if there is no documentation in the patient’s records indicating why the radiographs were ordered and/or what was diagnosed by the dentist upon reviewing the prescribed films.
22. Root canal retreatment (D3346, D3347, and D3348) is allowed only if it has been three (3) years following initial root canal therapy.
23. Removable space maintainers (D1510, D1515) and maintainer repairs are limited to one (1) in a three (3) year period.

## Excluded Services

**The following services are specifically excluded with no coverage provided:**

1. A service, procedure or supply that is not Dentally Necessary or is not listed in the Schedule of Benefits
2. A service, procedure or supply that is not prescribed or rendered by or under the general supervision of a dentist
3. Any treatment, service or supply received for any illness or accidental injury arising out of, or in the course of employment or occupation for wage, profit or gain, or for injury or illness for which the member receives any benefits from motor vehicle no-fault law, regardless of any limitations in scope or coverage amount that may apply to his benefits claim under such law.
4. In the event a claim is paid and subsequently the member files a claim for workers’ compensation benefits as to such claim, or the member settles a workers’ compensation claim with any workers’ compensation carrier, or otherwise receives any amount toward payment of such a claim under the Washington Workers’ Compensation Law, state or federal workers’ compensation, employers’ liability or occupational disease law, or motor vehicle no-fault law, the member agrees to reimburse monies to the full extent on such claim
5. Conditions to which dental treatment is provided by a federal or state government agency (not including medical assistance) or are provided without cost to any member by a political subdivision or governmental authority (not including plans of insurance or other benefit plans provided by the federal or state governments to government employees and employees’ dependents)
6. Services of intentional self-inflicted injuries, including drug overdose, where act resulted from not medical condition (physical or mental)
7. Disease contracted or injuries sustained while servicing in the military forces of any nation
8. Any condition for which services, treatment or supplies of any kind are furnished or paid for under Title XVIII (Medicare) or the Social Security Act, as amended 8. Services, procedures or supplies with respect to congenital mouth malformation or skeletal imbalance, including but not limited to:
   1. Treatment related to disharmony of facial bone
   2. Treatment related to or required as a result of orthognathic surgery
9. Treatment, services or supplies that are cosmetic in nature or performed on an elective basis (e.g., teeth bleaching, crowns or veneers on teeth without decay or fracture which would otherwise not require a crown.)
10. Restorative or prosthetic treatment necessitated by attrition, abrasion, or erosion.
11. Prescription drugs
12. Local or block anesthesia, when billed separately
13. General anesthesia (D9220, D9221) or IV conscious sedation (D9241, D9242), for a non-covered service, as well as simple extractions, or routine chair-side procedures
14. Any experimental or investigational services or supplies or for any condition or complication arising from or related to the use of such experimental or investigational services or supplies. Regence shall have full discretion to determine whether a dental treatment is experimental or investigational. Any dental treatment may be deemed experimental or investigational if:
    1. Reliable evidence (as defined in the box below) shows that the majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure is that further studies or clinical trials are necessary to determine its efficacy, or its efficacy as compared with a standard means of treatment or diagnosis.
    2. Reliable evidence shows that a majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure neither supports nor denies its use for a particular condition or disease.
    3. Reliable evidence shows that the majority opinion among experts, as stated in the published authoritative literature, regarding the dental treatment or procedure should not be used as a first-line therapy for a particular condition or disease.

**Reliable Evidence shall mean only:**

* + - The member’s dental records or other information from the treating Dentist(s) or from a consultant(s) regarding the member’s dental history, treatment or condition.
    - The written protocol(s) under which the treatment or procedure is provided to the member.
    - Any consent document the member has executed or will be asked to execute, in order to receive the treatment or procedure.
    - Published reports and articles in the authoritative dental and scientific literature, signed by or published in the name of a recognized dental expert, regarding the treatment or procedure at issue as applied to the injury, illness or condition at issue; or

|  |  |
| --- | --- |
|  | The written protocol(s) used by another facility studying substantially the same dental treatment or procedure |

1. The cost to replace a lost, stolen or damaged prosthetic appliance
2. House calls (D9410) and hospital calls (D9420) for dental services
3. Services incurred prior to a member’s effective date or after the termination date of coverage with Regence
4. Resorbable fillings (D3230, D3240) on endodontic treated deciduous teeth
5. Any dental or medical services performed by a physician for services covered or otherwise provided to the member by a medical-surgical plan
6. Services that the member incurs at no cost
7. Service that are necessitated by lack of patient cooperation or failure to follow a professionally prescribed treatment plan
8. Plaque control programs, oral hygiene or dietary instructions
9. Any procedure deemed by the Dental Advisor to be of questionable efficacy
10. Charges for broken appointments
11. Any dental services or supplies required as the result of any accidental or traumatic injury
12. Any dental services or supplies resulting from an injury or condition caused by another party
13. Dental procedures requiring appliances or restorations that are necessary for full mouth rehabilitation, the restoration of occlusion, or to alter vertical dimensions of occlusion (except when involving full or partial dentures)
14. Non-intravenous conscious sedation (D9248), analgesia, anxiolysis or inhalation of nitrous oxide (D9230)
15. Services by an immediate relative, defined as a spouse, parents, children, brother, sister or legal guardian of the person who received the services
16. Duplicate, interim and temporary procedures, devices and appliances (e.g., when a dentist begins a crown and places a temporary crown, and then submits charges for a permanent crown, coverage for the temporary crown will be denied.)
17. Procedures requiring the presence of a tooth will be denied if history indicates the tooth has been extracted (e.g., a crown is being reported and the tooth is listed as extracted in history).
18. Gold foil restorations (D2410, D2420, D2430)
19. If a course of treatment is performed by more than one (1) dentist, Regence will pay only the charges that would have been made by a single dentist for those services.
20. Charges for the completion of any insurance forms
21. Applications of desensitizing medicaments, sub-gingival irrigations, and the localized delivery of chemotherapeutic agents (D4381)
22. Double abutments unless there is demonstrated clinical need.
23. Post removal (not in conjunction with endodontic therapy)
24. Autogenous, allogenic or synthetic grafts placed in extraction sites
25. Periodontal provisional splinting, intra-coronal or extra-coronal
26. Any services to restore tooth structure lost in order to rebuild or maintain occlusal surfaces die to mal-aligned or mal-occluded teeth, lost from wear or for stabilizing the teeth
27. Silicate cements
28. Tissue conditioning (D5850, D5851)
29. Athletic mouth guards (D9941)
30. Precision attachments (D5862, D6950)
31. Gross debridement (D4355)
32. Fiberotomies (D7291)
33. X-ray and intraoral imaging (D0260, D0290, D0310, D0320, D0321, D0322, D0350)
34. Tests/laboratory examination (D0415, D0425, D0472, D0473, D0474, D0480, D0520)
35. Nutritional counseling (D1310)
36. Tobacco counseling (D1320)
37. Replacement of fillings due to mercury sensitivity
38. Prefabricated resin crowns, prefabricated esthetic coated crowns, stainless steel crowns or stainless-steel crowns with resin windows for a primary tooth for patients aged 14 or older
39. Pulpectomy on a permanent tooth
40. Extraoral I & D
41. Direct (D3110) and indirect (D3120) pulp caps
42. Procedure for isolation of tooth with rubber dam
43. Bleaching of teeth (D9972, D9973, & D9974)
44. Intentional re-implantation (D3470)
45. Dressing change (D4920)
46. Maxillofacial prosthetics
47. Precious metal for partial dentures
48. Partial dentures are not covered for patients under age 14.
49. Specialized procedures (D5862, D6920, D6940, D6950, D6975)
50. Alveoloplasty involving less than 5 teeth
51. Tooth transplantation (D7272) or tooth re-implantation (D7270)
52. Excision/destruction of lesions (D7410, D741, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461)
53. Treatment of simple and compound fractures (D7610 through D7580, D7710 through D7760, D7770, D7771, D7780)
54. Treatment and reduction of dislocation and management of TMJ/TMD (Temporomandibular Joint / Temporomandibular Joint Dysfunction) (D7810 through
55. D7899) including diagnostic X-rays, occlusal appliance, and/or splints
56. Consultations (D9310)
57. Drugs, medicaments, and/or injections (D9610, D9630)
58. Behavior management (D9920)
59. Occlusal analysis (D9950) and occlusal adjustments (D9951, D9952)
60. Pulpotomy on permanent tooth will deny as not covered unless there is an indication of an emergency, in which case it is paid as a palliative treatment. (Not covered within 45 days of RCT)
61. Bridges for patients under age fourteen (14)
62. Replacement of teeth if there is insufficient space
63. Root recovery (D7250) not completely covered by bone, if provided by the same dentist who extracted the tooth
64. Splinted crowns not replacing teeth; abutment crown(s) can be allowed if the tooth is diseased or badly broken down
65. Gross pulpal debridement (D3221)
66. Distal or proximal wedge procedure (D4274)
67. Procedures performed prior to coverage or placed after termination of coverage
68. Palliative emergency treatment (D9110) when definitive treatment is provided by the same dentist on the same day
69. Protective restorations (D2940) Problem focused (D0170)
70. Oral surgery procedures for jaw deformities, resections, etc. (D7920, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7955, D7972, D7980, D7981, D7982, D7983, D7990, D7991, D7995, D7996, and D7997)
71. Apically positioned flap procedure (D4245)
72. Enamel microabrasion (D9970)
73. Odontoplasty (D9971)
74. Sleep apnea appliances
75. Biologic materials to aid in soft and osseous tissues regeneration (D4265)
76. Provisional pontic (D6253)
77. Provisional retainer crown (D6793)
78. Pediatric partial denture-fixed (D6785)
79. Mobilization of erupted or malpositioned tooth to aid eruption (D7282)
80. Cytology sample collection (D7287)
81. A panoramic film or panorex (D0330) is not covered for children under the age of five (5)
82. Fixed partial denture resin crowns, retainer or pontics on permanent teeth
83. Hospital facility fees for dental services
84. Biopsy of oral tissue (D7285, D7286)
85. Sutures of small wounds and complicated sutures (D7910, D7911, D7912)
86. Laser Treatment for restorative procedures is inclusive; considered part of primary procedure, no exceptions